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MISC.

DRAFT
K. Hecht
Nov. 11, 1977

OVERVIEW OF THE REPORT

In 1975, Senate Bill 35 was passed by the Alaska Legislature.[1] That act led to the organization of 21 Regional Educational Attendance Areas (REAAs) in the Unorganized Borough of rural Alaska. This was followed by the election of school boards in January and February. 1975. The REAA Boards assumed their full powers in July 1 that same year. These few simple facts represent a great event in Alaskan history. It was seen by many as the culmination of a struggle for local control of education and the beginning of an opportunity to provide quality education for all Alaskan children.

This report reflects both the sense of completion and the excitement of initiation. The first purpose of the report is to complete an analysis process begun by the Center for Northern Educational Research (CNER) in 1973. It will fulfill CNER's obligation to follow up on the results of its 1974 report to the Alaska Legislature on Pre-Higher Education in the Unorganized Borough: Analysis and Recommendations.[2] As a follow-up study, this report examines the implementation of legislation which the 1973-74 research activities helped to generate.

The second purpose of this report is to describe the first year of operation of twenty-one regional school districts and elected school boards in rural Alaska. The impetus for this historic happening developed in rural Alaska with its mostly Native populations and grew in strength in

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[1] SB35 or Senate Bill 35 is the popular name for State Laws of Alaska, Chapter No. 124 as amended by FCCS HCS CSSB 35, 1975.

[2] Darnell, Frank; Hecht, Kathryn, and Orvik, James. PRE-HIGHER EDUCATION IN THE UNORGANIZED BOROUGH: Analysis and Recommendations. Fairbanks, Alaska: University of Alaska, Center for Northern Educational Research, 1974.

the early seventies. Most often described as an issue of local control, this movement spoke to phasing out the Alaska State Operated School System (ASOSS) and obtaining control through school boards elected by and responsible to local communities. Local control was desired as a means--a means to improve the quality of education by making it more responsive to local needs. Therefore the passage of SB 35 and the creation of the REAAs can be viewed as the beginning of local control of education in rural Alaska.

The achievement of the means, as these events signified, does not necessarily assure the desired end--quality education. In speaking to this point as well as those mentioned above, CNER hopes to record significant events as well as focus constructive attention on the REAAs as the latest phase in Alaska's evolving educational system.

The REAAs constitute twenty-one different emerging educational systems, each influenced by a different set of conditions--cultural, economic and geographic. The diverse conditions encompass factors unique to the logging camps in southeast Alaska; the widely separated islands of the Aleutians; the vast areas of the interior; and the northwest coast. Local control was intended to allow educational development to adapt to these widely differing situations. The experiences of any one REAA could be predicted to be unique in at least some aspects. Ideally, therefore, a study of the first year should include a sub-study on each REAA. Limited staff and resources, coupled with the time and distances involved in Alaskan travel, did not allow this study even to approximate this ideal.

Two methods were selected to meet the report purposes within the limitations described above. First, CNER project staff sought data for

the report by direct means, such as questionnaires and a case study, and by collecting already existing public information such as board minutes and newspaper clippings. Second, CNER invited others in the state, who had investigated an aspect of REAA development, to contribute their findings to this report. This invitation was offered as a vehicle to more widely disseminate their findings, as well as a way of beginning to integrate statewide interests and findings. Those working on related studies within CNER made similar contributions to the report. This latter approach gave this report a far more comprehensive character than it would have had without such cooperation.

It must be stressed that this report is limited in scope and, consequently, it raises as many questions as it answers. It will be successful if it furthers interest and dialogue. Hopefully, it also will serve as a source of data upon which to design future studies.

The report is divided into four parts: introductory and background material, analysis of data collected by CNER for this report, contributed articles by others doing work related to the new districts, and a summary including a critical discussion of the report, legislative concerns, and future research needs.

The introductory and background section begins with this overview. It is intended to present a rationale for the study, its limitations, and the procedures used. Next, an historical perspective gives readers a contextual setting in which to view the materials to come--how the year under study fits in with the larger picture of educational change in Alaska. The time-line presents an ordering of events since CNER's earlier study and subsequent publication. The chronology begins in January 1974, at the time

CNER's Unorganized Borough report was presented to the legislature and takes the reader through the passage of SB 35 and up to the official start of the new REAAs in June 1976. To complete the introductory section, key persons who have been involved in the local control movement over the last five years were invited to write their perspectives on progress since 1974 as a way of emphasizing the incredible amount of change that has occurred in such a short time. Accomplishments and successes, as well as emerging issues, are highlighted in the conclussion to the introductory section, and are re-emphasized throughout the report.

The second section of the report includes information directly collected for the study and analyzed by the CNER staff. This contains the information obtained from the survey questionnaires sent to REAA board members and superintendents. Unfortunately, practical limitations required the use of mail questionnaires, which is known to be an inefficient way to collect data. REAA Board Minutes and Minutes of the State Board of Education were used as substantiating or secondary data sources for reviewing attitudes and issues. The analysis of these minutes also is presented in this section. The questionnaire survey and analysis of the minutes allows broad rather than in-depth coverage to all REAAs. Therefore, to balance this data with more in-depth information, a case study was done in one REAA. Conversations with parents, teachers, school administrators and board members were used to focus on what was called "perceived quality of education" and how it may or may not have been affected by the creation of the REAAs and their first working year.

The next section, called contributed chapters, contains input provided by others in CNER and statewide who have been working on related issues.

This allowed the study to go into many more areas than its limited resources would have permitted and also gives visibility to those doing work in the state who would not normally have had a vehicle to disseminate their information. One contributed chapter deals with the creation of REAAs as it affects and is affected by municipal development in the Unorganized Borough because this was an area emphasized in the earlier CNER study. The chapter was written by a staff member of the Department of Community and Regional Affairs.

A student from the University of Alaska-Southeast has conducted her own survey of the community school committees and her analysis is presented. An in-depth study of one REAA's new secondary education program was done as a dissertation. The article presented, based upon that study, provides coverage of this very important issue. From within CNER, a brief survey of the finance issues concerning REAA schools is presented by the principal investigator of the school finance study. An adjunct CNER staff member discusses the REAAs as related to BIA schools and current issues in school transfer policies. Other contributed chapters discuss teachers in the current pressing bilingual controversy as a local control issue.

The final chapter, which is intended as both a summary and a forecast; is presented in two parts. The first part briefly describes other studies concerning the REAAs and related issues which have been identified in the state. It also serves to raise additional issues not included in this report.

The major part of this final chapter is based upon a unique approach. Those contributing to the report plus a few selected persons were invited

to a seminar at CNER at the time the draft materials of the report were ready. This group was asked to review the materials as a whole and to discuss their contributions and the information provided the Center. They also were asked to discuss their mutual findings as they relate to possible need for additional or revised legislation and to other issues in need of further study. The transcript of this seminar was edited, and selected remarks are included in the final section of the report.

The report also includes an appendix with selected news clippings on the REAAs in their first year.

Final Draft

Progress on the Transfer of BIA Schools Since the Passage of SB 35

November 1977

It was viewed by some that one of the most significant aspects of SB 35 was the inclusion of Bureau of Indian Affairs schools within the boundaries of the Regional Education Attendance Areas. This was interpreted to be the final chapter in the history of Alaska's dual (Federal/State) system, anticipating the subsequent transition of the BIA federally operated schools into the Alaska State school system.

This view was further supported by the 1975-76 Annual Report of the Alaska Commissioner of Education. Reference is made to the dual system as follows:

> ...Currently underway are plans to integrate the State's remaining Bureau of Indian Affairs Schools with those under State jurisdiction. Seven schools operated by the BIA transferred to the new districts this summer.
>
> 'What we hope to see is really simple,' said Commissioner of Education Marshall Lind, 'a single system for all the state's youngsters. And it will be a system structured by state law and regulations, and guided by locally elected school boards.'
>
> The transfer of the seven Bureau of Indian Affairs schools was the first shift of that type to take place in about eight years. BIA schools at Kotzebue, Hooper Bay, Emmonak, Upper Kalskag, Lower Kalskag, and Kiana became a part of the state system. 'And those decisions were made by the people themselves and not by bureaucrats at either the State or Federal level,' Lind said. 'This was the beginning. They got the momentum going, and I am confident that it will continue.'

While the optimism expressed by the Commissioner is significant and evidences an attitude of receptivity toward transfer by the State, acting on behalf of and in conjunction with the REAAs, the actual situation with regard to unification of the systems does not appear to be as promising as he expressed. A review of information from both the files of the Department of Education and the Bureau of Indian Affairs assembled for a Task Force on the Transfer of BIA schools in early 1977 reveals that there are marked differences in State and Federal attitudes toward final accomplishment of unification or merger of the systems.

The following selected chronological listing of correspondence, exchanges of proposals, and opinions, provides a synopsis of events from the signing of SB 25 to the status as of August 1977. The listing is not intended to be all-inclusive but rather to be illustrative of both progress and concerns.

This chapter is abridged from the National Institute of Education Report, The Organization, Management and Financing of Alaska Native Education, by Don M. Dafoe, in press.

March 1975. The Governor signed SB 35, the Act providing for the elimination of the Alaska State-Operated School System and the establishment of 21 Regional Education Attendance Areas.

June 15, 1975. The Governor signed into law as Chapter 150, SLA 1975, an Act which related to the transfer of federal agency schools and provided that teachers who wished to transfer would be placed on the salary schedule at no less than his/her current salary; that a transferring teacher holding a valid Alaska certificate and having taught two or more years in the Federal school would be placed on tenure; that sick leave accumulated while teaching in Alaska could be transferred; and that credit toward retirement would be allowed on the basis of up to ten years credit on a buy-in arrangement (the same as for any teacher entering from outside Alaska).

January 1976. Draft letter from Chairman, State Board of Education, to Area Director of the BIA for discussion purposes. The letter pointed out that with the creation of the REAAs qualified voters in villages served by BIA schools are eligible to vote for and serve on REAA boards, citing the example of Kotzebue, where the BIA operated the school, having five seats on the REAA board. The letter then formally requested the transfer of eight schools in locations where the State is operating secondary programs. The letter also noted that the State Board has directed the Department staff to work with the BIA in addressing the problem of transition of the remaining BIA schools to state control.

February 2, 1976. Deputy Area Director's memorandum reported a meeting with the State Board of Education on January 30. The report noted that the Area Director had expressed concern that the commitment to local villages under the self-determination policies and regulations has made school transfer decisions more difficult. He felt that the REAA boards should have a voice in the transfer decisions, and suggested only two schools be transferred at this time. He agreed that REAA boards and BIA employees should be informed on discussions, progress, and plans.

March 19, 1976. Memorandum from Area Director to Commissioner of Indian Affairs. He noted that discussions are being held concerning school transfers and that one of the problem areas is the question of upgrading school facilities to meet State standards and the availability of Federal dollars for such purpose.

March 26, 1976. Letters from Area Director to REAA boards. He noted control of BIA schools within an REAA border hinges upon the board's desire to assume the responsibility. He suggested that any proposals for assumption of BIA school operations first be discussed with the affected community.

March 26, 1976. Memoranda from the Area Director to BIA day schools. The Director noted that under the Indian Self-Determination Act it would be possible for the Bureau to contract with Native tribal entities for school operations, but to date no such contracts had been entered into. However, he noted that they would not contract with an REAA, although direct transfers would be possible.

April 7, 1976. Commissioner Lind transmits a proposed Memorandum of Agreement to the Area Director. Essentially the proposal expressed the State's willingness to assume operational authority, where the REAA board has expressed willingness to accept the schools, to assume title to property or a use permit, if the schools are up to State standards, with the BIA agreeing to provide funding of the entire difference between funds received by the State under P.L. 874 and the state funding formula for the particular site on a declining basis over a five-year period. It also requested BIA funding to the extent available to provide upgrading of facilities and new facilities.

April 13, 1976. Letter from Area Director to the Chairperson of the Northwest Arctic REAA acknowledging receipt of the request for Kiana and Kotzebue day schools to be transferred to the district. (This transfer was later effected.)

April 16, 1976. Area Director responded to State proposal, objecting to several points;particularly those related to continued financing for operations and financing of capital improvements. The letter also noted that the BIA felt that perhaps the State proposal put undue pressure on the REAAs to assume responsibility for schools operated by the Bureau and noted that the Bureau was planning to continue operations.

May 1 and May 8, 1976. The Lower Yukon REAA submitted resolutions regarding the transfer of four schools.

November 1976. Yupiktak Bista stated its position on school transfers, citing the Indian Self-Determination Act under which, in their opinion, Native peoples could determine whether they wanted to contract to operate schools and the conflict with apparent authority given to the REAAs to take over schools. They expressed opposition to further transfers,citing the financial instability of the REAAs and the failure of the State to provide sufficient funds; stating that villages should not be asked to vote on transfer until the REAAs had proven themselves as viable educational districts.

November 16, 1976. The Area Director sent letters to all REAA boards asking that any requests for transfers of schools be submitted no later than January 1, 1977, and asking that village concurrence be gained prior to taking board action.

November 22, 1976. The Lower Kuskokwim REAA board adopted a policy of assuming operation of BIA day schools in each village where a district-operated high school program is established. When this action became known the villagers of Toksook became aroused and objected to the policy.

December 1976. The Area Director proposed a Memorandum of Agreement which ignored, and in effect rejected, the State's proposal for continued funding on a declining basis and the question of upgrading or replacing facilities. It did recognize the possibility of supplementing a transferred school's budget to prevent serious loss of programs, on a case-by-case basis, and proposed to proceed with procurement of supplies for the school program, including

lunch service and utility contracts for one year. Subsequently, the proposal was amended to a "final offer" of two-year funding for teacher aides, two-year funding of food service, and initial start-up costs for the year of transfer.

January 20, 1977. The Area Director in a letter to the Governor officially terminated the existing agreement between the Bureau and the State in school transfers (the 1968 Overall Plan) on the grounds that it was outmoded and in conflict with the Self-Determination Act and inappropriate under the new REAA school district statute. He indicated willingness to reopen negotiations.

January 21, 1977. Governor Hammond's letter to Interior Secretary Andrus. He referred to the Area Director's action in denying any special assistance to REAAs for schools already transferred because of the State's rejection of the BIA's "final offer," noting the Director's apparent intent to reprogram funds reserved for these six schools to other BIA programs. Requested a hearing to present the State's position.

January 26, 1977. Area Director's letter to Commissioner Lind stating that because of the Indian Self-Determination Act the BIA policy would be to require village concurrence before the Bureau would agree to transfer a school and that he was notifying the REAAs accordingly. (On February 24 the Commissioner responded to the Area Director agreeing, to the concept of village concurrence.)

The Report of the Task Force on Alaska School Transfer

As a result of Governor Hammond's letter to Secretary Andrus a Task Force was appointed by the Commissioner of Indian Affairs. The Task Force Report[1] referred to past efforts toward school transfers, noting that the State is legally obligated to furnish education to all its children, but stating that the Bureau should continue operating schools until a local community wants it to withdraw. Reference is made to the 1968 plan, termed as presently outmoded, and cites the REAA act and the Indian Self-Determination Act as the framework within which transfers must be considered. It states:

> ...In all instances Native American communities will be advised of their options either to (1) transfer their schools to the Regional Education Attendance Area, (2) contract with the BIA, or (3) remain under the Federal school system.

A Field Solicitor's opinion included in the reports noted that the Bureau is not legally required to transfer any school or schools upon request of the state, and that schools previously transferred would not have to be accepted back by the Bureau.

Positions stated in the Task Force report related to schools included:

1. The Bureau would agree to complete any scheduled funded capital improvements, but schools would be transferred on an "as is, where is" basis.

2. ESEA Title I program support could no longer be gained through BIA but could be sought through the Alaska Department of Education.

3. Native students transferred from BIA schools to REAA schools would become eligible for Johnson O'Malley support.

The report concluded with a listing of alternatives and noted their probable impact. Basically the options were as follows:

Option I. Schools be transferred on request of local communities with no BIA financial participation other than start-up costs.

Option II. BIA negotiate directly with the REAAs which had gained village concurrence for transfer through resolutions. (The impact statement noted that this would mean negotiating with seven REAAs rather than with the State.)

Option III. BIA would transfer schools to the State with (a) two-year funding for teacher aides; (b) two-year funding for food service programs; and (c) start-up costs as noted under Option I.

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[1] "Report of the Task Force on the Transfer of the Bureau of Indian Affairs Schools to the State of Alaska" (Washington, D.C.: Office of the Commissioner, Bureau of Indian Affairs), March 25, 1977.

Option IV. In addition to Option III above, the BIA would reimburse the Department of Education for the amount of the State's payments in lieu of local revenue, computed at $575 for the 1977 school year.

Option V. The Bureau would accept the State position as stated in the Governor's letter of January 1977: fundamentally, that the Bureau provide financial assistance to the REAA districts for supplemental programs for two years; and that the BIA provide the State reimbursement for expenditures above and beyond normal State entitlement, less P.L. 874 funds, to be phased out for any transferred school over a five year period.

The Task Force Report also recommended that there be developed guidelines for school transfers in Alaska which could include methodology for assessing financial and program needs, guidelines for securing village concurrence, and means for measuring the impact on school operations subsequent to transfer.

Actions Following the Task Report

On May 5, 1977, Raymond Butler, Acting Deputy Commissioner of Indian Affairs, wrote to Governor Hammond stating that after consideration of the Task Force report the Bureau was proposing that the State and the Bureau move toward finalizing an agreement based on Option IV of the report "or some part of it."

On July 20, 1977, Governor Hammond responded to Mr. Butler, stating in the second paragraph:

> If my understanding is correct, the Option No. 4 of which you speak in your letter is in addition to the efforts of Senator Stevens to provide the difference between Public Law 874 payments and the foundation formula costs per pupil to the State of Alaska in a five-year phaseout program. Under this assumption, the state is pleased with your choice of options and I am sure we can proceed to finalize an agreement.

As yet there has been no official response from the Bureau to Governor Hammond's letter. The transfer program has "bogged down" again, however. Only one school may be transferred in 1977-78.

POLICY ISSUES

There appear to be several policy matters still to be resolved in connection with the transfer of schools and the future role of the Bureau in Alaskan education. The REAAs are so new that their operations are still not on firm ground and it is possible that there could be modifications to the present organizational pattern. For example, some communities might see fit to incorporate as first class cities and become city school districts, and some areas might organize as boroughs and become borough school districts. Two of these policy concerns are summarized below.

Policy Issue: Financing of Transferred Schools

> In view of the fact that there appears to be no legal question but that the State of Alaska has the responsibility to provide education for all its children and youth and has in the creation of the Regional Education Attendance Area districts (REAAs) included all areas now served by Federal schools without any exclusion clause, is the State justified in asking for reimbursement by the BIA on the basis of total State funding requirements on a five-year declining basis (100% the first year, 80% the second year, etc.) plus one-time transfer costs?

Financing school transfers has been the most evident problem for many years. The question of basic and supplemental program support, and the related question of financing the upgrading of present facilities and the provision of new facilities, has been dominant in discussions and proposals over the last thirty years and has far overshadowed any questions of curriculum, staffing, and program.

In asking full reimbursement for all the State cost of assumption of a transferred school by an REAA (Public School Foundation Act entitlement plus in-lieu of local tax payments) the first year and declining support for an additional four years, the State rationale appears to be based on the lack of a tax base for the support of rural schools and the point that total State support of schools in the REAAs raises the question of fiscal fairness with respect to support of schools in other districts. The phase-out of the special entitlement rate for federal funds under P.L. 874, now entering the third year, has increased the State's financial contribution. State officials also note that the State has already assumed a considerable amount of funding formerly provided by the BIA by providing full costs of the boarding home program and by the agreement under the Tobeluk case to provide secondary schools.

A very strongly related question of finance is the potential cost of upgrading transferred facilities to State standards, which is estimated to be as high as forty million dollars, and the projected need for construction dollars for elementary and secondary schools in the REAAs estimated at as high as three million dollars over the next five to ten years. (The Department of Transportation and Public Facilities is currently undertaking an appraisal of upgrading needs at 23 BIA school locations.)

The Bureau of Indian Affairs' position is that the Federal government has no legal obligation to finance schools which are transferred to the State--these schools, once they become part of the REAA operation, should be entitled to full support under State foundation entitlement and in-lieu payments as is any other school in the REAA. They note that the continuing operation of Federal schools in Alaska is not a legal obligation--it is not based on any reservation status or special treaties--but is instead only a "trust" responsibility.

Enabling legislation for the REAAs does not provide for them to hold title to real property--this is still in the hands of the State, which also assumes responsibility for the major maintenance and repair of existing school facilities and for new construction. Thus, the present policy of the Bureau to transfer title to schools, where such title is not affected by the Native Land Claims Settlement, on an "as is, where is" basis, relates directly to the State rather than to the REAA.

The question may well be asked if the time has come where the negotiations on transfer, particularly the financial questions involved, may not have to be undertaken directly at a higher level than the Department of Education and the Area Director's office. There is the related question of whether legislative assent by the Congress and the State should be sought. Some thought might well be given toward introduction of legislation at the Federal level which would constitute enabling legislation for culmination of the transfer effort, with authorization for appropriations to meet the transfers as well as perhaps resolving some of the uncertainties of the Indian Self-Determination Act as applied to Alaska. An appropriate resolution of the State Legislature accepting the agreed-upon terms would then be in order, or the State resolution could be in advance and seek Congressional concurrence and commitment.

Policy Issue: Application of the Indian Self-Determination Act to Native Education in Alaska

> Although the contracting for administration of Federally supported educational services, including the actual operation of village schools in Alaska, appears to be within the broad purview of the Indian Self-Determination Act, would such actions in Alaska be in the best interests of education for rural Alaska Natives?

It has been interpreted by Federal officials that the provisions of the Indian Self-Determination Act with regard to the contracting for services, including education, is within the scope and intent of the Act. The Act defines "Indian" tribes as "any Alaska Native village or regional or village corporation as defined or established pursuant to the Alaska Native Claims Settlement Act." However, this language does not adequately cover the question of tribal identification in Alaska. The regional non-profit corporations created by the Alaska Native Claims Settlement encompass, in at least several instances, more than one "tribe" as defined or interpreted by the Native people themselves. The writer has been told that even in the

case of village corporations there may be more than one tribe involved insofar as the Natives themselves perceive the tribal situation. As one Native leader expressed to the writer, "They try to tell us what is a tribe but we know our own tribal arrangements--they don't." So, depending on definition, and who is doing the interpreting, there could be as few as twelve or more than 400 tribes in Alaska.

Senator Gravel has proposed legislation that would designate the twelve non-profit regional corporations in Alaska as "tribes" for the purposes of the Act. Generally speaking, the Bureau of Indian Affairs has already recognized this definition in the contracting of services other than education to some regional non-profit corporations. There have been indications from some villages that they would not want a contract for their school operation to be handled by a regional corporation. Perhaps there is some concern that contracting is a hidden form of the old expressed policy of termination of all Bureau services or that the local control which they desire would become regional control. Among concerns on the part of the Bureau officials, probably shared by some villages, is that when a service is contracted, the contracting agency, such as a regional non-profit corporation, uses a substantial amount of the funds available for administration and overhead, resulting in less funds being available for the programs.

There have been tentative moves made on a regional level toward seeking a contractual relationship for operating schools. It is clear that the Bureau office in Juneau is not encouraging any one option and, thus far, there is no record of any individual village seeking contracting authority. However, the potential of contracting for school services introduces complexity to the school transfer picture.

* * * *

FINAL DRAFT

Paul A. Goodwin
Nov. 11, 1977

Dick Mueller's REAA (?)

COMMUNITY PERCEPTIONS OF AN REAA: A CASE STUDY EMPHASIZING CULTURAL IMPLICATIONS

The establishment of local control of education was mandated by the legislation known as Senate Bill 35 (SB 35). The purpose of this paper is to examine and report on the effect of the legislation as perceived by the members of a rural community.

Financial considerations limited the scope of the research effort to sample rural opinion for this report. Although the questionnaires, board minutes and other means were used to collect information from all REAA's, the preferred method would have been to gather first-hand knowledge by visiting each REAA and all its communities. Since this was not possible, we chose to use a case study approach to supplement the information obtained from these other sources as well as to see what different types of responses or information could be collected in this way. Expense and time associated with visiting the greatly separated communities limited the case study approach to only one REAA and within that one REAA, travel was limited to the central community. However, the number of people from outlying areas traveling to the central community allowed us to obtain opinions from roughly 50% of all the communities located within the chosen REAA. Nevertheless, as the differences of opinion surrounding a given issue varies from community to community, all differences may not be thoroughly dealt with in this report.

In selecting an REAA for the case study, five criteria were considered: (1) the administrative seat must be located in a central community which is part of the REAA; (2) the REAA must contain a multi-

cultural population; (3) the REAA must contain a BIA school; (4) the REAA chosen for the case study should not be one that has been dealt with elsewhere in the overall study; and (5) the REAA must be convenient for travel.

The person chosen to conduct this case study and write this report was chosen on the basis of his person background, expertise in education, and recent activity in Native affairs. Raised in Kotzebue, Paul A. Goodwin is of partial Native Alaskan descent. A portion of his primary education was obtained in a boarding-home context; the remainder in schools located on the Kenai Peninsula. He did not attend high school, but is, nevertheless, expected to officially receive his Ph.D. degree in geophysics from the University of Alaska in May of 1978. Paul Goodwin has taught extensively at the University of Alaska, concentrating his attention on cross-cultural science courses. He is also a past President of the Fairbanks Native Association, Inc.

Concerning the results and how they were arrived at, the author spent five days in the REAA central community and talked with parents, teachers, administrators, and in some cases, bystanders, in the effort to assess the rural point of view concerning the issue of local control of education. Each individual rather than being "interviewed", was allowed to "free-associate", after introductory comments were given by the author. These introductory comments concerned the intent of this report. In an attempt to focus the conversations, three general questions were prepared: "Why did you and/or other members of the community think it necessary to have local control of education?"; "Did the legislation that set up the REAA adequately address your, or the community's, original concerns regarding education?"; and "How

has the establishment of local control of education affected the quality of education in your community or REAA?" Usually questions were asked as the responses to the above questions developed.

In virtually every case, the responses were offered freely and in the spirit of interest and concern. In many cases, a given respondent would relate his/her concerns regarding local control of education for well over an hour; in some cases for well over two hours. In all cases, the author attempted to maintain the integrity of the rural opinion concerning a given topic but interpretation of the responses have been added to unify the report. In that regard, this chapter is not so much concerned with exactly what was said, but with the meaning of what was said. What follows, then, is hopefully not just a codification of responses given, but a discussion of the core outstanding issues, as determined by the rather obvious common interest among the respondents. The paper is arranged so as to place the topic receiving the most response first. Thus, as one reads this report, topics will appear in the same order and, hopefully, with roughly the same emphasis, as was given them by the members of the rural community.

THE QUESTION AS TO WHY LOCAL CONTROL OF EDUCATION WAS DESIRED

The first question asked ("Why did you and/or other members of the community think it necessary to have local control of education?") received responses that strongly suggested a unanimous feeling in the community concerning the entire issue of local control--whether it be local control of education or local control of anything else. Everyone who was asked the question generally agreed that local control is the right way to handle education. Most people were not particularly in

agreement concerning why this should be the case. Hence, while soliciting opinions, one would hear that local control was originally considered necessary for a variety of reasons. Some would maintain that local control was primarily necessary to assure the timely maintenance of school facilities. Others would maintain that local control would provide for community input concerning the selection of teachers and administrators. Yet others felt that local control would simply make the school system, and particularly the administrators, "more responsive" to the community need and interest.

In spite of this diversity of opinion, one is able to discern a central theme linking all of the reasons given for the necessity for local control of education to a more general rural community concern: That concern being the reduction of the influence of what are perceived as culturally and socially irrelevant bureaucracies in favor of systems that are neither bureaucratic, nor culturally or socially irrelevant. Thus, one sees the rural community developing, for instance, a strong advocacy position with regard to local control of education, while at the same time seeing a partial abandonment of the Western concept of law.

To give examples, and to further clarify this point, the author suggests that education as well as law, in the Western context, must be highly bureaucratic and almost completely arbitrary. To overlay such systems onto a culturally different, rural community often results in situations that are, in a somewhat Alice-in-Wonderland sense, ludicrous.

For instance, the arbitrariness of Western law would have children selling lemonade on their front walk charge sales tax to their customers (some states have actually filed suit in such cases). In a Western urban community, assessing the full range of legal measures against such children

may be necessary to establish the "fairness" of the law. In the rural community, however, such arbitrariness is not well understood, and given the event-oriented character of the Native Alaskan cultures, it is certainly not understood in terms of fairness. Where the letter of the law is upheld in the rural community, racial, cultural or social animosities often develop. These animosities tend to leave the Alaskan society, as a whole, judicially in far worse shape than they would have been in had the society not built such culturally and socially irrelevant arbitrariness into the law in the first place (consider the problems that Alaska has always had with the "Bush Justice System").

In the case of education, cultural and social relevance is also an issue of considerable importance. It is an issue, however, that has had much attention drawn away from it, in the past, by the very nature of the bureaucracy that existed at the time: i.e., the bureaucracy associated with the State Operated Schools (SOS). Thus, as the community responded to the question of this section, the story about how the SOS administrators and teachers would pay little attention to education in lieu of "sitting at their desk filling out papers for Anchorage" (Anchorage is where the SOS administrative seat was located) was often heard. As with the necessity for the arbitrariness of law, the rural community does not well understand the necessity for an administrator or teacher spending large amounts of time "filling out papers for Anchorage."

Given this interpretation, one arrives at a culturally relevant perspective concerning the motivation that originally gave rise to the movement toward local control. That is to say, while people offer specific reasons, which presumably identify the motivation for local

control (e.g., "better maintenance of facilities"), what is probably closer to the case is that members of the rural community wish local control more for cultural reasons than for the rather pat, more mundane reasons that are almost always given in the standard interview situation. What these so-called cultural reasons are is beyond the scope of this brief report, but they seem similar to the motivating forces that prevailed during the development of the Alaska Native Land Claims Settlement Act of 1971 and, more recently, during the development of the Indian Self-Determination legislation as related to Alaska.

It would be incorrect, however, to assume that the impetus for local control of education is entirely an extension on the motivation behind local control in general. In point of fact, within the rural community there is a substantial regard for the quality of education. Although this regard for educational quality is left somewhat unarticulated, it is fairly easy to see that the concern for quality has been an important motivating factor in obtaining local control of education. Consider, for example, that many respondents felt that local control was necessary so as to provide for community input in the selection of teachers and administrators. Further questioning of the respondents concerning this point indicated that many of these people felt that if the community could control the hiring of, for instance, teachers, "education would get better." This point will be amplified further in another section. For now, suffice it to say that judging from this particular case, the concern for educational quality seemed to provide substantial impetus for the rural community to become involved in the issues surrounding local control of education.

BOARD TRAINING

The second question ("Did the legislation that set up the REAA adequately address your, or the community's, original concerns regarding education?") is somewhat more complicated than the first, in that it concerned problems that are currently a part of the community. For this reason there was no lack of opinion.

On the average, the rural community responded in the affirmative to the question. That is, most agreed that the REAA concept, and attendant legislation, did indeed address the original concerns regarding education. Whether the legislation adequately addressed the original concerns of the community regarding education is a questionable point. What follows, then, is the present author's attempt to duplicate the feeling of the respondents by attempting to duplicate the opinions surrounding the individual issues that made up given answers to the question.

While it was generally agreed that the establishment of the REAA did address many local problems associated with education, it was also generally agreed that the operation of the REAA resulted in the development of many more problems. The most outstanding of these problems is the concern regarding the overall competence of the newly formed Regional School Boards and Community School Committees.

Most of those who brought up the issue of board training stated that the majority of the members of the various boards simply did not know what it was that a board was supposed to do. Many respondents (including board members) supported their opinion by pointing out that some Regional Board members and many Community School Committee (CSC)

members were not literate; many respondents were of the opinion that the average school board member[1] had a very poor education. Consequently, they felt these board members could not be expected to deal effectively with the sorts of problems with which they were asked to deal. It is interesting to note that comments such as these were made by Natives and Caucasians, as well as by the educated and non-educated people of the community.

Given other evidence as well, it is assumed that the statements concerning the literacy and educational background of many of the school board members were essentially correct. One then naturally wonders why members judged unqualified were elected to the board.One also wonders how the function of a school board, made up of such members, is affected. The former query is dealt with in a later section. Concerning the latter query, it was found that from the point of view of many of the rural community, such a school board does not work very well at all.

For example, among the more common critical comments were: "... it is difficult to get a quorum because board members use the occasion of a school board meeting to party"; "Most board members just sit there and don't say anything while a few aggressive types dominate the whole meeting"; and "The board spends too much time on personnel matters, maintenance and other details while ignoring the important issues."

In most cases, it was difficult to find out exactly what they meant by something they said. For instance, what does a person mean

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[1] It was often difficult to tell whether people were referring to the REAA Board or the Community School Committee or both. For this discussion, "Board" will be used in the singular, as the REAA Board, even though comments may apply to community boards as well.

when they say something like "... members use the occasion of a school board meeting to party"? In particular, what do they mean by "party"? What sort of behavior have they witnessed? Furthermore, in what ways do the "aggressive types" dominate the board?

Given the rather vague answers to the above questions, one is led to believe that perhaps rather than some first-hand experience concerning board competence, most were responding on the basis of peer pressures, or some other such process. Except for isolated events, most respondents could not affirm the behavior of any board member on the basis of first-hand knowledge. However, it was all too often assumed that if a given board member did not attend a meeting, that individual was "partying." It is not the purpose of this report to make a case for or against the contention that some board members party so much that quorums cannot be achieved. The fact is, rural school boards regularly hold meetings that are attended by a quorum. What should be understood about this particular community is that the matter of partying seems to have led to a general feeling that some of the board members are not competent. Even if the board were working perfectly, such assumptions by the community would tend to reduce its effectiveness.

To a lesser degree, the same is true of the community observation that a few aggressive individuals dominate the board. While it may be true that if one attended a given rural school board meeting, it would seem that a few dominate, the facts may be quite different. As one respondent realized and commented upon, the board method of governing (and, indeed formal education itself) is imposed onto a culture that, if left alone, would do it otherwise. The board, being comprised of culturally different people, thus arrives at many curious operational compromises

that allow it to function. One such compromise is the case where various board members meet informally, in some cases many times, to discuss issues before the formal meeting. When the formal meeting begins, it is not uncommon, especially for the Native people, to vote rapidly and unanimously on a given issue. Upon seeing such a process, many outsiders would tend to believe that at least some of the Native element of the board was easily influenced, if not downright disinterested. But as we have seen, this could very possibly be a judgment that while basically sound in a Western cultural sense, may be otherwise completely incorrect. Similar care must be taken in the judgment of other characteristics of rural school board operations.

For example, if one read the REAA Board minutes, one could be led to the conclusion that the board and administrative functions are interchanged. As one of the more common critical comments concerning the board under study has indicated, the board is said to be far too involved in matters that are usually considered administrative, while being far too little involved in educational policy and programs. This suggests that the administration handles educational policy and programs. Administrators are usually hired from outside the REAA and if they are in primary control of policy and programs, then the rural community would seem to have gained only a new administrative role in acquiring local control of education. On the face of it, the board has not exercised its authority to establish policy or programs that would affect educational quality. In any case, the reversal of board and administrative roles seems to suggest that the board does indeed need training. Many of the administrators that were questioned agreed with the implications attendant to the reversal of board and administrative roles in the rural community.

However, the rural school board members had a different opinion of all this.

From the point of view of a Native member, involvement in personnell matters, for instance, is unquestionably an appropriate role of a local school board. The reason for this was established by comparing the older SOS and BIA school systems with the present system. The author was told that whereas the SOS and BIA systems often solicited local input regarding the hiring of a new teacher (many local advisory school boards to SOS and BIA had been set up in Alaska), it was never the case that that new teacher had any sort of real committment to an employer-employee relationship with the community. According to many Native respondents, these teachers owed allegiance to 'Anchorage or Juneau" (i.e. the administration). Thus, it was said, those teachers could do more or less "anything they wanted to do" even if doing it was against the wishes of the community. In contrast, the present system allows the board to respond to local concern and, if warranted, fire a teacher. It was held that this new board power rendered the current group of teachers a good deal more responsive than the teachers of the past. Moreover, it was quite emphatically stated that this new responsiveness of the teachers would result in a higher quality of education for the children.

Further concerning the quality of education, one CSC Chairman responded that his group had become quite involved in the subject. When asked what sort of involvement this was, he explained that the CSC had recently begun changing the role of the local school principal. Back in the SOS days, and for a part of the REAA period of operation, the principal functioned largely as an "administrator of school business."

He meant that the principal was primarily concerned with reporting requirements, record keeping, letter writing, etc. (filling out papers for Anchorage). In changing the role of the principal, the CSC had in mind that the principal should be an "administrator of teachers" instead of an "administrator of business." That way, he said, the principal could teach as well as keep abreast of the quality of teaching in his school.

Continuing, the Chairman told of the CSC becoming involved in "minimum requirements testing." It seems that the CSC was toying with the idea of requiring all the graduates of the sixth and twelfth grades to take tests that would assess their actual academic capabilities. In this way, the school would be assured that the graduates of today "would not be like the ones who used to graduate around here." To add emphasis, the Chairman interjected that "all they ever used to do in school back in the old days was play basketball!"

Without belaboring the point, we should be able to see that while the boards may need training in the procedural or functional aspects of their role in education, little or no training is needed in the philosophical aspects. That is to say, the boards, clearly, have already assumed their appropriate role: that of being concerned about the quality and content of their children's education. However, this does not appear to be well understood by many of those in either the administration or the community. What often happens, then, is that many develop inappropriate feelings concerning the board's competence. However, as may be inferred, the major problem is not the board's competence, necessarily, but the different ways that the board looks at things. Because a particular board has one way of looking at something, and another board or admin-

istration has a different way of looking at the same thing, misunderstandings can occur.

The sort of training that might be offered a rural school board, then, should stress the relationships that should exist between boards, and between boards and administrations, if the system is to function effectively. Cross-cultural training, of an applied, non-theoretical nature, might be offered to the administrations as well as to the boards so as to develop the awareness needed for viable communication.

THE RELATIONSHIPS BETWEEN THE BOARDS AND BETWEEN THE BOARDS AND ADMINISTRATION

The relationships that exist between the Regional School Board and the Community School Committee (CSC) varies from one REAA to another (see report by S. Horton). Further, within an REAA, the relationship between one CSC and the Regional Board can be quite different from the corresponding relationship of another CSC. That this can occur is related to the fact that no firm guidelines exist that would define the relationships. Hence, within a given REAA, one CSC may dominate the educational affairs of the Regional Board and/or administration, while another will simply take what is given them.

When this topic came up, further questioning revealed that the lack of definition of the relationship between the Regional Board and the CSC was thought to be a weakness of the REAA system. When the suggestion was made that the State step in to establish firm guidelines, most respondents replied with an unequivocal no. They felt that the relationship could better be established by some scheme involving

board training.

Concerning the various boards and administration, another weak point was considered to be the lack of definition in the relationships between them. For example, was the local school principal answerable to the Regional Board or to the CSC or to the Superintendent? With regard to this particular relational problem, some within administration hinted that the State should develop guidelines. However, respondents in general again felt that this sort of problem could be dealt with most effectively by board training

Unfortunately, this perceived importance of board training is, many times, derived from considerations that are ill-defined. Consequently, no unanimous opinion can be obtained concerning the sort of board training the rural community feels that it needs. Some suggest that the board be given a "three R's" orientation concerning how a board works. Others suggest that this would be fine, but what is really needed is "more competent" people on the board, then training.

THE POLITICAL PROCESS IN THE CROSS-CULTURAL SETTING

To answer the question of how and why so-called incompetent board members were elected, one must examine the Western political process in its cross-culturally transplanted form.

Within the Western culture, it is a tacit assumption that the political process will select, from among many, the person best suited to fulfill the duties and responsibilities of a given office. To no small degree, this selection is accomplished by pitting one candidate for a given office against another. The candidate who is best able to express

himself, and who is then best able to manipulate the mass-media, is the candidate who is perceived by the populace to be the one most suited to fill the office. While this does not always work in a Western community, it works often enough that a popular faith in the system becomes established.

In the case of the REAA legislation, we have not only the legislation itself, but the political process, imposed on a culturally different environment. This suggests operational problems. In the case of the legislation, an operational mode can be established largely by definition. In other words, an REAA will operate according to fairly well defined rules and regulations. In the case of the election process, however, definitional considerations can only modestly affect the procedure; not the process. That is to say, while the State can impose a conformity on a rural election procedure (i.e., filing petitions, election judges, etc.), the State cannot impose conformity on the process.

Thus, in the rural community, one often sees unique variation on the theme of Western democracy, and in particular, on the theme of the election process. For instance, in the more traditional areas, a full slate of candidates may run for a given office, but it is often a foregone conclusion who will finally be elected. Members of important families, or those who are otherwise well known, are usually elected over those who may be technically better qualified to fulfill the responsibilities of the given office. For this reason, the election campaign is virtually non-existent in the more traditional areas of rural Alaska. It seems that the Western election process has been supplanted in the rural Alaskan community by the more culturally relevant oral tradition.

But what is the outcome of a culturally modified political process?

Will the new process result in a better or worse social condition for rural Alaska? In those cases where the new political process is found to better conditions, what can the State do to enhance the process?

In the opinion of the present author, if the first two questions were specifically asked of a given traditional community, the answer would be one that stressed self-determination. In other words the traditional community would not be so much concerned with the outcome of their particular brand of political process, as they would be with the thought that they could do it themselves. This is not to say that the traditional communities would not welcome a few State-initiated changes. In fact, in response to questions similar to the third kind, rural communities suggested such changes.

In particular, the changes suggested in the REAA under study were: (1) The State Election Office should devise means that would allow them to be better able to administer elections in a more timely fashion; and (2) The State Election Office should devise filing procedures, etc., that are more relevant to community understanding and circumstance.

These suggestions were given in view of the most recent school board elections. In some REAA's of Alaska, the elections were characterized as untimely and confusing (Interior Alaskan newspaper stories related to this issue are included). Concerning (1), many people stated that they did not know of the election until it was too late. With regard to (2), a few individuals thought the current filing procedure for school board seats to be essentially discriminatory. They apparently based their thinking on the feeling that most traditional candidates would not understand the necessity for obtaining a petition to run for a school board seat. Moreover, most of the would-be trad-

itional candidates would not be able to read or write and they would also not be familiar with the methods for completing a petition. It was said that when faced with the unfamiliarity associated with running for office, most traditionally oriented people would rather just forget the whole thing. In view of these considerations, one person suggested that a declared interest should be sufficient justification for placing a person's name on the ballot. Given the cultural context of local elections, this suggestion is not without merit.

THE RESURFACING OF THE ISSUE OF LOCAL CONTROL OF EDUCATION WITHIN THE REAA

Although this topic is not of overwhelming concern within the one REAA examined, mentioned of it occurred frequently enough to warrant its inclusion within this report. Moreover, the inclusion of the topic will add a different dimension to the previous discussion concerning the motivation for local control of education.

By way of preface, consider the previous section which examined the original motivation for local control. There, it was suggested the motivation for local control of education gained at least a portion of its momentum from the broader issue of self-determination. A case was made that further suggested that the self-determination issue was itself culturally motivated. Many of the opinions expressed by the members of the rural community tended to confirm these suggestions.

With SB 35, the rural communities have far less to worry about, insofar as they are concerned with an outside influence on local education. Nevertheless, in doing the field work for this report, it was more than

occasionally heard that the "administrative center of the REAA" was somehow deficient in its ability to administer local education. This is reminiscent of what all the rural communities were saying about Anchorage only a few years ago. Now, it seems the given REAA administrative center has assumed the role once exclusively held by the larger urban centers.

For example, comments received from residents of one village located toward the perimeter of the REAA examined, indicated that the REAA center was guilty of the same "unresponsiveness" now as was Anchorage in the old days. Of particular concern was the hot lunch program. According to the people questioned, their village had requested over and over again the equipment necessary to bring their school kitchen up to standard. As the weeks and months passed by, no equipment came. As a result, the village was forced to discontinue their hot lunch program.

Questioning these people further, it was found that while they considered building maintenance to be better now, it was not that much better than when SOS was doing it. The problems associated with maintenance centered around the length of time it took to get anything done. When asked why they thought it took so long to get things repaired, one individual stated that the administrative center "was too far away and the transportation was bad." But another interjected: "And those people up there are a different kind of people from us. We should be in the other region," implying that the "people up there" lacked an understanding of the needs of the community in question.

Continuing on the cultural theme, an older Native woman stated that she would not allow her children to attend high school "up there." One reason given for this attitude was that the people of the core city

spoke a different dialect of the Native language. Another person affirmed her statements and added that the local high school students attended school in a different REAA than the one in which the village was located. When asked why, family reasons were mentioned (another factor that should be considered is that the State pays for foster homes for boarding students. Consequently, if a student has family, or extended family, in an area with a high school, it is financially advantageous for both families involved to send the student there. However, the author does not feel that this is the primary motivation).

This curious way of looking at the REAA core surfaced again when the members of another village were questioned. In this case, however, the village was faced with the question of whether to keep their school BIA-operated or go with the REAA. In questioning a one-time CSC board member, it was found that the major concern of the village was how well the REAA could do as compared to the BIA. Apparently the BIA was making the local school a "model" and, as a result, was very responsive to the community. Since the village did not know if the REAA could do as well, they decided to adopt a "wait-and-see" attitude. When asked what sorts of things the REAA would have to do before they would join, all agreed that the REAA would have to demonstrate their ability in maintenance and responsiveness.

Cultural considerations entered into the conversation, but not in the explicit terms heard elsewhere. Nevertheless, the author felt that the cultural issue played some role in the village's decision to wait-and-see as subjects of a cultural nature were mentioned frequently.

All this raises the question as to what might be done to alleviate

these various problems. Unfortunately, it is not so easy as adjusting a few REAA boundaries. In the REAA studied for this report, one can identify two major language groups in addition to English. Also, some villages are largely traditional while some are either multi-cultural or largely Western. To adjust, therefore, REAA boundaries to account for all cultural variations possible, is out of the question. This leaves dealing with the problems themselves. In the opinion of the present author, this is the appropriate course of action. In the case of villages complaining of poor maintenance, better and faster communications between the administrative center and the local CSC would be of help. At least this way the village would be more aware of what problems there were in getting, for instance, their kitchen equipment. In the case of the village that adopted the wait-and-see position, such improved communication may represent an increased responsiveness on the part of the REAA center.

MISCELLANEOUS TOPICS

As might be expected, each person who responded to the inquiries that led to this report made their own unique contribution. Some, because they currently worked in or had worked in a Federal program, gave opinions and examples that reflected their experience within those programs. Others who had worked in a Native organization were able to offer valuable opinions concerning the role of these organizations in education.

Because each person's background was different, the supplementary comments were varied. They cannot all be included. However, a number

of these comments fit into three different categories. These categories are: (i) the Native corporations; (ii) the Federal programs (including the bilingual program);and (iii) the boarding home program. The remainder of this section will deal with each of these three categories one at a time.

The Native Corporations, whether profit or nonprofit, have become an integral part of the Native experience. It is not surprising, therefore, that Native corporations would somehow figure into education. What did come as a surprise in this case study was the way and the degree to which their influence was noted.

By way of explanation, the Native corporations have been formed, in one respect, to enhance the concept of local control. On the one hand, the profit corporations have been given money and land and the responsibility to manage those resources for profit. The profits made then work their way back to the Native share-holders of the corporation. On the other hand, the nonprofit corporation secures contracts and grants from various agencies to operate programs in the area where they are located. For instance, the Native programs operated by the BIA are more and more being taken over by the nonprofit corporations.

At the present time, the existence of the nonprofit corporations are of greater practical value to a rural community than the existence of the profit corporation. The reason for this is that nonprofits are locally based. They employ people in the community and provide for much practical training. In addition, the nonprofit corporations establish a feeling of self-determination for the Native population of a community. One way these corporations do this is to administer education

programs. As an example, the nonprofit corporation of a given region or community will often run the Federally funded Johnson O'Malley and Indian Education programs as well as the State funded Basic Education Program. In this way, the Native corporations quite substantially figure into education. But there is more to this.

When doing the case study, many Native people were approached. As they offered their opinions, the author often picked up a reference to one of the corporations. Sometimes it would be a reference to one of their family working for one; sometimes they would refer to their own employment experience. As the topic was followed up on, it was learned that these people have great expectations for their profit and nonprofit enterprises. They have corresponding expectations for the children who will one day work in and manage those enterprises.

Many times it was said that the children need good educations so that they could work in the corporations. It is interesting to note that while talking about the corporations, many referred to the need for a "three R's" education.

A reaction to the poor education of the past was many times one of adopting a hard attitude about the present educational efforts of the REAA. One young woman went so far as to condemn much of the existing school curriculum and many of the Federal programs as well. Condemning Federal programs was reasonably common, as people thought that there should be less emphasis on cultural enrichment and more emphasis on "education."

In all, it seemed that the employment market represented by the corporations acted as a strong stimulus for a good education. The Older Native person seemed to have felt this more than did the young. Pre-

sumably, the corporations represented a chance for their children and they did not want that chance lost because of a poor education.

The Federal Programs, as was mentioned in the last subsection, came under fire from the Native community. These programs were criticized relatively more by Natives who had not worked for the corporations than by other Native people who had, or by Caucasians. On the one hand, Federal programs represent support for many activities that employ Natives. Consequently, some Natives view these programs more in terms of the money they represent than in terms of their programmatic benefit. Most Caucasians of the community are usually involved in one program activity or another (at least the ones involved in this case study were). Many are educated and thus tend to view a program in terms of its more abstract benefits. The Native, who often had less formal education, tends to look at a program on the basis of its more obvious or practical benefit to the child. Thus, when no such benefits are seen, these people tend to be rather critical.

When talking to this latter group of people, the most commonly heard complaint was that the Federal programs concentrated too much on cultural matters. Particular criticisms centered around the bilingual education being offered in the schools and on the Johnson O'Malley (JOM) courses.

While criticism of the bilingual program was rather vague, and not too frequent, the author felt that those who did not like it would rather see it replaced by a more traditional Western curriculum. On a few occasions, comments like "the children are going to need English when

they grow up; not the Native language!" were heard. The JOM courses received much more criticism. The problem here is that often teachers from the lower forty-eight states would teach cultural courses to children who were a part of the local culture and who were thus familiar with it. As an example, one course was said to teach the youngsters how to snare rabbits while another taught camping; skills the children already possessed.

These criticisms suggest that the Federal programs should be modified as the educational needs of the REAA are identified. In this way, the Federal programs can become important alternatives for augmenting formal education.

The Boarding-Home Program in the next few years will be a thing of the past. Enough research has been done on this subject to indicate that the demise of the Boarding-Home Program is a much desired event. According to the relatively few comments given on this subject, the community strongly agrees. However, in talking with one familiar with the subject, the demise of the program will present many of the smaller villages with unexpected problems.

To paraphrase the problem: For many years the children of high school age have been sent to a boarding home program to complete their education. As the years went by, the villages got used to not having teenaged children about during the confining winter months. In the summer, the children would come home but the many activities would keep them busy. When the REAA's were established, new, small high schools were also established. Many of the students who would normally go away

to school stayed home. Some villages thus had a group of energetic teenagers with which to contend; a situation that many had not faced before. The lack of activity in the winter months caused these young people to become rather difficult. As a result, the villages were having trouble coping with their own children (the children were also having trouble coping with the new situation). Accordingly, some parents inquired as to the possibility of sending their children back to a boarding-home program.

Without additional comment, this problem was handled by not shutting down the local boarding home program immediately. In this way, those students who were used to attending high school away from home could continue to do so, if they wished, until they graduated. The choice was up to the student and the parents.

CONCLUDING COMMENTS

When one considers the enormous problems associated with transferring all educational responsibility from the State to the local level, it is a wonder that the REAA's are working as well as they are. This is not to say that there are no problems. Clearly, there are. But the problems are small compared to the magnitude of the task.

Consider that in the REAA examined for this case study, local communities were expected to : establish educational policy and programs; assume an administrative posture; and develop ways and means to establish local high schools. And, if that were not enough, all these new tasks were expected to result in a higher quality of education.

Yet, when the author visited the rural community to do this case study,

scarcely any reference was made of the enormity of the above-mentioned tasks. People did not view the transference of educational responsibility from the State to themselves as being a problem worthy of any particular concern. Rather, people simply accepted the responsibility and got on with business. Instead of hearing about how difficult the job was, what was heard was praise or criticism concerning some particular aspect of the job and how it was all going. If it was not an opinion on board training, or the quality of education, or the political process, then it was perhaps an opinion on some cultural feature associated with the issues.

In spite of the specific problems, virtually everyone questioned felt that the REAA was evolving in an appropriate direction. Some felt that it was evolving at an acceptable rate; others did not. The point is that everyone approached was optimistic and aware of education, and had at least a few comments to make about it. One seldom encounters such optimism or awareness in an urban area.

On that basis, the rural community seems to be too critical of itself. However, this is a healthy environment for change. In the opinion of the present author, the dissent and criticism along with the optimism and awareness cannot help but result in an educational system far better for the children than it has been in the past.

REAAs in the News:

Year One

(July 76 - July 77)

All-Alaska Weekly, September 10, 1976

RURAL ALASKA GETS LOCAL CONTROL OF SCHOOLS

From SOS to REAA

Transition Largest Such Undertaking in U.S. History

21 School Districts Get 100 Schools; 15 Are New High Schools

By Jo Anne Wold

This week in the 21 newly created school districts across the state of Alaska from Angoon to Kotzebue, and from Adak to Bethel, school doors opened for the first time under local authority, classes began under local superintendents, with locally hired teachers, and under the direction of a locally elected school board.

The great decentralization, as well as the dismantling of the State Operated Schools (SOS), has occurred, and the era of Regional Education Attendance Areas (REAA) is underway.

No longer will village schools be dictated to by a state board and state superintendents. Area school boards will now make their own decisions on curriculum, development, teacher recruiting and the use of educational funds.

This transition from an appointed state board to locally elected school boards was the largest such undertaking in the history of the United States, according to officials of the State Board of Education in Juneau.

Dr. Marshall Lind, commissioner of education, said he would work very closely with the new boards. "We will provide whatever assistance we can," he said. "But we do not want to get in their way."

The Alaska constitution provides that every village with eight elementary age children must have a school, and that rural areas meeting the pupil requirement have the option of setting up their own secondary school.

This fall 15 villages will have a high school for the first time. Some high schools, such as Angoon where 55 students are enrolled, will have a full secondary school, while other villages, such as Greyling, will have one high school teacher offering supervised study or correspondence courses.

(continued)

REAA . . .

All-Alaska Weekly, September 10, 1976

In 1975 the landmark legislation passing control to local boards was approved by the state legislature. This year money was allocated to finance the new districts.

One hundred per cent of the new districts' education costs is paid by the state. In the North Star Borough School District, for example, 95 per cent of the basic education costs is funded by the state through the Public School Foundation (PSF). This year the PSF budget is $132.3 million.

In addition to receiving funds from PSF, the newly created REAA's have $40 million in funding from the state, as well as $100,000 for school board elections in rural areas.

During this period of transition and takeover of more than 100 SOS schools, there are more questions than answers, and, in some cases, more problems than solutions.

For example, the state department of education will not know until possibly late October how many new teachers have been hired by the new districts and how many students are being taught by the REAA's.

Teacher hiring in some areas was a hectic and chaotic situation. As the deadline day of school opening approached, some schools were still without enough teachers. Teacher job interviews, it was reported, were less than thorough.

Word of job openings passed via the grapevine with some teachers rushing to highway communities or flying (at their own expense) to villages for interviews. Some teachers, who filed applications in early spring, were hired one week before school started.

Teachers going to remote locations had to pack personal belongings, household goods and enough food to carry them through the nine month school year. Many of them, caught short of cash, had to borrow money to buy a large food supply and pay the freight costs.

The real rub came with housing for the increased school personnel. In most places teachers were told, "housing is tight. You will have to make your own arrangements." This resulted in some teachers sharing the same living quarters. Because of the

REAA . . .

—Continued from page 1

housing shortage, teacher couples were preferred.

One couple on a tour in Fairbanks heard of a teaching position in a nearby community. The man applied for it, received it, and they flew home to quit their jobs and sell their home in order to teach in Alaska. (The retirement pay here, four times greater than in their midwestern state, was the deciding factor, they said.)

Another problem is school buildings, especially for those communities where there has not been an elementary or secondary school.

The success of REAA hinges on the $59 million school bond proposal that will be on the ballot this November.

In addition to SOS schools, a number of Bureau of Indian Affairs schools (BIA) have been taken over by REAA. The largest one is the 700-student school in Kotzebue.

"We are vitally interested in this transition being a successful one," said Deputy Commissioner Nate Cole. "We are totally committed to local control of education. We put a lot of our department's resources into this decentralization."

When Cole was asked if he though REAA was a more expensive program than SOS, he said, "In my personal opinion, I do not believe it is.

"I base that on having done some analysis on SOS costs from its inception until its termination this year."

Meanwhile, at the Center for Northern Research (CNER) at the University of Alaska, Fairbanks, a study has been underway for the past year on the Public School Foundation program.

"One reason for the study will be to determine whether REAA is more or less expensive than SOS. Right now no one knows," said E. Dean Coon, assistant director of the center.

The study, due for completion next year, will also determine an equitable method of collecting and distributing state funds for schools. They will look at the validity of regional differences and make recommendations. Right now, for example, the Barrow school district gets 133 per cent more per student than the state spends per student in Anchorage.

On the subject of REAA funding no one is sure whether the money for REAAs is "too little, just right, or too much," Coon said.

This fall CNER will sponsor four regional workshops in Fairbanks to introduce reports and gather public opinion on public school funding.

Voters To Determine Bush Schools

By Sam Kito

THE RECENT OUT of court settlement by the State of Alaska resulted in a commitment by the state to enable elementary and secondary school age children in every bush village to continue their education at home.

This settlement is designed to stop the disruption of family life that existed in the past by forcing children to leave their village home to attend school. Sometimes children had to travel to Oklahoma, Oregon, Mt. Edgecumbe and Wrangell Institute.

Those students traveling to Wrangell Institute ranged from grade one through grade eight. Imagine for a minute, a parent with a six - year - old standing at the airport waiting to send his child to school for nine months to be raised without intimate parental guidance.

IT IS unfortunate that this litigation had to proceed to conclusion prior to a settlement being reached. The settlement is contingent upon the passage of the $39 million rural bond issue to face the voters in November. Of that amount, $20 million will initially be set aside to settle the Molly Hootch lawsuit.

Now that a settlement has been reached, passage of the Rural Construction Bond issue is essential to provide quality and responsive education in rural Alaska.

If the bond issue fails, Alaska Legal Services has reserved the right to continue the suit.

Even though the Supreme Court ruled that the state did not have a constitutional obligation to provide education in each community, it did reserve the right to review the progress of establishing schools to provide education in rural Alaska in the future.

THE NEGOTIATED settlement is a step in the right direction. The governor should be commended for recognizing that the Boarding Home Program and dormitories were expensive alternatives to providing local education.

The settlement could not have been completed by the governor and legal services if the legislature did not pass the rural bond issue. The legislative leadership recognized that a bond package had to be approved in order for negotiations to culminate in a settlement. The action of the leadership will be greatly appreciated by parents and children who will be able to attend school in their own community.

There has been a continued effort to move education closer to isolated communities, as the parents' voices become more vociferous and the Body Politic listened. Listening were elected politicians, educators, and native leaders.

Observe the move to regional high schools in 1965, the development of the successful area high school concept implemented early in this decade and the Boarding - Home Program. The regional high school concept built dormitories in Nome and Bethel. The dormitory scheduled for Fairbanks was not constructed and was not wanted by parents in rural Alaska because the area high school concept was developed.

ADDITIONALLY, the completion of local education in rural Alaska will be determined by the 21 local education districts created July 1, 1976, with the passage of Senate Bill 35. These newly - created districts will be afforded the opportunity to control education on a local level. They will determine how local communities will resolve parental concerns regarding how the negotiated settlement is to be implemented.

Now it is up to the voters to decide whether we will provide educational facilities in remote areas of the state that will comply with the negotiated settlement.

It is my hope that the Molly Hootch case will be permanently closed.

Sam Kito, a lifetime Alaskan, is president of the Alaska Federation of Natives.

The Anchorage Times, Sunday, September 26, 1976

AFN cites education problems

By JEANNE ABBOTT
Daily News Staff Writer

Less than two years after State-Operated Schools (SOS) were decentralized by the Alaska Legislature, the new rural school districts are finding unforeseen problems of organization. Native leaders at the Alaska Federation of Natives convention Friday spelled out such problems as substandard schools, limited budgets and social impact on village communities.

The decentralization of SOS created 21 rural education attendance areas (REAA) throughout Alaska to provide bush areas with local control over their schools.

"IT'S TRUE, WE do have local control over our schools and are practicing self determination," said Bob Clark of Dillingham.

"It's finally our system, and we have a hand in our own education. It's a milestone within the Native Alaska movement," said Bob Schaeffer of Kotzebue.

But, both Clark and Schaeffer pointed to a number of problems that have arisen during the past year as new school districts were forming:

—THE NEW DISTRICTS are taking over "substandard" Bureau of Indian Education schools. "These are schools the bureau has always resisted bringing up to par," Schaeffer said.

—The 21 new administrations have been expensive to put together and Schaeffer indicated all regions have budget deficits.

—More thought needed to be given to the impact on communities, when children who would normally attend school elsewhere will be educated at home, Clark said. "Do we have enough food? Will it mean more welfare?" he asked.

—THE NATIVE CULTURE needs to be instituted in the schools. "We need to develop a system a lot more flexible," said Clark.

—"The state would dearly love to make the REAAs into boroughs so they can be taxed. We're not taxed now, but if we're not careful, we will be," Clark said.

Since spring of 1975, the new rural districts have been organizing their administrations.

"The regional attendance areas are basically organized. It's time to deal with the thrust of the bill," Schaeffer said.

ADN 10/23/76

-Anchorage Daily News, Friday, December 3, 1976

ANCHORAGE DAILY NEWS

Our views:

State schools

True to the intention of the celebrated Molly Hootch case, which directed the state to provide high school education within rural villages, plans are proceeding to do so with all due speed.

We are pleased to see the state Department of Education moving with the necessary dispatch to fulfill the court settlement. Since a $59 million bond issue for state schools was passed in the Nov. 2 election, the department has laid elaborate groundwork in preparation for construction. Most projects authorized by the bond will be under way during 1977, and many projects are expected to be completed by 1978.

So far, the department indicates that 20 to 30 new buildings, either kindergarten to 12th grade or grades 9 to 12, will be started next year. Additions will be made to approximately 20 other structures for secondary programs; 20 more will be upgraded to meet fire, safety and health codes. In all, that means 70 to 80 projects are already planned to serve bush students.

Not only is the department moving rapidly toward this construction, but it seems to be making every effort to get the local communities involved in how the schools should be built.

The establishment of 21 new rural school districts last year has made a big difference in the department's approach to the projects.

This month there will be a workshop in Anchorage for school boards, about 70 people, to train them in developing educational specifications. Out in the communities, staff from the Department of Education is helping districts with plans for programs and building design.

Meanwhile, the Department of Public Works has already hired site investigation teams in some districts to do surveys and make soil tests. The department is now advertising for architects, and hopes to coordinate district projects with an organized process of selection.

But here too, the local communities are able to get involved. Recent legislation provides that individual districts may administer school construction through a grant program if it does not want the Department of Public Works to have the responsibility. Districts using this option can select their own architects, and monitor their own construction projects.

It all means that local people will have a major say in where and how the local schools will be built. And, we are hopeful this will result in new buildings that are better fit to serve Alaska's villages.

Bond Issue Will Fund 70-80 School Projects

All-Alaska Weekly, December 3, 1976

The proposition to issue $59.6 million in bonds for new construction and remodeling of schools in Alaska passed on Nov. 2 and sixteen of the 21 new rural school districts which were formed as a result of the well-known and now-settled Molly Hootch case will come under the statewide construction project; and as a result some 2,780 students who have had to leave their home towns to receive a secondary education will now be able to attend school at home.

Of the total bond issue $20 million will go for rural secondary school construction. Some rural districts will be building new facilities, while others will be remodeling existing facilities to handle secondary enrollment.

Overall, 32 rural and urban districts throughout Alaska will be funded under the bond issue, and the total number of construction projects will number between 70 and 80. Construction will begin in some areas this summer, and all construction should be completed by December of 1978.

"We'd like to tell everyone in the state how grateful we are that the bond issue passed," said Katherine Hurley of Wasilla, president of the Alaska State Board of Education. "It was wonderful to see the support we had from all over the state, and that people really supported education for the rural areas.

"Even in the cities they did. Otherwise it would not have passed. This speaks well for the kind of issue that it was, and it shows that if you really have a need people will vote for it."

PLEASED BY OUTCOME

"Frankly, I'm very happy and pleased," said State Board of Education member Darwin Heine, of Fairbanks. "With things in kind of an unknown situation with the pipeline winding down, I wasn't too sure about any of the bond issues. I'm happy it came out as well as it did.

"As far as education in the state is concerned, we can now move forward with the commitments the Legislature, Department of Education, State Board of Education and Governor have made to all the people, particularly in the rural areas where there are minimal school facilities."

"I'm very pleased," said state board member Jan Hohman, of Nome. "I was rather worried. I didn't think the larger cities would go for it, although it's certainly needed in the rural areas.

"Our son is not that far from high school age. If you're a parent in the community and have to send your kids away after eighth grade, it really hits home. Passing the bond issue was the only fair thing to do.

"It's been totally unfair to send young children from their parents. I'm really excited the bond ixsue passed," Hohman said.

State Board member Thelma Langdon, of Anchorage, said, "I'm delighted the bond issue passed.

"I'm disappointed Anchorage didn't go for it as much as I was hoping (approximately 24,000 voted no and 20,000 voted yes), but the number of Anchorage people that did vote for it made if possible for the bond issue to pass."

Several key groups supported the bond issue in Anchorage, Langdon noted.

"Sue Linford, an Anchorage school board member, worked with several committees to support the bond," Langdon said.

"The campaign in Anchorage media-wise tipped the balance," said state board member Malcolm Roberts, of Anchorage. "Without that, the bond issue wouldn't have happened.

"I'm gratified that the bond issue passed because the schools are needed, and it reflected an understanding on the part of urban Alaskans for the very real needs of Alaska's children in smaller communities."

TURNING POINT

"The turning point was the TV campaign explaining the issue. We're meeting a very real problem. Children have been taken from their homes for decades. The TV spots clearly explained the importance of the bond issue," Roberts said.

Board member August Anderson, of Sitka, said he was "surprised for one, and happy for another. We apparently can see the sensitivity of the people. It's pretty clear how they all feel.

"It had to be done sooner or later. Passing the legislation for the Regional Education Attendance areas and not providing schools is like an empty lunch box. The funding is necessary to get some action.'"

Anderson said some persons he talked to had mixed reaction about the bond issue.

"Some said, the villages are dying, why preserve them. I say we are morally obligated to help our fellow man," Anderson said.

Board member Lt. Col. Terry Brown of Fort Richardson, said, "I'm very happy. I've been out to some villages and seen the need for schools, and needless to say I'm extremely happy to see the money passed by the voters. It shows a greater awareness than we were willing to anticipate of the need for improved school facilities in rural areas.

"The initial thought was that metropitan areas might defeat the bond issue, if it were to be defeated. There was a big effort to acquaint the public with the importance of the bond issue. It was a big education effort," Brown said.

(EXCERPT)

AVCP-Yupiktat Bista seek contracts to run twenty-eight schools

Tundra Times 12/8/76

According to Mr. Carl Jack, Executive Director of the Association of Village Council Presidents, Inc. and Yupiktak Bista, Inc., plans are underway to study the feasibility of AVCP, Inc. contracting for the operation of the 28 BIA schools in the AVCP (Bethel) Region. "The plan to do a feasibility study for the take over of the 28 BIA schools by AVCP is the result of concerns expressed by the people from the villages that currently have BIA schools" stated Carl Jack. "Their concern is whether the quality of Education will suffer when REAA's take over their schools due to a lack of adequate funding."

The current goal of the State Department of Education is to take over all BIA schools in the next three (3) years or by 1979. Further, the State Commissioner of Education is trying very hard to get the BIA to agree to keep funding the BIA schools even after REAA takes them over. Further the State Department of Education wants the BIA to keep paying for the following for 5 years after the REAA takes the BIA Schools over:

(a) AVEC costs (19 schools)
(b) Maintenance costs (32 schools)
(c) Hot Lunch Program (32 schools)
(d) New construction costs
(e) Take all Title monies and
(f) Operations including salaries, etc.

It is estimated that over the next 8 years, if the BIA schools are taken over by REAA's, that this will cost the AVCP region more money than the BIA Bethel Agency get to run the schools and other programs, due to the fact that the responsibility for paying for education will go from State to local government through Unorganized Borough concept that the State is working on.

The State of Alaska has been very reluctant to spend any of its general fund for bush education. The money from oil and other resources currently goes into the State general fund and currently the state is meeting their responsibility for bush education by two primary sources, one is through bond issues in which the public pays for it and the other is through BIA funding.

"The final decision for AVCP to take over the 28 BIA schools is contingent upon several factors: first is the full authorization by the AVCP delegates to undertake a feasibility study for the administration of the schools under contract with BIA. Second is the results of the feasibility study and third, which is probably more important than the first two is the consent from the villages for AVCP to administer the schools" Mr. Jack stated. "We have submitted a letter to the BIA notifying them of our intent to contract for these schools with copies to the Alaska Commissioner of Education and affected REAA Boards and Superintendents. This move we have taken is within the spirit of the Indian Self-Determination and Educational Assistance Act and as long as we intend to contract for these schools, the BIA cannot transfer them to the REAA's. If all goes well, AVCP will become the largest educational agency within the State of Alaska and will be able to maintain, if not escalate, the Federal support of the BIA schools." Mr. Jack further stated.

CARL JACK, Executive Director of the Association of Village Council Presidents, Inc. and Yupiktak Bista, Inc.

Tundra Times Wednesday, December 22, 1976

State to get tough on rural school design quality

by Bob Speed
Ketchikan Daily News

Richard H. Holden, deputy commissioner of the Public Works Department says the state is moving toward a "get tough now" policy on architectural quality in public schools.

His statement came Friday as part of the final presentation before the Alaska School Board meeting in Ketchikan three days last week.

Discussion centered on buck-passing by state agencies and private architects which resulted in construction of an inadequate school building in the village of Shismaref, near Kotzebue. Holden used the case as just one example of inadequate planning and inspection.

Board member Jan Hohman, of Nome, noted that children in Shismaref have no running water for showers after physical education classes and that the school sometimes doesn't receive enough power for both lights and heat at certain times of day. "So they have to decide whether they want to see or be warm," Mrs. Hohman said.

Architect Malcolm Roberts, appearing with Holden before the board, agreed that the situation in the village of fewer than 250 people "is a mess," saying "I think it's fortunate the Shishmaref thing didn't hit the press before the (state school constuction bond) election."

The answer, he said, lay in designing a set of prototype plans to standardize school construction in the future.

"You can't take three classrooms, take out some walls, put up a chalkboard, put a basketball net above that and put a wrestling mat on the wall to protect the blackboard and call it a multi-purpose room," he said, which is what happened in Shishmaref.

He said a school design must fit the needs of the local community it will serve, as well as the climate and geology of the area. He said a building code for school construction is now being formulated by the public works department, an effort applauded by the board. He said the code would reduce construction costs and prevent many mistakes common to non-standardized construction. The public works department is responsible for all school construction in the state, except when delegated to other agencies by the legislature.

Board member Beverly Horn said after the meeting that rural schools have enough problems without inadequate construction in the first place. She said the state has no money to replace buildings lost in fires or other calamities, adding that at least six bush schools have been lost to fire in the past five years. She said insurance is either prohibitively expensive for rural schools or nonexistent due to inadequate fire protetion facilities and training. She said children whose bush schools are destroyed and who live in communities where no other building is available for classes have little choice but correspondence study.

Another problem common to rural schools is vandalism, board members said. Holden said the best way to prevent vandalism is to get entire village populations involved in school construction, even if it's "moving rocks or laying carpet." He said pride in the finished product would be "the best deterrent."

Holden said the problems in the small town were examples of what should not be done, telling the board that blame ranged from the village itself, where decisions were made to alter building plans, to state agencies where people did not adequately inspect either the plans or construction when under way. He said he had fired one employe as a result of the Shishmaref boondoggle.

TRAVEL TROUBLE

Barbara Dirks of Akutan was fairly well determined to be at the recent Regional School Board meeting in Cold Bay. With this in mind, she arranged with the Coast Guard to be taken to Adak, hoping to catch a daily Reeve flight to Cold Bay. After 17 hours enroute, there was no flight from Adak, except to Anchorage, which she reached on Friday evening. She reserved a seat on the first Reeve flight the next morning. However, when Saturday morning came, the Electra was cancelled. She called Winship for a charter; it was cancelled because of weather. Finally she chartered with Orin Seybert and they started to Cold Bay. He touched down several times, reaching Cold Bay at 4:30 that afternoon. The meeting had concluded at 3:00 and Mrs. Dirks' 33 hours in transit availed her nothing as far as that meeting was concerned. She has now gone to Anchorage and will remain there until she comes to Sand Point for the meeting in February.

Other news in the region includes the cross-skiing program in False Pass and Nelson Lagoon, funded by Indian Ed. money. All of the equipment for a significant cross-country ski program has finally reached the villages. The only difficulty is that there is no snow.

The Aleut January 21, 1977

TUNDRA DRUMS January 22, 1977

TOKSOOK ANGRY AT REAA TAKE-OVER

By Janet Shantz

A decision by the Lower Kuskokwim School District to take over the Toksook Bay BIA-operated school has caused widespread dissatisfaction in that community. People there say they don't want the LKSD.

In a letter to Al Weinberg, superintendent of the LKSD, and Joerene Hout, LKSD Board Chairperson, the Toksook Bay school board wrote that "every adult in this village opposes the transfer of the elementary school from the BIA to the State." The letter was signed by 100 villagers.

One of the villagers biggest complaints is that they were not consulted before the takeover decision was made. That decision came at the LKSD's November meeting in Platinum, where the board adopted the policy "that the District will assume the operation of BIA elementary schools in each village where a district-operated high school program is established."

Weinberg agreed that people are upset about the way the decision was made. But, according to him, it would have been difficult to have done it any other way. At the time the takeover decision was made, he said, they were under pressure from the Department of Education and plaintiffs in the Hootch case to get the construction phase of secondary programs under way. He said construction decisions could not be made without knowing who was going to operate the elementary schools. At the same time, the BIA in Juneau told the LKSD that they had to know by January first which schools the LKSD was going to take over in 1977-78. Weinberg said those deadlines gave the LKSD no time to publicize the takeover. He added, "I suppose we could have done more, but we didn't."

When the village learned of the takeover decision, they wrote in a December 17 letter to Weinberg and Hout that they didn't want the LKSD to take over the BIA school for these reasons;

"1. We find operation of the BIA school here to be superior to the operation of the state high school.

(Continued

A. The food program is better. The children receive more, and do not have to pay for it. Many times the family cannot afford to pay for the food the high school charges for.

B. We do not see the high school to be as equipped as the BIA school The high school has many expensive items that cannot be used, but the BIA school has more books for our children.

C. The BIA has and uses more full-time teacher aides from our village. This makes the BIA pupil-teacher ratio as good, if not better, than the state high schools.

2. We are very disturbed by your statements that the reason for LKSD take-over of the BIA 7th and 8th grades was for money reasons. We are concerned about our childrens education, not how much money you of the LKSD can get by counting our childrens heads.

3. If the state takes over the BIA elementary school, we are afraid there will be less money to keep our teacher-aides and cook with a job..."

Other letters were written to Hout and Weinberg asking that the LKSD decision be reconsidered. None of the letters were answered until January 6 because they both had gone out of town for about a month.

During that time, the frustrations of the Toksook people grew. They called a meeting of the five United Villages of Toksook on January 8, and specifically invited Hout to come to that meeting and answer their questions. Because she was still out of town, Richard Hazen, business manager of the LKSD. went in her place. The villagers there say he gave them no definite answers, and that sending no one would have been better than sending someone who could not give them answers. Hazen said that he "gave them as definite answers as he could."

The people of Toksook are under the impression that the lunch program that is now provided free in the BIA school, would cost them when the LKSD takes over. Weinberg said that low income families have never had to pay for lunch. "In all of the (LKSD) village schools, every student qualifies for free lunch except boarding students. And boarding students are given their lunch money by the school district." He said that the meal that the LKSD provides is a "Type B" lunch which does not differ significantly from the Type A lunch that the BIA provides. And he said local community school committees would have the option of upgrading that lunch with the budget that they are given.

Weinberg said that reasons for taking over elementary schools in villages where there is an LKSD secondary program is to achieve economies of scale. When a school system is under one organization space can be shared, as well as equipment and personnel. There would be no need to duplicate expensive facilities such as water and sewer systems. And he said that the transition between elementary and high school would be smoother because there would be one community school committee, one principal and one staff dealing with the education. According to Weinberg, it's "educationally more sound, and it's economical."

The LKSD does not have to take over elementary schools where a secondary program is established, but Weinberg said it is more cost effective that they do so. Cost effectiveness is important to Weinberg who said that "if education is cost effective, it assures that quality be maintained."

As for Toksook's reluctance to join the LKSD, Weinberg said "in my 7 years here there has been a cry for local control." Now that local control is a reality, people still prefer to leave decisions about their education to the federal government—to which they only have an advisory function."

But it appears that villages with BIA schools exercise a good deal of local control. As Bill Benton of the Bethel BIA office said, "The school boards are only advisory, but we listen." For example the final decision about whether or not a teacher is retained is made by the village. They also have the power to accept or reject programs. "We don't force anything down their throats anymore. We've come a long way," Benton said.

Weinberg said the BIA education program is a good one, and feels the LKSD can do equally well. He said change is difficult because people,"know about the BIA, have dealt with them and know what to expect. They are comfortable with that relationship, and are reluctant to give it up."

Will they have to give it up? If the village asks the BIA to stay—can they? Benton said, the situation is a "galloping mess" right now.

An informed source said that shortly after statehood, a memorandum agreement was entered into between the state Department of Education and BIA officials. That memorandum considered the eventual provision of all education by the state, and the transfer of that function from the BIA to the State Department of Education. A provision in that agreement requires that great efforts be made to gain the consent of villages before any transfer from the BIA to the state is made.

There are some who are now saying that no great effort was made to gain the consent of Toksook Bay before that transfer was carried out.

This is a question that affects more villages than Toksook Bay. Nunapitchuk, too, is scheduled to lose their BIA school because of their secondary education program. Kwigillingok, who is eligible for a high school under the Hoetch settlement, has withdrawn its request for one, in order not to lose its BIA elementary school, and a petition in Kipnuk is asking that the BIA elementary school not be transferred over to the LKSD.

The question of the state taking over the BIA schools will be talked about at the LKSD meeting in Kipnuk on Saturday, and it is the topic of a public hearing scheduled for January 29 in Bethel.

BIA SETS TAKE-OVER POLICY

Tundra Drums
2/5/77

The Lower Kuskokwim School District has repealed a policy that would have allowed tem to take-over certain BIA elementary schools. That action came at the LKSD Board meeting in Kipnuk on January 22.

The two-month old policy which caused an uproar at the village level stated "That the District will assume the operation of BIA elementary schools in each village where a district operated high school is established." When that policy was made public, it met with resistance from villages where people said they had not been consulted about the take-over before a decision was made.

Just a week after the LKSD rescinded its take-over policy, the BIA came out with a statement that said no school would be transferred unless the village agreed to it. These actions have virtually ensured that there will be no mandatory school transfers in the forseeable future.

The idea of school transfers is not new. A memorandum agreement was entered into between the State Department of Education and BIA officials just after statehood. That agreement considered the eventual transfer of all BIA schools to create a single education system. Negotiations to that end have continued since 1963.

The LKSD became involved in school transfers after Senate Bill 35 created Regional Education Attendance Areas, (REAA's) last year. That move was designed to bring local control into the school system.

After SB-35 became a reality, the BIA Area Director wrote to all of the newly elected REAA school boards. According to a statement made at the recent AVCP Convention, by Emil Kowalczyk, of the BIA office in Juneau, "In March of 1976, the Area Director wrote each of the newly elected REAA school boards of our willingness to coordinate operation of our BIA day schools with the Reaa's. Should the REAA desire to assume the ity for the control and operation of BIA day schools, this option was made available to them."

Based on that March letter the LKSD understood it had permission from the BIA to take-over schools, and came up with the take-over policy in November, that has been repealed.

The 1975 Indian Self-Determination Act has much to do with the policy that the BIA has now formulated. That Act guarantees that native people will be involved in decisions that affect them. Based on the Self-Determination Act, and village imput that resulted

village imput that resulted from the LKSD take-over decision, the BIA policy now states that there will be no transfers made without village agreement.

At the public hearing on January 29, it became clear that villages can have both the BIA elementary school and a state high school.

Al Weinberg, Superintendent of LKSD, said that there will be secondary programs in villages that are guaranteed one under the Hootch settlement. He said that he will recommend to the LKSD Board that construction in five villages begin this year. These are, Kipnuk and Akiak, because they were both named in Bond Issues in 1974 and 1976, Kwigillingok, because it has the most long standing request for a high school; Nunapitchuk, which presently has a secondary program underway in an inadequate facility, and Atmautaluk, which has a partial program.

As for the future, Joerene Hout, Chairperson of the LKSD Board said, "That the ultimate goal of the state is to have one education program."

But recent action by the state might not bear that out. Negotations between the BIA and the state for the transfer of schools ended on December 29. The BIA offered what has been called a "generous settlement," and the state turned it down. Because of that the BIA ended the negotations which had been going on since 1963, and declared all earlier agreements with the state null and void.

Included in the BIA offer to the state was a years supply of fuel, all the necessary supplies to begin the school year, funds to carry both the hot lunch and the teachers aide program for two years in all schools being transfered, to complete any new construction or major alterations that were scheduled and funded, and finally all buildings and real property were to be transfered at no cost to the state.

Why didn't the state accept the offer? Weinberg said he thought the state was holding out for a better offer. Another source suggested that the state is actually not ready to pick-up the costs of a single education system, and purposely caused the negotiations to be broken off.

Whatever it is that may be going on, the LKSD and BIA policies set recently seem to indicate that Alaska's dual education system will continue indefinatly.

Tundra Times 3/2/77

TT asks —

What kind of shape other REAA's are in

Just how are the Regional Education Attendance Area's (REAA) doing as they approach the end of their first year as independent school districts? Are they providing quality education to students while staying within their financial boundaries? Or are instructional services suffering due to lack of funds?

The Tundra Times contacted a number of the REAA's to find out if the problem confronting the Bering Straits School District is the exception or the rule for the new REAA's.

John Farley, Chairman of the Aleutian Region School District was confident that his schools will stay within their budgets. "We've been on top of the situation from the beginning. We're in the black now and hope to come out of the year within our budget." he said.

Funding Not Adequate

"Funding was not adequate," Farley continued. "In order to make it we had to cut transportation costs and minimize staffing in the administrative areas, but not in the teaching areas."

The Aleutian Region School District eliminated the hot lunch program from their budget at the beginning of the school year. "We realized we couldn't afford it and it was felt the communities didn't want it then," Farley said, "So far we've had no negative responses."

In the Bethel area the Lower Kuskokwim School District deals with the hot lunch program in another way. "We went from providing a Type A lunch (main course, potatoes, vegetable, dessert, milk) to providing a Type B lunch (soup, sandwich, fruit, milk)," said Richard Hazen, Business Manager for the REAA. "The meal is still nutritious and this has resulted in a savings of about $140,000 alone this year. The savings was not so much in the food as in the cost of personnel to prepare the meal." Hazen continued.

Jim Zuelow, Superintendent of the Iditarod School District said his schools also switched to the Type B lunch program.

"In general we look forward to ending the year with a balanced budget and our policy is to provide the best quality education with the resources we have." Zuelow said. "We are, though, concerned with the adequacy of the current financing system."

BIA Transfer

The Northwest Arctic School District not only assumed control of the state schools, but also picked up two Bureau of Indian Affairs schools. Mary Schaeffer, a board member of the REAA commented, "We'll make it through the year although we started out with a deficit. We've had to make cuts in maintenance and upgrading of schools, that will have to wait until we get more funding." she said.

"We would have been ok if we hadn't had to take over the two BIA schools. We didn't get any transitional funds from the BIA." said Mrs. Schaeffer.

Dennis Tiepelman, Executive Director of Mauneluk Association agreed with Mrs. Schaeffer and commented on the statewide situation. "Everybody came in with budget constraints and problems. We had to look closely at our funding and manage." he stated.

Robert Clark, Chairman of the Southwest Region School District commented his REAA was fortunate that their schools were close to the regional center (Dillingham). "We anticipated carry-over funds from last year and we had made plans to use the money to help us get through this year," Clark said, "But some regions ended last year with large deficits and we had to give the funds to them."

Careful Management

Clark went on to say that his REAA would make it through the year "with careful management and tightening of the purse strings."

It appears that, although the new school districts are operating on limited and carefully managed budgets, they are not sacrificing quality educational standards.

Perhaps feelings of the many involved in administering education in the rural areas were summed up best by Robert Clark when he stated, "things are a hell of a lot better than they were two years ago."

Sen. Stevens asks REAA food aid

3/2/77

Tundra Times

Concerned that three school districts have now discontinued hot lunch programs, Senator Ted Stevens today sent a telegram to Secretary of Agriculture Bergland requesting that additional federal support be furnished to the State.

"Unlike most other federal programs which realize the cost differential between Alaska and the lower 48, the Department of Agriculture does not provide any additional funds to our school districts.

"That means that the federal support may totally cover the cost of a lunch or hot breakfast in Mississippi while it would cover only half the cost in Alaska." Stevens said.

The Bering Straits School District recently joined with Fairbanks and Juneau in discountinuing the federally subsidized program.

Bering Straits REAA in cash crunch

Village students boycott classes over cutbacks

From Our Anchorage Bureau

Students in Shishmeref, White Mountain and Teller boycotted classes last week and effectively closed schools protesting the termination of 25 school employees and the elimination of the hot lunch program.

The sharp cutbacks were made by Superintendent Ron Hohman in an effort to reduce a projected June deficit of $600,000 for the Bering Straits Regional Education Attendance Area (REAA).

According to Hohman state funding to the REAA was insufficient at the beginning of the school year and they were forced to start out with a $900,000 deficit. Cuts made in administrative and other areas reduced the deficit to an estimated $599,000 and last weeks move terminating teacher aides, cooks, custodial personnel and cancelling the hot lunch program is expected to drop the deficit by another $142,000.

Hohman traveled to Juneau late last week to meet with Education Commissioner Marshall Lind and members of the State Legislature. The school district is seeking a supplemental appropriation to help balance out the year.

Following hearings held by the House Health, Education and Social Service Committee on the financial status of the REAA's Hohman appeared confident of the outcome. "We were very well received by the Committee," he said, "I'm very optomistic that corrective action will be taken."

Commissioner Lind disagrees with Hohman's allegations of inadequate state financing of the school district. "I see no legitimate grounds to support a request for a supplemental appropriation at this time," Lind said, "They need to take another close look at their total budget and report to the Department what the real deficit is."

The$60 million training exercise — snafus and foulups delay bush ed program

by John Greely

Juneau

Widespread confusion, coupled with bureaucratic foulups, pose a real danger to the scheduled start this summer of a $60 million expansion of rural high schools authorized by voters.

The construction program — designed to help end decades of school discrimination agianst Alaska's village residents — probably will get off to a feeble start.

However, the eventual success of the largest bond issue adopted by voters last November hinges once again on the ability of state and local officials to overcome a history of snafus that left many bush schools unbuilt or so badly constructed they are hardly habitable.

In the meantime, some state officials have begun to view the big construction program as something of a "training" exercise for local educators who increasingly are seeking to escape what they see as a paternalistic attitude of state government toward them.

The confusion and foulups stem from attempts by the state to do just that — give to the villages control they have never enjoyed over education of their children.

In 1975, the legislature disbanded the centralized State-Operated School System and created 21 new school districts. For some of the hundreds of villages touched by this move, it meant their first contact with local government of any kind.

It was an historic decision, one aimed at breaking a trend that had kept Native secondary education in the hands of mostly White bureaucrats many miles and cultures removed.

The trend had begun in Alaska 70 years earlier, in 1905, when the territory was empowered by Congress to create a dual school system for Whites and Natives.

The legislation, dubbed the Nelson Act, left it to the Bureau of Indian Affairs (BIA), to educate Native children by exporting them to boarding schools in other states. Those White or mixed-blood children leading a "civilized life" in the bush were sent to schools built by the territory's tobacco tax revenue or local donations.

Dozens of "Nelson schools" were erected, while many Native children left for schools in Oregon or Oklahoma, and many more stayed behind to forego a high school education.

Eventually, the BIA built three boarding schools in Alaska for Natives of high school age. The fourth and largest, Mt. Edgecumbe, was fashioned out of an old Naval air station at Sitka in 1947.

However, the forced airplaning of Native students to other states continued when their demands for schooling exceeded the capacity of the four federal boarding homes.

Aftger statehood in 1959, it took years for a fledgling government to recognize its responsibilities and extract them from BIA purview, a process that is unfolding still today at 44 schools operated by the federal agency.

Finally, in 1966, when nearly 900 students were being sent to high schools outside each year, the state acted.

But, the regional high schools built with state money in Nome, Kodiak and Bethel followed the same trend of territorial days, forcing Native kids to leave their families for nine months of each year.

The same consequences — disharmony in village families, drug and alcohol abuse, high drop-out rates and even suicides in the boarding schools — also followed in some cases.

It didn't take long for the state to realize the regional schools were largely failures, and in 1968, the first bond issue for construction of secondary schools in the villages was placed on the ballot. The $10 million issue passed easily.

Even with larger bonds — the $60 million of 1976 is the biggest single issue ever approved — being placed on the ballot and accepted by voters every two years after that, it was a slow and painful process to bring education closer to the villages.

For example, the state attempted to reach those children who didn't want or weren't allowed to leave home for an education by increasing its correspondence studies program tenfold.

The program worked in some cases, but the lessons often were irrelevant to village life or fell victim to untrained parents unable to supervise their children's formal education.

Soaring costs of erecting fully equipped schools in the bush — the price of an average school quadrupled in 10 years to more than $200 a square foot in 1976 — pointed to the biggest problem, however.

Too often, schools that were authorized in bond issues were delayed as the state borrowed from one project's budget to finish another.

Or worse, the schools that were built proved to be shoddy and a severe drain on local schools to maintain.

In the community of Tanana, for instance, a vocational building was erected last year, but school officials soon were outraged when they found overhead wiring made many of the machines unusable. A shower was installed dangerously close to the arc-welding machine, and students and instructors couldn't talk over the noise generated by the building's exhaust system.

The problem largely was one of supervising contractors in remote areas through periodic visits to the site.

But, there were problems at the other end as well.

Holy Cross, for example, wanted to start a high school program with a small addition to its existing grade school building. Funds for the $326,000 project were authorized by voters in 1974.

The job was not put out to bid in 1975. When bids were called in 1976, the lowest was 50 per cent too high, chiefly beause the state required the addition to be placed on pilings, local officials said.

No buildings have ever been placed on pilings in Holy Cross. (For a detailed look at troubles experienced on one school project, see accompanying story page 7.)

It was against this backdrop that the legislature concluded in 1975 that rural schools could be better built and administered at the local level.

So, creation of the vast Alaska Unorganized Borough School Districts was followed early in 1976 by separate legislation allowing local educators to receive construction grants from school bonds, or elect to have the state continue building their schools.

The legislation took effect last July, just as the 21 Regional Educational Attendance Areas (REAA), were moving out of their year-long transitional phase into full autonomy.

Continued

At the same time, lawyers were settling the celebrated "Molly Hootch" case, in which legal claims surrounding the rights of some 2,800 high school-aged children in 120 villages were argued for three years.

Although the Alaska Supreme Court ruled the state was under no legal duty to provide schools in all villages, it was an unanswered moral question nonetheless.

In September, lawyers on both sides agreed to a schedule for starting schools in each of the villages by the spring of 1979.

Meanwhile, more than half of the REAAs elected to take construction grants from the state, a move no one envisioned would be as complicated as it has turned out to be.

The legislature, leery of the building track record of the Department of Education, turned the $60 million over to the Department of Public Works last spring.

Thus, in order for districts to secure the money, they must pass inspection of two major state agencies — Education, where the guidelines of the Hootch settlement and basic curriculum questions are monitored, and Public Works, where approval of all designs and specifications, as well as the checkbook itself, rests.

Public Works, meanwhile, has been undergoing a major organizational shakeup in its now-defunct Division of Buildings. Two divisions, General Design and General Construction and Maintenance, replaced one.

Richard Holden, deputy commissioner of public works, said the split was made to create a "check" on state builders and to rid his agency of "cumbersome" procedures.

Holden's plan apparently has only just begun.

It was his job to issue guidelines for the construction grants to be disbursed. The rules went out in mid-December, when superintendents of the 21 new districts gathered in Anchorage for a conference.

The meeting apparently didn't make it clear that the state was retaining tight control over the grant projects, from selection of architects to the payment of bills.

In turn, superintendents unfamiliar with the state bureaucracy were shocked to learn that overhead — ranging from architectural fees to their expenses for attending the December conference — would eat up 15 to 30 per cent of their grant money.

Joe Cooper, superintendent of the Upper Railbelt REAA in Nenana, wrote to his legislator in January protesting "oppressive" state controls and high overhead. He was joined by a chorus of other educators who had applied for grants.

Cooper said he had an architect prepared to draw up plans for three school projects but that Holden had rejected his selection of firms.

In an interview, the deputy commissioner said Cooper's district had been in potential danger because the architect promised to supervise about $12 million worth of construction at sites 500 miles apart, "an impossible task."

Delays piled upon delays — at one point, public works officials had to recover several grant applications that had been forgotten in a file drawer — until the Senate Finance Committee called state officials in for a hearing on Feb. 18.

Holden explained that many of the protests lodged by local educators were unfounded or spawned of inexperience. Several suprintendents were demanding formal regulations for the grant program, but that would take months to push through official channels, he said.

Such overhead as architectural fees had not increased significantly, Holden said, but had just been truely identified for individual projects, rather than kept artificially low and camouflaged by borrowing from other budgets, as was the past practice.

Naturally, overhead on relatively small construction projects will eat up a proportionately greater share of money because they often require as much design and inspection work.

Educators holding a meager $500,000 for a school addition often fail to realize this, he said.

Holden explained his problems adequately, and the hearing apparently served its purpose. Between Feb. 9, when notices of the hearing went out, and late last week, $22 million worth of grant contracts were approved by Education and Public Works.

However, millions more are pending paperwork to be completed in Juneau and far flung villages.

That raises serious questions about whether bids can be let on many of the 30 school projects originally envisioned to start this summer. About half of the 70 jobs authorized by the $60 million bond are scheduled to begin in 1978.

It normally takes 45 to 90 days for a project to be bid after designs are completed, experts say. If contracts are not let until May or June, builders may have a tough chore acquiring materials in time to meet barge schedules critical in the delivery of goods to many villages.

In addition, some experts note that relatively small contracts offered in June generally draw higher bids than identical ones offered in March of each year because bidders are not interested in isolated, marginally profitable jobs until it fits into their other projects.

"I'm just guessing right now," said Tom Lunsford, director of general design, "but I think we can get 25 per cent (of the 30 projects) completed this year."

Senate finance chairman John Sackett, R-Galena, has called for another meeting on the situation March 15-16 here. Superintendents are expected to resume their pleas then that the grants be turned over to their school boards with no strings attached.

Such a radical step probably is not in the offing soon. A large chunk of the state's public works program is tied up in the school bonds.

However, Sackett's committee may give some thought to a suggestion by Cooper and other superintendents that simple after-the-fact auditing be used to replace many of the step-by-step approvals needed under existing guidelines.

Sackett said this week he and other legislators also were interested in possibly increasing the $20,000 ceiling over which all state contracts must go out to bid. That could free some school projects from the state papermill, he said.

In the meantime, Lunsford said, it will take time for local and state officials to learn their new and changing relationships.

"There are some of us," he said, "who see this entire $60 million bond as training."

Bilingual feud halts aid to bush schools

by Rodger Painter

A long-simmering battle between the State Department of Education and federal civil rights officials has quietly halted all federal funds to 21 rural Alaska school districts.

Formal notices that the state and bush school districts have failed to comply with federal demands for bilingual education programs were served on Feb. 4.

The action freezes all applications for 1977-78 school year federal dollars by the recently created Regional Educational Attendance Area (REAA) school boards. Also stopped were any "significant increases" in present programs.

State and federal spokesmen were unable to pinpoint the potential amount of aid affected by the order, but a senior official with the Office of Civil Rights (OCR), in Seattle said it involved "millions of dollars."

An administrative hearing on the matter has been scheduled for March 21, but both sides expressed hope an agreement would be worked out before then.

Although only the 21 REAA school districts are affected by the order, the Anchorage and Fairbanks schoo' districts also have been negotiating with OCR over bilingual education needs.

Virginia Balderrama, OCR branch chief for education in region X, which includes Alaska, declined to say whether Anchorage and Fairbanks would be cited for noncompliance as "we haven't made that determination yet.

"Anchorage and Fairbanks will be formally notified soon of their compliance status," Balderrama said.

State education officials and OCR have been sparring over who's responsible for bush school districts since initial contact on bilingual education was made in 1971.

The feds claim the Department of Education is responsible for conducting a "language characteristics" survey of students in the 21 rural districts. A model compliance plan could be drafted by the state after that, OCR says.

The federal case is based on two sections of the state constitution, several

- Continued -

state statutes, civil rights laws and a landmark court decision known as Lau.

The state responds that it is not legally responsible for either and is helping the REAAs on bilingual education only out of a "desire to assist the smaller districts."

A 30-page supportive brief by OCR for the March 21 hearing outlines a long negotiating process which started more than two years ago with a formal request for a survey.

At that time, bush education was under the control of the Alaska State-Operated School System (SOS), but it was in the process of being turned over to the Alaska Unorganized Borough School District. The latter agency existed for one year as a transitional vehicle for passing control to REAAs.

SOS made one attempt to conduct a survey — but everyone involved, including the state, doubted its accuracy. The survey showed 4,526 students with a primary language other than English and that 3,508 of them were enrolled in bilingual or bicultural programs.

Standard education tests conducted in 1970 showed fourth grade bush students were 1.4 years behind the national norm. In 1974, those same students, then in the eighth grade, fell to two years behind.

More startling statistics were supplied by a University of Alaska analysis of U.S. census figures. It showed half of the state's Native population had completed no more than the sixth grade, 21 per cent completed eighth grade, 14 per cent attended high school and only eight per cent were high school graduates.

The need for bilingual education in the bush is apparent; the only argument is who's responsible for getting the programs underway.

"Certainly, the department (of education) did agree. . .to assume the lead in developing a voluntary compliance plan on behalf of all districts in the state which did not choose to develop their own directly with OCR," state Assistant Atty. Gen. Ronald Lorensen said in a Feb. 22 letter responding to the notice of noncompliance.

"The department did not do so, however, as a result of any perceived legal responsibility on its part. . .but rather out of a desire to assist the smaller districts," Lorensen wrote, "and especially the newly emerging REAAs, in the difficult and time-consuming task of developing an identification and assessment plan and then carrying it out."

"It has always been our view that OCR would have to proceed against and show that each REAA was in noncompliance. . .if OCR were to seek to withhold any federal funds. . .," Lorensen said.

One informed observer close to the case said the state's position could be construed as an attempt to make clear the lines of responsibility for rural education for future dealings with the federal government. In effect, the state is trying to wash its hands of the matter to avoid future responsibility.

That observation has at least a small ring of truth, according to Sylvia Carlson, who handled most of the negotiations with OCR for the Department of Education. "If we give much more than we should, we're going to set precedents and lose more in the future," Carlson said.

Carlson conceded the state had assumed some responsibility in the matter but not to the extent pressed by the federal government. She blamed the log delays on a "lack of understanding of the Alaska situation on the part of some individuals involved on the federal level."

"Local control of education means something totally different in Alaska; it's not gerrymandering to get around desegregation," Carlson said. "For the first time in Alaska's history, Native people have a chance to decide things for themselves at the local level."

Part of the problem, she said, is that in a lot of bush communities it is not so much a bilingual situation as a "multi-lingual."

In addition, she said, there is the "village English" syndrome, where children pick up some of their Native language and some English but never become proficient at either. The result is a kind of pidgin English.

The Department of Education finally submitted a draft compliance plan in November 1976, after being served with a letter of noncompliance. It was rejected as unacceptable. A second draft compliance plan was submitted a month later. It also was turned down.

It appears that something may be worked out before the REAAs began experiencing serious money problems, but the long delays already have been causing some difficulty. The problem was dumped on the laps of the REAAs during their first year of operation when they already had enough headaches.

At least two districts are moving on their own to comply with the OCR mandate. An OCR spokesman said that would not in any way mitigate the state's responsibilities for the other districts.

James Zuelow, superintendent for the Iditarod School District, said his district is moving independently of the state and may have its own plan to submit soon.

Unlike most state officials, Zuelow strongly supported the federal mandate for bilingual education.

"Philosophically, I favor it because it forces schools to look at problems they should be facing but are not," Zuelow said. "I have questions about the strong federal role in education, but they are forcing recognition of the problems."

The Iditarod School District dosn't have "many problems with kids coming to school not speaking English," Zuelow said, but the language deficiencies show in "depressed academic scores." Students simply can't read text books written for their grade level, he said.

REAA's are in deep financial trouble

By NELLIE WARD
From Our Juneau Bureau

Citing maintenance and operation problems and lost funding due to takeover of BIA schools, superintendents of the Bering Straits and Northwest Arctic School Districts told the House Health Education and Social Services Committee last week that they are in deep financial trouble.

Seeking supplemental appropriations to bail the districts out of financial problems, Superintendents Homan and White represent two of three unorganized school districts in the state experiencing problems.

Senator Frank Ferguson (D–Kotzebue), appearing on behalf of the school districts charged that the legislature "has been waiting for four years for an equitable formula from the Department of Education and it has not yet come down and it probably won't for next year." Ferguson charged that had the districts had an equitable formula they probably would not be in the financial badlands that they are. An equitable formula would mean an increase in the instructional unit allotment and an increase for the two districts in area differential, for unique high costs of transportation and maintenance and operation.

Commissioner of Education Marshall Lind said that of the thirty-one city and borough districts and the twenty-one REAA's, only three are in trouble, one only seriously. He said that the Northwest problem arose from the take-over of BIA schools and the abundant federal funding lost in that take-over. With the take-over, large maintenance and operating budgets were lost to be absorbed by smaller department budgets. Lind said that the present formula will not sustain the type of hot lunch, teacher aide program and plant management offered by the Bureau of Indian Affairs. Lind said that he believes that the Northwest District has handled the cutbacks well by charging those that can afford to pay for hot lunches and reducing the number of teacher and aides to cost-efficient levels.

The Bering Straits District last week made cut-backs that eliminated approximately eighteen positions throughout the Bering Straits region, removal of the hot lunch program and custodians altogether. The reductions resulted in a mass boycott of classes region-wide in the Bering Straits schools. Teachers have, however, kept the doors open and are offering classes to those few that will attend.

Other problems areas that were voiced were the poor condition of state built and maintained schools. Commissioner of Public Works Richard Holden stated that the state's budget for maintenance of buildings remained the same while bonding propositions were passed in large numbers which spread the maintenance budget thin. Both Bering Straits and Northwest Arctic School District spent hundreds of thousands of dollars.

This past construction season to bring schools up to a better level of care. Heating systems and generators were rebuilt or replaced following histories of fires and destruction due to lack of maintenance. Commissioner Holden, testifying before the HESS committee said that it probably would take thirty million dollars, plus or minus five million, to bring the schools up to safe standards. He said that one third of the schools are okay, one third need work and one third could be "thrown away."

Commissioner Lind said that the problems of one district could not be pointed out and worked over in order to come up with a formula that would suit all other schools. He said that the root of the problem should be scrutinized and the formula should come from that. He cited problems with a data-gathering contract with the University for the delay in building a formula that would be equitable. Lind said that the department now has most, or part of the information that they need to proceed and will attempt to make progress as quickly as possible.

Studies completed by rural legislators have shown that if the foundation formula is increased for the rural areas, allowing for the area differential, additional costs involved with the state could push thirty million dollars the first year. Legislators are waiting now to see the governor's proposal for area differential.

Another problem area is the Alaska Village Electrification Corporation (AVEC) contract where the state subsidized the electrification of rural areas where schools were in need of power. The contract was written under the old state-operated school system and will not expire until March 1979. Commissioner Lind feels that education "has been saddled with the responsibility (of electrification) for too long." Alternate means to the present method of providing power and electrification funding are now being explored.

Tundra Times, Wednesday, March 9, 1977

Daily News-Miner, Fairbanks, Alaska, Thursday, March 17, 1977-

Students protest to raise teachers' pay

By DERMOT COLE
Staff Writer

Students at Anderson High School near Clear are planning to boycott classes Monday because they don't think their teachers are getting paid enough.

Bob Crowder, student body president, said 38 of the 48 students at the school have signed a petition saying they will not attend school unless the Upper Railbelt School Board agrees to sign a contract with the teachers.

The students had originally planned to stay out of school until a contract is signed, but a spokeswoman for the students said today that because the teachers might be blamed for a student boycott, it will only last one day.

A petition has also been circulating around town and, of the 115 families in Anderson, 102 have signed. The town has population of 370 and is five miles northwest of Clear Air Force Base.

Kay Carter, one of the parents involved, said there has been some talk about parents keeping elementary school students at home and setting up a picket line.

The teachers are among the 28 in the Upper Railbelt School District, which includes Healy, Cantwell, Anderson and Clear.

They have been without a contract since last spring, according to School Board member Ed Frye, who said negotiations are to resume Friday night. He said the teachers declared an impasse in January.

Frye said he could not discuss details of the negotiations, but Carter said the teachers are asking for a 10 per cent increase in base pay. She said the teachers now receive $13,400 and are asking for $14,700. She also said that the teachers are among the lowest paid in the state.

"The school district has the funds," she said, and added, "We don't know why they are not giving their teachers contracts."

Crowder said the students believe the teachers are entitled to a pay increase. The students are "determined to stay out of school," he added.

Frye said Wednesday he did not know of the students' petition and added, "I think that the parents are probably uninformed on the negotiations and the negotiations process."

No parents have contacted him regarding the situation, he said, although they may have contacted other board members.

Carter said the teachers have talked about a strike, but instead they decided to "first make the community aware and then the community would be behind them in sympathy."

Legislation would reimburse for school construction

From Our Juneau Bureau

House Bill 89 passed out of the Health Education and Social Services (HESS) Committee of the House last week provides that the State shall reimburse school districts within the organized borough, monies paid for school construction incurred before July 1, 1976 and 90 per cent of their payments after July 1, 1976 for principal and interest in loans and cash paid for construction debts. The original proposal by Sam Cotten, D-Eagle River, was to pay 80 per cent which would cost the state an estimated eleven million dollars for 1978. The state currently reimburses fifty percent of construction costs for organized borough school districts.

Representative Al Nakak, D-Nome, said that the state should be consistent in payments of this type and proposed that the amounts should be increased to one hundred per cent making amounts received by organized boroughs compatible with the unorganized boroughs.

Questions were raised by committee members that should the state pay 100 percent to the districts, where would the local control lie and where would the boundaries be drawn. The committee discussed "building a fence" around what should be considered basic education and the facilities required to support that program, in relation to reimbursement of construction dollars.

Tundra Times
3/18/77

Eagle students build their own school

By WARD SIMS
Associated Press Writer

With hammers, nails, paint brushes and carpet tacks—plus a little help from the big folks—the 13 high school pupils in Eagle have pulled it off. They have built their own school.

It means they don't have to leave home to attend classes in another community, or to get their learning through correspondence courses.

Working through last summer and the first weeks of the current school year, the 13 high school pupils and adults of Eagle, pop. 105, turned a historic old courthouse into a school.

"I really had serious questions whether they could pull off a high school for 13 kids, but it's worked out very well," says Supt. Carl Peterson of the Alaska Gateway School District. "They had a fantastic time, and they're pleased with the children."

Eagle, on the Alaska-Canadian border 200 miles east of Fairbanks, was a trading center during the Klondike gold rush for miners and prospectors who objected to Canadian laws and taxes.

It actually consists of two villages, Eagle City and Eagle Village, about three miles apart on the Yukon River.

Ken and Judy Marlo, the teachers at Eagle, had a key role in the school project.

From the time school opened on Sept. 7 until the old Wickersham courthouse rang to the shouts of high school kids on a break from classes on Oct. 9, the high school was the Marlos' front room.

The courthouse, built around the turn of the century at Eagle City, needed substantial repairs to make it usable as a school.

The town anted up $7,000, and the local residents pitched in. Some of the labor was paid, but the bulk of the work was for free, and much came from the high school pupils.

"It was the first time that they had had the opportunity to go to school at home, and they certainly weren't going to miss it," said Louise Waller, a school board member from Eagle.

SCHOOL PROJECT—Thirteen students in Eagle, with some help from their elders, recently restored the historic Wickersham courthouse for use as a school, giving the small Alaskan town its first high school.

Civil Rights Office may pull REAA Funds

Tundra Times

4/20/77

The future of many federally funded education programs in Alaska may be in jeopardy unless state educators comply with specific provisions of the Civil Rights Act by June.

The Department of Health, Education and Welfare (HEW) has begun administrative enforcement proceedings against the Alaska State Department of Education and the Regional Education Attendance Area (REAA) because of their failure to comply with Title VI of the Civil Rights Act of 1964, and the HEW regulation implementing the law.

The Director of HEW's Office for Civil Rights in Washington, D.C. notified Alaska Education Commissioner Marshall Lind that, "due to the State's continued failure to submit an acceptable plan for identifying the language of, and providing services to, students whose primary or home language is other than English, the Office for Civil Rights would, under the law, have to begin administrative enforcement proceedings."

By taking this action HEW will allow the State and REAA's an opportunity to respond to the allegations before an administrative hearing is held in Anchorage on June 6.

HEW also notified the State and REAA's that although present committments to provide funding for ongoing programs are unaffected, they will defer approval of any new applications or significant increases in the funding of continuing programs.

The Office of Civil Rights has required during the last eleven months that the Department of Education submit a detailed action plan which:

-Describes in reasonable detail how the Department of Education and REAA's will determine the primary or home language of students and assesses the relative language ability of such students in English and other language (s);

-Set forth measurable, minimum standards according to which the REAA's will develop and implement educational programs to repond to the students needs; and

-Sets timeframes for development and implementation of REAA educational plans which will assure effective educational programs for students whose primary or home language is other than English.

Just how did the State find itself in this situation?

According to one educator actively involved in the State's bilingual education program, the problem began sometine ago within the structure of the Alaska State Operated Schools System (SOS).

The source confided that internal turmoil at SOS prevented the Department of Bilingual Education from coming up with the material, and that some superintendents did not respond to a bilingual survey sent out by SOS because they 'didn't feel it was worth anything."

Continuing, the source said bilingual education was not a priority of the State, "It's just another supplementary education program."

"SOS didn't have a committment to bilingual education. Anytime anyone went to Juneau to bargain for money they were willing to trade dollars marked bilingual programs for other programs."

According to Silvia Carlsson of the Department of Education (DOE), the state has submitted three different plans to the Office of Civil Rights since November and all have been rejected.

"It appears that the first plan was probably not adequate," she said. "When the second plan was rejected we decided we needed more help with the procedures and asked the Northwest Regional Education Laboratory (Portland) for assistance. They sent up two people and when the plan was finished we were confident we were headed in the right direction," Carlsson continued.

Submitting the latest plan, DOE has been verbally notified this plan has also been rejected.

Carlsson said they have received unofficial word that the Office of Civil Rights would not accept the plan until Bureau of Indian Affairs schools were brought into compliance. She maintains the state has no jurisdiction over the BIA schools and that BIA schools do not have to comply with state educational laws. Furthermore, the BIA schools are exempt from the Civil Rights Act.

DOE'S overall goal is to take an approved plan to each of the REAA's, let them rework it to fit their individual needs, and submit it as their educational plan. All of which must be completed within the next five weeks.

Should no acceptable plan be developed by the June 6 hearing, the Office of Civil Rights has the power to "stop the flow of every federal education dollar in the state for REAA's."

"No one has put down in black and white exactly what funds we're talking about," Carlsson said, "and we asked repeatedly for a list of programs."

Some programs which have been mentioned are: Title I of the Elementary and Secondary School Act; Title III of the Elementary and Secondary Act; Title IV, Indain Education; Johnson O'Malley; and PL-874-815 Funding to School Districts which have federal lands. These funds are for operational and construction expenses.

"We've been working with the Office of Civil Rights and HEW but we haven't been able to get anywhere. We don't disagree there is a problem, we're just not in agreement as to the formula to solve the problem."

Fairbanks Daily News-Miner 5/7/77

State unit delays decision on Railbelt recall election

The Alaska Board of Education, meeting in Fairbanks this week, decided it needs more information before it makes a decision on the petition for recalling three Upper Railbelt school board members.

Friday the board members asked Education Commissioner Marshall Lind to get them legal advice, saying the proceedings are without precedent in Alaska.

The question the board was concerned with was what the law requires regarding the charges and allegations to be placed on the recall ballot.

The petition claims that the board members have consistently voted against the will of the people and that they are incompetent. The board members have created a "turmoil" in the school district by taking uncompromising positions, the petition says.

The decision by the school board to buy a computer for the district was one of the bad decisions the board members made; another was establishing an administrative assistant's position to aid Supt. Larry Nyland, the petition charges.

The Upper Railbelt district includes schools in Anderson, Healy, Cantwell and Clear. The petition names Ed Frye, Gary Crabb and Ruby John as the board members to be recalled.

The statement of reasons for recalling, which is placed on the ballot, is to be as stated in the recall petition, according to the attorney general.

But state education board member Darwin Heine said he thinks the decision to by a computer or hire an assistant superintendent is a proper function of a school board.

Heine was concerned that any public body making an unpopular decision at a local level would be subject to recall if the state board sets a precedent by taking action for a recall election in the Upper Railbelt matter.

Lind said that after receiving advice from the attorney general's office he will call a special meeting as quickly as possible to dispose of the matter.

Department of Education Information Exchange

6/10/77

CSC CONCERNS OUTLINED

What questions should a regional school board ask itself as it develops policy for the community school committees? A small group of representatives from regional boards and the Department of Education met in Anchorage Tuesday and Wednesday to outline those questions. The meeting was the first step in developing materials for regional boards to use with their community school committees, according to Don McKinnon, school district relations specialist.

Alaska Advocate July 28, 1977

Bush schools 1 year after:

The headaches of independence

Unless the city cousins learn something from their rural cousins, we'll lose the battle, said a top bush educator.

by Mary Halloran

Juneau

After a year of independence, Alaska's 21 new bush school districts still face a basic, if more sophisticated, fight for control over the education of 9,000 village youngsters.

Funded completely by the state, the 200 elementary and secondary schools making up the system continue to wrestle with distant bureaucrats over dollars and sense.

Teachers are demanding more control over and asserting their rights in the classroom.

And, from Washington, D.C., a long battle over teaching Native languages in village schools—the federal government is threatening to withhold money if bilingual programs aren't started soon—has been inherited by the Natives themselves.

These were some of the expected problems when, as a product of a quiet revolution in Alaska education, the 21 new districts were opened a year ago.

They were carved from the state's huge unorganized territory—stretching from the Bering Sea to Metlakatla, from the upper Yukon to the end of the Aleutian chain—at a time when across the nation, schools were being closed and districts consolidated, with many facing financial disaster.

For several years, the vast territory was administered through State-Operated Schools (SOS) as one school system. It was an operation beset by difficulties and disagreements. At the core of the problems was the issue of control. Unlike the rest of Alaska's schools, the SOS district was not headed by an elected school board.

In 1975 legislation ended SOS and led to the creation of 21 new districts. Control shifted from an Anchorage-located administrative office to 21 district school boards elected by district residents.

During this first year of independent operation, the new districts faced a myriad of tasks. Many began without a district office, much less the paraphernalia of phones, adding machines and typewriters. Administrators, bookkeepers and clerical help had to be hired, policies set, teachers' contracts negotiated, books and supplies ordered, ad infinitum. This month the districts celebrated their first birthdays, having survived despite the high potential for mishap.

"The smoothness of the whole transition would have to go down as a major accomplishment," said Bill Overstreet, executive secretary of the Association of Alaska School Boards. "Those new boards have done as well as the city and borough boards have done. They've a lot of leadership out there, with a variety of experiences. That caused them to be damn good board members."

Overstreet was particularly pleased with the way the regional boards handled teacher contract negotiations. "These new boards, being new, have been much more appreciative of the concept of local control and much more reluctant to cave in to the unions. They didn't gain local control to give it away to the unions," he said.

Overstreet sees the issue of control continuing, citing legislation introduced last session that would make binding arbitration the final step in any grievance proceeding between district boards and teacher unions. The bill failed by one vote in the senate, with rural legislators making the difference in the outcome. The teachers' organization, NEA/Alaska, already has announced that passage of the bill will be its top priority for the coming session.

"So that question still hangs over our heads. Will our schools be governed by locally elected people or by appointed arbitrtors? Unless the city cousins learn something from their rural cousins, we'll lose the battle," said Overstreet.

Despite the general smoothness mentioned by Overstreet, the transition has had its rough spots. Lower Kuskokwim superintendent Al Weinberg said the biggest problem was the lack of proper preparation for the changeover. "We inherited a seven-million-dollar-a-year business without any proper administrative foundation," said Weinberg. He listed the lack of a district accounting system, insurance and provision for workmen's compensation as examples of major administrative hassles the new district found itself with last July 1.

Another district superintendent, Jim Zuelow of Iditarod Area schools, made similar observations. "I think everybody seriously underestimated what we needed to set up a business office." He explained that equipment and personnel records were inaccurate or missing. A further complication was that nobody knew how much it was going to cost to run a school at any specific site. The SOS accounting procedures did not give the new districts budget information for individual schools.

"The inaccurate and incomplete data we were given was used to develop our administrative systems, so now errors have been compounded. And it's going to cost us money to straighten it out," said Zuelow.

Despite the administrative hassles, both superintendents feel the transition has been a success. "There's absolutely no comparison in the effectiveness with which we operated this year," said Weinberg, who had worked

Continued

Bush schools...

seven years for State-Operated Schools. "We knew how much money we had, we knew where it was and could spend it when and where it was needed."

Another pleased with the changeover is June Nelson, Kotzebue resident and president of the Northwest Arctic school board. "On the whole, people know there sure is a better rapport and relationship. . .they can come in and talk about programs, what they want their kids to learn," she said.

Nelson added, "Funding has been the biggest problem, not in the amount of the lump sum we receive, but just that so many little things have happened to cut into it."

She mentioned on-going negotiations with the U.S. Office of Civil Rights in connection with the district's presumed noncompliance with federal bilingual education guidelines as one of the unexpected costs.

"That's been a special burden. To inherit a bag of worms, something like that has not been pleasant," she stated. The OCR action was initiated against the old SOS system.

An irony of the situation is that the federal agency is threatening to remove federal funds from school districts whose boards are now heavily drawn from Native groups. In effect, the Office of Civil Rights is chastising Native parents for not providing an OCR-approved version of bilingual education to Native youngsters.

Again the underlying issue, as one education official pointed out, is one of control. "The question is what role should the federal government play in how education works in Alaska?" The proceedings are now more than two years old and promise to carry on "indefinitely."

Nelson said federal regulations and accompanying auditors "hampered district operations." The Northwest Arctic district plans to handle the issue by reducing its reliance on federal funds.

It and other districts may be able to do just that, given the generous readjustment in the state's funding program made by the legislature in the recently ended session. Overstreet said passage of Senate Bill 212 "should resolve most of the new districts' problems." The bill establishes a funding floor for small schools and compensates for costs related to isolation. By 1979 the new districts will receive $10 million more than would have been allocated otherwise. City and borough districts likewise will receive an additional $10 million by 1979.

Despite the unexpected costs and budget vagaries of this year, all the districts except one finished in the black. The exception, Bering Straits, was bailed out by a special appropriation of $400,000, which Gov. Hammond cut to $150,000.

In his transmittal message, Hammond said the appropriation was "to reimburse costs for major maintenance of schools incurred by the REAA (district) which should rightly be covered by the state."

High maintenance costs stem from the condition of some of the buildings in the new districts. Inherited from the Bureau of Indian Affairs, the buildings were frequently substandard at the time of their transfer to the state and now incur disproportionate maintenance costs.

New construction has its problems, too.

Voters approved nearly $60 million for school construction across the state in the 1976 general election, shortly after the legislature allowed the new districts to receive building money in the form of grants from the state.

But, procedures set up by the Department of Public Works have been confusing and time-consuming for many local superintendents eager to get new construction going during the short building season. (*Advocate*, March 3.)

A running discussion between the districts and public works shows no signs of diminishing.

"I would like to see the Department of Public Works eliminated from the public school construction area . .They're obstructing us," says Carl Peterson, superintendent of the Alaska Gateway district.

"Any conceivable blunders the school districts might have done would be inconsequential compared to what we've gone through trying to move the bureaucracy," he said.

. Weinberg was more resigned, commenting, "We can't expect public works, which is responsible to the legislature, to write us a blank check. Construction's a complex task because of all the agencies involved. It's time-consuming and probably too expensive, but all those bureaucratic hoops are supposed to be safeguards."

This fall the new districts plan to concentrate on curriculum and program development. Most also want to work on the district boards' relationship with the Community School Committees, village advisory groups established under the 1975 decentralization law.

Despite the work and the problems, all seem sure the new way is better. Most think the real payoff is still in the future that one year is too soon to count successes or failures.

"We believe that we can eventually provide a better quality education to the kids," said Zuelow. "If we didn't believe that, we wouldn't be doing all this."

Whether the payoff comes in one year, five or ten, everybody's happier if for no other reason than that the problems and solutions are closer to home. As Superintendent Peterson said, "Generally, people here feel very good about the change. They have somebody they can go to and complain if they want to."

Mary Halloran is director of public information and publications for the Alaska Department of Education. She edits the monthly Alaska Education News.

(Tentative Title: REAA Superintendents Address the First Year)

At the October 1977 meeting of the Alaska Association of School Administrators a panel entitled: "REAA Report - The First Year Successes and Failures" took place. Superintendents from five REAAs spoke. Their comments included not only frank statements about both positive and negative aspects of their first year of REAA operation, but also some thoughtful comments on the difficulty of evaluating the situation and needs and opportunities for the future.[1]

The Difficulty of Evaluating the REAAs: Year One

"There is difficulty in evaluating. There was no control in the experiment--but all experiments. All of the state schools went at one time. We don't know what would have happened had some stayed in the state system a while longer. There was such a dynamic environment at the time. There were so many variables operating. It was not just the fact that we were going into a brand new school district, but at the same time we were asked to create new high school facilities, we were asked for bilingual programs....The whole thing occurred in such a dynamic movement of activity. It is hard to say what would have happened had it not all taken place at one time."

"I submit to you that whether something is a success or failure probably depends a lot on the perspective you have. For example, I think many of the local people who felt local control would mean full control of hiring and firing and the whole bit probably look at it as a failure. I think some of the teachers who hoped benefits were going to continue to escalate as they have in the past probably consider it a failure."

Educating the Public

"We had the problem of convincing the district that we were a local school district and convincing the teachers. I don't know that everybody really, really understands that at the present time--that we are a local school district and we have local control."

"Our role in the districts, stated in the most cynical way, was to provide jobs. One of the successes I would hope would be that perhaps we turned people around and got them to think about what they want out of school. Many of the people in our villages were so into the power aspect of getting a say in things that they really didn't know what to do once they got that say. One of our adult education roles was to try to get them to realize what real options they had and letting us contribute to implementing those options."

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[1] These comments were selected and edited by Kathryn Hecht. Given difficulties of tape transcription, the quotes may not be exact but attempts were made to keep the meaning intact.

Board Members, Elections, and Training

"By creating these new districts, you create many, many more board members to elect. You're going to get some inept board members. You're going to get a lot less trained people than when you could pick five or ten of the best around the state. Now we've got hundreds of people on the boards and obviously you are going to get some with much less training. You need a lot of work done. This often causes a problem. I can't even get people to run for some of the seats. The matter of elections is a real difficulty for us. You've got people at one end of the district who don't know anything about the name or reputation of somebody at the other end, and they vote at large."

"They need to learn about the process of negotiating with teachers. If they don't, they can lose control in a hurry. I've had to be patient and try to be tough. I had to do a lot of talking and was becoming unpopular with some of my people. More needs to be done in teaching the people out in the villages as to responsibilities and negotiating and what to look for. Otherwise, the teachers can overpower them and we'd lose a lot of money."

Priorities: Facilities and Personnel

"One of the top priorities we had was to start a secondary school the first year. One of the main problems that had to be faced was not having adequate facilities. It meant we had to rent old houses and renovate them so we could carry on classes. The response on the part of the students was just wonderful."

"...I wasn't ready to take on adult eduation and the adult education I had to take on was how to train somebody to type, how to train somebody to keep books, how to train somebody to keep furnaces going, how to train somebody to even recognize a personnel record, let alone begin to make some kind of entry into it."

Improvement in the System/Opportunities for Improving Programs

"First of all, there was definitely some local autonomy. Not to the degree that some people wanted but certainly much more than what had been given under the state system. Now I think the people feel that the districts are much more responsive to them than someone out of Anchorage or Juneau. Secondly, I think there is great flexibility for a superintendent or a board to operate. We don't have all of the red tape to go through that an area superintendent used to have. The REAA can authorize things to happen very quickly. This I see is a very successful part of the program."

"The educational programs have a great opportunity for improvement. I think there is a lot of innovation, a lot of experimentation, that can take place now that probably couldn't under the state system. I think we can tailor our particular district's efforts towards the local needs of that district rather than looking at it from statewide perspective. We can really have an opportunity to build in some quality, try some different things. If it doesn't work we can easily get rid of it and try something else."

Political Pressures

"I think that there is less susceptibility in the political arena. It used to be that a citizen could get ahold of a legislator and change things immediately. This susceptibility has been reduced considerably. I think the local boards feel a pride in being able to run their own affairs and stand up against political pressures."

Overall Success

"I think overall it was a hell of a successful year. We're very pleased with local control, although there were some problems in terms of the logistics of setting up the districts. We've got a good situation, but I will never at any time mention it too publicly, particularly in Juneau because it is advantageous not to do so."

"In summary, as far as we the superintendents on the panel are concerned, it sounds to me that we are all happy with local control. We feel that the legislation was good. We feel like we have better operations and are doing a better job with kids than we were prior to the passage of the legislation."

PERSPECTIVES ON PROGRESS

In January, 1974, CNER issued a policy analysis study on delivery of pre-higher educational services in the unorganized borough to the Alaska Legislature.[1] At that time, the education of children in the unorganized borough and on military bases was controlled by a centralized administration in Anchorage (ASOSS), functioning independently of the State Department of Education and with policy decisions made by a board appointed by the Governor. As planning began for the follow-up study to the 1974 report, I was struck by one overwhelming thought--how much has changed in only four years!

That this perspective not be lost in the myriad of detailed issues discussed in the body of this report, letters were sent to a small group of people who have been involved in key roles in the changing rural education scene. The letter requested the recipients to send "their personal viewpoints on the emergence of the new school districts, the process by which they were created, how they are functioning, and an outlook for the future." The statements in italics are taken from the responses.[2]

The Process Which Led to the Establishment of the REAAs

> "SB35 was a perfect example of how things should work. It melded the University of Alaska, citizens, and legislators into a group which worked with amazing rapidity. First, the attendance at the meetings of the CNER advisory board was good, the matters considered were germane and to the point, and the timing of the legislation was perfect. The results were some very hard decisions, and particularly decisions about the implementation of the bill. There was actual legislation written, a first, and some preparation in the hearing process of the legislature. There was a good lobbying effort by very diverse interests, and the integrity of the bill was protected throughout its short life, between concept and actual passage of a bill. I was and am impressed by the process which created SB35; it ought to work again, if we could pick a project which is both necessary and political."

Overall Success of the 21 New Districts

> "The transition from the Alaska Unorganized Borough School District system of education in the unorganized borough to the Regional Educational Attendance Areas has occurred with little difficulty. Regional control of pre-higher education in the unorganized borough is now a reality."

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[1] Darnell, Frank, Hecht, Kathryn A., and Orvik, James M. Prehigher Education in Unorganized Borough: Analysis and Recommendations. Fairbanks, Alaska: University of Alaska, Center for Northern Educational Research, 1974.

[2] Twenty-five letters were sent out in April, 1977. A follow-up letter was also sent. The quotes included here were based upon seven responses received by November 1, 1977.

"The passage of SB35 was a good piece of legislation, long overdue, which provides a political structure for the school boards to operate, and for some of the very remote areas, a political structure to cover issues in local government."

"The past year finds the 21 school districts functioning, for the most part, very successfully. The immense task of starting 21 new districts with untrained boards, administrators and staff has gone as smoothly as can possibly be expected for its initial stages."

"The issue was often reduced to a single argument, 'are they prepared for assuming local control?'...The assumption of local control was something that was easy for the new school boards, and they grasped it with authority and with an ability that was amazing....It is my opinion that they are functioning well, I am not always in agreement with all 21 priorities, but that also is an indication of their ability to think and function well."

"There was a staggering amount of work required to accomplish the transition from state control to regional control over educational services. With minor exceptions, the REAAs seem to be highly successful in providing needed educational services to children residing outside municipal school districts."

"In conclusion, I would like to say that I am extremely enthusiastic about the first year of implementation of SB35, and it is my belief that it has been a success...for all practical purposes there is a single financing system for the state schools for the first time in history. The state is also moving closer to a single school system as more and more BIA schools come under the control of the new districts."

Issues Identified

"In the area of staffing, some problems have come to light due to the lack of untrained administrators in Alaska, as well as sufficient secondary teachers for the small schools who can cover a broad curriculum area."

"There is some confusion over whether existing constitutional and statutory provisions were carefully adhered to in the drafting of SB35. One final confusing aspect, is the exact type of school districts created. Certainly, the REAAs are not municipal school districts, but then, are they service areas of the unorganized boroughs, or some other entity?"

"One of the areas that is still causing the districts a tremendous amount of problems is the financing of maintenance and utilities. As everyone knows, the State Operated School System went through a long period of little or no maintenance, so that many of the buildings are in need of extensive repairs. Many of the schools also had to assume the AVEC charges in electricity, and this particular area was not figured in the foundation formula that has been applied to the districts for the first operating year."

"The passage of SB35 also had hoped to bring about an updated agreement between the Bureau and the State of Alaska concerning 'An Overall Education Plan for Rural Alaska' formalized in 1963 and updated in State Department of Education on the 'Overall Education Plan' but no firm agreement has been reached."

"Negotiations have caused a great deal of concern, as for the first time these new districts are negotiating separately with their teachers and employees. It has been a learning experience in which the local boards have tried to establish their authority, which has created some problems that should solve themselves with time and understanding on the part of both labor and management."

"The exceptional problems (which have been well publicized) include lack of funds for Alaska Village Electrical Cooperative contracts in rural communities and a lack of state budgetary review. This lack of budgetary review may be due to no explicit statutory authority to the Department of Education."

"The Community School Committees that were created by SB35 are also an area of concern, as the duties of the CSC's have not been clearly outlined in each school. Each board is wrestling with the problem of how to make effective use of the CSC's and not delegate the authority that is statutorily theirs."

The Future of the REAAs

"As the new districts begin their second year of operation, I'm impressed by the commitment and concern they display."

"I think that the future for the 21 new school districts is good, providing we can keep the federal government and the state government out of their hair. The complete funding of educational needs in Alaska is not too far in the future. The danger lies in the fact that State government often dances to the drum of the federal government....That type of problem is where the future of the 21 new school districts will become clouded. Not by their own actions, but by a combination of state and federal regulations, which will tend to restrict their thinking into channels not of their own making."

"It is my conclusion that school systems ought to serve the society which surrounds them. This transcends simple considerations of either language or geography, and Alaska should capitalize on both the diversity of its population, and the fact that it represents such a wide variety of cultures in the delivery of its educational programs. Difference is not a problem until someone makes it so. Language is only a problem when it is not recognized. Culture without change will die, so, the matters relating to the future of how the 21 new school boards will fare relate largely to the matters of outside funding and outside influences."

"I realize that the movement for local control focused on that control as a means to improve the quality of education. But among the ends which I believe any study of the new districts should consider is not only the improved quality of education but also the death or diminishment of paternalism and racism. Personally, I see that change contributing substantially to a better life for kids."

ALASKA ASSOCIATION OF SCHOOL ADMINISTRATORS

EXECUTIVE COMMITTEE:

John Coffee, Past President
Juneau Borough School District
P.O. Box 808
Douglas, Alaska 99828
PHONE: 364-2181

Ronald W. Hohman, President
Bering Strait School District
P.O. Box 1088
Nome, Alaska 99762
PHONE: Office - 443-5237
home - 443-2536

John Antonnen, President-Elect
Kodiak Island Borough School District
P.O. Box 886
Kodiak, Alaska 99615
PHONE: 486-3131

Darroll Hargraves, Sec.-Treas.
Nome City Schools
P.O. Box 131
Nome, Alaska 99762
PHONE: 443-2231

Larry Nyland, Director
Alaska Central Railbelt Schools
P.O. Box 4009
Clear, Alaska 99704
PHONE: 832-5664

MEMORANDUM

TO: Representative Thelma Buchholdt, Chairman
House HESS Committee

DATE: March 19, 1979

FROM: Ronald W. Hohman, President
Alaska Association of School Administrators

SUBJECT: Superintendent's Annual Legislative Fly In, Legislative Position Profile

PUBLIC SCHOOL FOUNDATION FORMULA

1. The Alaska Association of School Administrators voted without opposition to support the Finance Committee Substitute for Senate Bill 199 as offered by the Finance Committee on March 15, 1979. CS SB 199 (Finance) 3/15/79

2. The group also expressed concern about power equalization in any new bill before a statewide study could be completed.

3. The A.A.S.A. supports the concept of area differentials with a need for costs to be justified locally.

STUDENT TRANSPORTATION

A.A.S.A. supports 100% funding of D.O.E. approved transportation contracts between local education agencies and bus contractors.

IN LIEU OF LOCAL TAXES

51 school districts

The equity of State funding to school districts must be addressed. Reducing in lieu of local taxes compresses disparity.

Reducing in lieu of local taxes this year destroys forward funding concept.

Support existing in lieu of local taxes 100% with study to promote equity for action for next session.

UNEMPLOYMENT COMPENSATION

Most school classified employees are seasonal workers. As such the positions are advertised and filled on the knowledge that they exist from late August until early June. Allowing for the fringe benefits of this labor group is inconsistent with the certificated staff, and creates an inappropriate expenditure burden on the district and state budgets.

WORKMANS COMPENSATION

Large need for a definition of work related ailments.

TAX CREDITS

The association recognizes the dangers of any efforts which detracts from the principle of "Separation of church and state".

Tax credit for education is viewed as an encroachment upon is principle.

The association believes that the State meets its obligation to provide education through its system of public schools.

The association is opposed to any program of Tax Credit for education.

RECALL OF PUBLIC OFFICIALS

We support the original draft of HB 245 revising state statutes on the recall of public officials. Legislation is needed to:

1) balance the right of recall against a public official's right to defend their position,
2) make all state recall provisions more compatible with one another.

Specifically, any petition for the recall of a public official should clearly show:

1) that a successful recall will result in the removal of that official from office,
2) that only registered voters may sign the petition,
3) the charge against the public official, clearly stated,
4) the response of the public official to the charge,
5) by affidavit that the contents of the petition were not misrepresented by the person circulating it.

Such provisions would still preserve the right of recall. The public official, however, would have a fair opportunity to explain their position prior to the election. Such a law would be more consistent with some of the requirements for initiatives in Alaska and recall provisions in other states.

COMMUNITY SCHOOLS

The current law should at least be extended past July 1, 1979. Current funding levels enable districts to only help minimal programs operating, but at least current funding levels will keep community schools from dying in Alaska. We support the concept that the original community education legislation should be extended and that efforts should continue to fund community schools at the 2% of foundation level.

ACTIVITIES ASSOCIATION

The Activities Association needs to be a seperate and independent agency because:

1. Operating costs of the association will be lower without the control of state public employee rules.
2. Member schools and their school districts control the association. Thus, district control can be utilized in making policy.
3. An appeals committee of a cross section of interested persons can be developed rather than the State School Board acting as the appeals committee.
4. The new bill does clean up the language used in the present regulations.

GENERAL FUND BALANCE

School districts, as well as any monetary based organization, need an operating surplus. There are numerous logical and rationale arguements to support this principle. During recent months much review has been made on the school districts general fund balance surpluses. This review has allowed some to make an interpretation conflicting with successful and prudent management. Space here does not allow for explanations of each case. However, we do hope you will ask for our interpretations and explanations when the issue is timely. Audit reports can best be used as a drunk uses a lamp post, "for support rather than illumination", and that, "what a bikini bathing suit reveals is very suggestive - but what it hides is vital".

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER / POUCH H-01 – JUNEAU 99811

February 9, 1978

Document# House HESS #1

Honorable Charlie Parr
Chairman
HESS Committee
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Chairman Parr:

This letter is in reply to your request for information regarding the Emergency Medical Services (EMS) program dated January 16, 1978.

The majority of the information which you requested can be found in the attachments. The Emergency Medical Services Section, Division of Public Health coordinates a statewide program that is attempting to improve EMS on a regional basis. The Regional Coordinators are responsible for the planning and implementation of improvements in their regions. Broad input is gained from regional and sub-regional EMS Advisory Councils. (Attachment number one indicates the regional boundaries and the name and address of each Regional Coordinator.)

In order to have the most comprehensive reply possible to your hypothetical cases, we asked the appropriate Regional EMS Coordinator to respond to the situations located in that region. Attachment number two is the response from the Southern EMS Region. It addresses situations 1, 2, 6, and 7. Attachment number three addresses those cases from the Interior EMS region, numbers 3 and 4. The Southeastern region response for case number 8 is attachment number four. The Southeast Coordinator added a ninth hypothetical case to your list, a broken femur and ruptured spleen in a logging camp. This was done because it is a significant problem for Southeast Alaska. Attachment number five describes situation number 5.

It is apparent from these responses that the major areas for improvement are the isolated places in Alaska. The current efforts and future plans of the program identify the rural and bush areas of the State as foci of funding.

The specific components of the EMS System that are or will be receiving priority attention include:

1. Training

   Good pre-hospital care has been shown in other state EMS programs to significantly impact on death and disability. The pre-hospital providers, including volunteer ambulance personnel and community health aides, have shown an unprecedented degree of enthusiasm for more training. This is proving to be a monumental task because the skills being taught need to be practiced in order to maintain proficency. In the sparsely populated areas, virtually every place outside of Fairbanks and Anchorage, there is simply not enough "business" to maintain the skills. Consequently, refresher training is extremely important on at least an annual basis, with monthly one-day seminars to supplement.

2. Communications

   In communications, the most serious shortcoming is citizen access. The second most important problem is ambulance to hospital communications. This fiscal year the Governor's Office of Telecommunications, using funds from EMS and the Criminal Justice Planning Agency, has contracted with a consultant to develop a statewide public safety communications plan. The consultant has some innovative ideas for improving access with greater use of CB channel 9.

3. Transportation

   By far and away the greatest problem in transportation is providing medically adequate air transport. Two distinct phases need to be dealt with: (a) village evacuations, and (b) hospital to hospital transfer of the critically ill. This is a very complex area and an in-depth study is needed before any solution can be reached. The other transportation problem is placing and replacing ground ambulances on the isolated highway sections.

4. Recordkeeping

   In order to realistically make decisions about resource allocation for a large program such as this accurate data is needed about the types of patients that are being encountered, where, and what is happening to them. A coordinated recordkeeping system is needed to provide that information.

As mentioned before, the program is impacting these problems on a regional basis. In the three years of the program's existence three regions have been funded: Southeastern, Nana, and Interior. The Interior program will probably be defunded during the next fiscal year due to the

federal funding strategy which places the type of planning grant they will be applying for as the lowest priority. Southeastern and Nana will probably be approved for second-year implementation grants. And, given adequate funding, the Southcentral part of the State (includes Southern, Bristol Bay, Bering Straits and Yukon Kuskokwim Regions) will undertake an intensive planning effort in preparation for implementation in the following year. For more detailed information on the history of the program, I've included a brief State program overview and a description of the federal program as attachments 6 and 7.

I hope this information is adequate. The Department welcomes the HESS Committee's interest in the EMS program and will be prepared for your planned hearings.

Sincerely yours,

Helen D. Beirne

Helen D. Beirne
Commissioner

ENC

ALASKA EMERGENCY MEDICAL SERVICES

THE STATE OF ALASKA, IN ORDER TO IMPROVE ITS EMERGENCY MEDICAL SERVICES SYSTEM, ESTABLISHED IN FY 76 A STATE OFFICE OF EMERGENCY MEDICAL SERVICES. THE OFFICE IS STAFFED WITH COORDINATOR, PROGRAM CONSULTANT, ASSOCIATE COORDINATOR AND CLERICAL SUPPORT. CORRESPONDENCE SHOULD BE DIRECTED TO:

EMERGENCY MEDICAL SERVICES SECTION
DIVISION OF PUBLIC HEALTH
DEPT. OF HEALTH & SOCIAL SERVICES
STATE OF ALASKA
POUCH H-06C
JUNEAU, ALASKA 99811

TELEPHONE (907)465-3027

STAFF:

THOMAS D. SCOTT
COORDINATOR

PEGGY A. ZUFELT
ASSOCIATE COORDINATOR

LYNNE QUIST
PROGRAM CONSULTANT

ALASKA IS DIVIDED INTO EIGHT EMERGENCY MEDICAL SERVICES REGIONS, WHICH ACCORD WITH TRADITIONAL SOCIO-GEOGRAPHIC, TRANSPORTATION, AND SETTLEMENT PATTERNS. IN EACH REGION, A NATIVE HEALTH CORPORATION, LOCAL GOVERNMENT UNIT OR OTHER NON-PROFIT ENTITY SERVES AS THE AGENCY TO COORDINATE RESOURCES INTO A VIABLE EMERGENCY MEDICAL SERVICES REGIONAL SYSTEM.

REGIONAL COORDINATORS & CONTRACTORS

LAUREL PARKER
SOUTHEASTERN ALASKA EMS COUNCIL
P.O. BOX 2170
SITKA, ALASKA 99835 (747-8005)

CONNIE RYAN
BRISTOL BAY AREA HEALTH CORP.
P.O. BOX 233
DILLINGHAM, ALASKA 99576 (842-5266)

SALLY JACOBY
NORTH SLOPE BOROUGH
P.O. BOX 69
BARROW, ALASKA 99723 (852-2611)

RICHARD PAULEY
SOUTHERN REGION EMS COUNCIL
1135 WEST 8TH - SUITE #7
ANCHORAGE, ALASKA 99501 (274-3651)

BOB ALOYSIUS
YUKON KUSKOKWIM HEALTH CORP.
P.O. BOX 528
BETHEL, ALASKA 99559 (543-2506)

FRAN McAFEE
NORTON SOUND HEALTH CORP.
P.O. BOX 966
NOME, ALASKA 99762 (443-2261)

JEFF SMITH
MAUNELUK ASSOCIATION
P.O. BOX 256
KOTZEBUE, ALASKA 99752 (442-3311)

JOE MARZUCCO
FAIRBANKS PHYSICIAN SERVICES
711 GAFFNEY ROAD - SUITE #202
FAIRBANKS, ALASKA 99701 (456-3978)

Transportation to more definitive treatment is normally provided by the local commercial air carrier. Agreements have been established, but there are times when aircraft are not available. Commercial air ambulance services in Anchorage are then contacted, although the Air Force Air Rescue Service must sometimes be used. Weather, such as high winds or clouds in the pass, greatly restrict inter-hospital transfers at times.

State, local, and commercial agencies are working closely to improve EMS activities. There is little federal activity in the area.

Situation #2 - Kodiak

A commercial fisherman problem would be reported on marine radio. The Coast Guard Rescue Center on Kodiak monitors this frequency and would launch a helicopter to bring in the sick fisherman. Of course, weather would be a limiting factor. The Coast Guard personnel are well trained but could not provide any surgical care for an appendicitis.

The Kodiak Hospital is well equipped and could preform this type of surgical procedure. Nursing staff is on full time and doctors are on call. There is a commercial activity in Kodiak called Alaska Emergency Medical Services, which offers medical equipment sets for fishing ships. They also have the capability of physician communication with ships, if necessary.

If more extensive treatment is required, the patient would be transported by air to Anchorage. The weather at Kodiak often restricts air evacuation, and the Mayor of Kodiak recently had to wait three days to be transported for cardiac problems. Transport to Anchorage is a frequent occurrence, but to the best of our knowledge, formal written transfer agreements are not prepared.

Certain agreements between Coast Guard and Kodiak activities have been developed. Federal, State, local, and commercial agencies are working together to improve the EMS system.

Situation #6 - Denali Highway

Communications along the Denali Highway are extremely poor. An emergency problem would be taken by messenger to Cantwell where the nearest phones are available. The Alaska State Troopers would receive the notification. There is a single EMT at Cantwell who has some medical equipment and tries to respond to local emergencies. The nearest ambulance service is at Healy, 40 miles to the north of Cantwell. This service is in the Interior Region and our knowledge is limited, but we believe they are well equipped and can provide certain Advanced Life Support techniques. There is also a Physician Assistant in Healy, while the closest doctors are in Fairbanks 149 miles north, or Wasilla 170 miles south. Obviously, communication with a doctor would be practically impossible. If State Trooper radios are available, they could operate through their repeater system and achieve a phone patch to the physician in Fairbanks. This would be a complex procedure and would "tie-up" the State Trooper system.

If the accident occurred a substantial distance off the highway, the evacuation would be considerably more difficult. Back country injuries would normally require a helicopter. This could be obtained from the Air Force, but again, communications would hinder the response time. If AF helicopters were used, the patient would be evacuated to Anchorage where the State's most sophisticated medical resources are available. Air Force pararescue personnel are well trained and equipped, and should be able to stabilize the patient while transporting. Ground transport would deliver the patient to Fairbanks, which also has a well equipped hospital.

Weather could delay transportation by ground or air. This hypothetical case takes place in a very lightly populated area on the border between two EMS regions. Little if any agreement exists.

Situation #7 - Sand Point

This patient would be taken directly to the local Baptist Mission Clinic where there is a registered nurse and some equipment. With only four miles of roads, there is little requirement for an ambulance, and transportation is provided by AST carryall or other available private vehicles. Most homes have telephones and almost three-quarters of the homes also have CB radios. Weather would have little effect on communications, but could complicate ground transportation.

The limited capability of the clinic, and seriousness of the patient, would require evacuation to the Thermal Unit at Providence Hospital in Anchorage. There are several small planes available at Sand Point which could be used to evacuate to Anchorage, or the patient could be taken to Cold Bay where the runway is large enough to receive jet ambulances. If a small private plane is utilized, treatment enroute would be minimal unless the nurse accompanied the patient. The availability of air transport equipment would also limit treatment. If a jet ambulance is used, treatment would be better since the aircraft would have nursing personnel and advanced medical equipment. Either plane could talk to a doctor through an FAA patch, which would take time to set up. Weather could greatly restrict air transportation.

Due to funding limitations and the huge area of the Aleutians, we have done very little to improve this area. Working agreements are unknown.

All of these cases demonstrate the lack of EMS facilities and the problems to be solved, before our citizens can depend on a truely effective EMS system. Great advances have been made, but even in the more densely populated areas, there are serious deficiencies.

Improvement of the system will require vast expenditures of money and the dedication of many persons. Given the premise that funds and personnel are available, I would envision a future EMS to include the following improvements.

MANPOWER/TRAINING

Without well trained manpower, no system will ever be adequate. We must continue to provide training for our volunteers and develop a professional body of personnel to provide Advanced Life Support (ALS) in remote areas. Skill decay will be a serious problem, which could be solved by rotating paramedics through the Anchorage EMS where there are significant numbers of responses. These paramedics could serve one week in a remote area, one week in Anchorage, and one week off. Paramedics should also receive training on air evacuation techniques and be available for air transports.

COMMUNICATIONS

The communication system must be improved, but this will be expensive. Initial access to the system should include the use of the nation-wide 9-1-1 emergency number in all telephone systems. Public safety agencies should monitor CB channel 9 to respond quickly to emergencies. Alaska has an unusually large number of CB radios and we should encourage their use. The current VHF system is already becoming crowded and in time will become overloaded. We should establish a UHF system with eight channels available for emergency traffic. Dispatch, ambulance/hospital, and hospital/hospital communications must be separated. A series of radio relay sites similar to the AST system must be established to insure communication along the highway system. Similar radio service should be available through a satellite relay system to provide communication with remote areas. If such a reliable communications system is developed, cardiac telemetry should be considered for use by advanced trained volunteer ambulance services and physician extenders in remote areas. Cardiac telemetry would also be useful between physicians in the smaller hospitals and specialists at the major hospitals. Of course, this could be accomplished over current land lines at considerably less cost.

TRANSPORTATION

Rapid evacuation to suitable care facilities is crucial to the patient. Current ambulance services sometimes take hours to transport a patient to health care facilities. Additional ambulance services must be established to provide 30 minute response time throughout the highway system. This will probably require the use of professional crews, since numerous areas do not have a population base large enough to establish volunteer crews. The ground ambulance service must be supported by a substantial air evacuation fleet. Both helicopters and fix wing aircraft should be located so that they could provide air evacuation from remote areas. Fast jet aircraft capable of operating on short runways should be available to transport from distant areas. All of these aircraft must be fully equipped and staffed by competent technicians.

FACILITIES

Foul weather often makes any type of transportation impossible. Health facilities should be upgraded to provide stabilization and care for at least three days. Even on the highway system, there are areas where it is 200 miles between health care facilities.

CRITICAL CARE UNITS

Most of Alaska is at least 1,500 miles from any other critical care facilities. Anchorage should develop units capable of caring for any of the critical situations. As our population continues to grow, the need for these units will expand.

OTHER

The other components of the EMS system will need to be addressed. This will require sufficient staffing of the State and Regional EMS Offices.

We are discussing a multimillion dollar program for the State, but I firmly believe this is what is necessary to assure our residents of adequate emergency care.

Sincerely,

Richard E. Pauley,
Executive Administrator

REP/sk

EMERGENCY MEDICAL SERVICES COUNCIL
INTERIOR REGION

c/o Dr. James Borden
Medical & Dental Arts Bldg.
1919 Lathrop Street

c/o Tanana Chiefs Health Authority
Doyon Building
First & Hall Street

FAIRBANKS, ALASKA 99701

• Dr. James Borden
Chairman

• Gary S. Marbut
Vice-Chairman

Rusty Rogers
Secretary

• Dr. Wayne Myers
Chairman,
Training Committee

• A' Finneseth

• Dan Slaby
State Liaison Chmn.,
Communications
Committee

• Dr. Jeff Partnow

• Joel Bostrom
Chairman,
Transportation
Committee

• Executive Board

February 1, 1978

Mr. Tom Scott, Coordinator
Emergency Medical Services
Department of Health & Social Services
Pouch H-06C
Juneau, Alaska 99811

Dear Tom:

This letter is in response to Charlie Parr's request to gather data on the Emergency Medical systems present and future capabilities for responding to critically injured or ill patients. The Interior Region's response is to Mr. Parr's hypothetical case No. 3 and 4.

An elderly person in Allakaket suffers a heart attack.

Question: How is the emergency reported and to whom?

Answer: Allakaket is a small community in the northwest interior region. It has no internal system of telephones. When an emergency occurs, either in the town or in the bush, the village health aide or alternate is contacted by messenger in person. In town, of course, the messenger would simply run to the village health aide's home, however, from the bush, they would probably either get the village health aide to come to the scene of the accident by snow-go, or if the patient was immediately transportable, ship the patient in to the village health aide.

Question: Are the means of communication adequate?

Answer: In the case of this community, the means of communications are quite adequate. The only addition to this service could be the use of citizen's band radios that could be mounted on the snow-gos with a bay station in the village health aide's home.

Question: What is the anticipated date of upgrading?

Answer: There is no anticipated upgrading of the system in this community.

Question: Would bad weather reduce or nullify the adequacy of communications?

Answer: Only in the ability for the messenger to find his way to the village health aide's office.

Question: Where is the injured or sick person taken and by what means?

Answer: The injured or sick person is taken to the village health aide's home or the alternate village health aide's home.

Question: Are the means of transportation adequate?

Answer: For a community this small, the injured person is transported by carrying through the village or by snow-go from the bush. Adequacy of transportation is difficult to assess. This community is not large enough to make an ambulance useful or the upkeep justified.

Question: What is the anticipated date of upgrading the transportation system?

Answer: There is no anticipated upgrading of this system.

Question: Would bad weather reduce or nullify the adequacy of transportation?

Answer: The only problem with weather in this case would be the amount of time that an injured person could survive in sub-zero weather while being transported by litter or snow-go.

Question: If appropriate, can emergency medical care be given before or during transportation?

Answer: If the village health aide is not the initial responder, there is probably no ability to give other than basic first aid before transportation. Once the patient has been transported to the village health aide's clinic, the village health aide can give adequate advanced first aid care. This falls short of what is typically considered paramedical care.

Question: Are qualified personnel available?

Answer: The only qualified personnel in this village is the village health aide.

Question: Can the person giving the emergency medical care communicate with a physician while giving it?

Answer: Yes, by satellite to Tanana Hospital.

Question: If equipment (respirator, monitoring devices) is needed, is it available?

Answer: None of this equipment is available because this does not fall under the realm of the village health aide's training program.

Question: If not, what is the anticipated date of availability?

Answer: This is a very difficult question. Alaska Federation of Natives is now exploring the possibility of producing its own physician assistant training program to update medical services in the bush. However, there is a heated debate on the problem of skill decay rate in the field, i.e., can an individual trained to a high level of medical care be expected to retain his ability to do those procedures with an extremely low case load. Decay rate of medical skills in an underpopulated area is exceedingly high.

Question: Does the facility to which the injured or sick person is taken have qualified personnel or necessary equipment to give the required treatment?

Answer: The facility to which a patient would be taken from Allakaket would either be Tanana or Fairbanks. If the patient is taken to Tanana, most assuredly if this individual has a heart attack, his initial care and stabilization could be managed. They have doctors, a defibrillator and monitoring devices for electrocardiograph tracings. If the patient is to die ultimately, there would be no difference in outcome if the patient were sent to Tanana or Fairbanks for immediate care. More extensive follow-up care can be managed by sending the patient from Tanana to Fairbanks Memorial Hospital. In the renovations of the Fairbanks Memorial Hospital, we are anticipating the use of the Schwongantz Pulmonary Artery Wedge Pressure Monitoring devices. This would be an exceeding development in the management of failure related to a myocardial infarction.

Question: If not, have provisions been made for subsequent transfer to a facility which has capabilities?

Answer: Transfer agreements from Allakaket to Tanana and Fairbanks and the Anchorage Native Health Center have been worked out. These agreements are not purely medical. They primarily exist for financial reasons between the private sector and Alaska Native Health Service.

Question: Have all necessary agreements been made between agencies involved (federal, state, community, local, private)?

Answer: See previous question.

A child in Fairbanks suffers burns over most of the body.

Question: How is the emergency reported and to whom?

Answer: In the Fairbanks metropolitan area, the prefixes 452 and 456 are covered with the 911 emergency access code. Other prefixes in the area have their own emergency telephone number which dial directly to an emergency dispatcher.

Question: Are the means of communication adequate?

Answer: Yes.

Question: Would bad weather reduce or nullify adequacy of communication?

Answer: No.

Question: Where is the injured or sick person taken and by what means?

Answer: The sick person would be taken to Fairbanks Memorial Hospital Emergency Department. The patient would primarily be taken by ambulance and in the hypothetical case discussed above would be taken in the mobile intensive care unit ambulance.

Question: Are the means of transportation adequate?

Answer: Yes.

Question: Would bad weather reduce or nullify adequacy of transportation?

Answer: It would probably reduce the response time somewhat, however, bad weather does not negate the use of these emergency transportation vehicles.

Question: If appropriate, can emergency medical care be given before or during transportation?

Answer: Yes. Qualified EMT's and paramedics are available around the clock through the Fairbanks Fire Department. On a run such as the one described above, a paramedic would always be in charge.

Question: Can the person giving emergency medical care communicate with a physician while giving it?

Answer: Yes. Adequate means of communication through the ambulance to the hospital are tested and proven. Means of communication to individual physician's offices over special communication nets are available and have been used, however, are not used very frequently.

Question: If equipment (respirator, monitoring devices) is needed, is it available?

Answer: Yes.

Question: If not, what is the anticipated date of availability?

Answer: The mobile intensive care ambulance is well equipped and the only anticipated upgrading would be with change in types and methods of treating patients.

Question: Does the facility to which the injured or sick person is taken have qualified personnel or necessary equipment to give the required treatment?

Answer: Yes. Fairbanks Memorial Hospital has profiled itself at Level 3 for burn care. It has a qualified plastic surgeon who is in charge of the burn team. It has qualified nursing personnel for burn management also. It now has rooms which are available to be used for isolation for burn victims, however, after the renovations which are underway are finished, there will be a specific burn unit available. All necessary equipment is available for the treatment of this burn with the exception of hemodialysis. In the place of this, peritineal dialysis is used when necessary.

Question: Have provisions been made for subsequent transfer to a facility which has the capabilities?

Answer: No formal transfer agreements exist at this time, however, transfers for burns have occurred in the past. Informal transfer agreements do exist.

Question: Have all necessary agreements been made between agencies involved (federal, state, community, local, private)?

Answer: No.

Sincerely,

Joseph Marzucco, PA-C
EMS Coordinator

JM/aw

#4

Southeast Region Emergency Medical Services Council

GENERAL DELIVERY
SITKA, ALASKA 99835

TELEPHONE 747-8005

February 5, 1978

Tom Scott, Acting Coordinator
State Office of Emergency Medical
Services
Pouch H
Juneau, Alaska 99801

Dear Tom:

Enclosed is the description of the current and future system response to hypothetical case #8 as requested by Commissioner Bierne. Since this case represents one for which we are already fairly well prepared and for which major changes are not planned, I have taken the liberty of adding a ninth hypothetical case. The area I have chosen, logging camp emergencies, is one in which changes are sorely needed and on which EMS will have a significant impact.

Yours Truly,

Laurel

Laurel Parker
Executive Director

RECEIVED
1978
EM

#8. A premature baby, (term 27 weeks) apparently suffering from congenital malformation is born in Juneau.

Present: While Bartlett Memorial medical staff perform an umbilical catheritization and take other measures to stabilize the infant, plans are made for transfer to another facility, Children's Orthopedic in Seattle or sometimes to Providence Hospital in Anchorage. This depends partly upon Alaska Airline's schedules and sometimes upon the parent's preference. The infant is transferred in a special infant transport incubator with oxygen, provided through the State Division of Public Health, and is accompanied en route by nurses and physicians as his condition requires.

Future: It is unlikely that Bartlett would aim to treat such a premature infant with congenital malformation in the foreseeable future. Cost for maintenance of an infant intensive care unit and availability of a perinatologist would not be justified by the incidence of cases. Transfer would therefore continue to be the general protocol, and changes in the above description would be limited to improved stabilization capability and to strengthened relationships with frequently used medical centers.

Efforts to improve stabilization capabilities include Bartlett's plans to procure an infant heart monitor; and by EMS, the provision of nursing in-service modules including one in neonatal emergencies, and physician exchange programs with frequently used medical centers such as Children's Orthopedic. This exchange program will also serve to strengthen relationships with referral centers along with provision to all Southeast physicians of the treatment protocols used by those centers. Such information will allow physicians to judge appropriate treatment techniques prior to transfer in accordance with the treatment the infant will be receiving after transfer. With the assistance of the physicians represented on our Board, we hope to publish transfer guidelines describing critical care services available within reasonable transportation time from our hospitals, specialists to be contacted, and ideal pre-transfer treatment protocols to be provided to all Southeast's physicians as an informational service.

At 10pm, at a small logging camp in Southeast Alaska, a man riding on a motorbike crashes into a log lying across the road, ruptures his spleen, and breaks his leg.

Since there is nobody with any more than very basic first aid training in camp, it is essential that the man be transported for medical help immediately. Although his broken leg is obvious, responders do not have the skills to assess that he has internal injuries to his abdomen. Since the fracture is to his femur, a traction splint should be applied but such a splint is not available anyplace in camp. OSHA requires that certain first aid supplies be kept in camp, but these requirements are extremely minimal and resupply throughout the season is uncertain. Traction splints are not included.

One logger tries to secure a piece of board to the leg, but feels extremely uneasy about this as he has never tried it before. Since a fractured femur causes the bone ends to push against one another, the man is in intense pain which will not be alleviated without traction. His internal bleeding, meanwhile, is causing him to go into progressively worsening shock, and his blood pressure falls dangerously. There is no blood pressure cuff in camp, so those trying to help are not aware of this drop.

While this is going on, two other loggers are trying to reach help over the radio. During the day, communication is possible through the Logger's Association radio system, but at night this is not monitored. It becomes apparent that communication is not possible and other measures must be taken.

Although the night is rainy and windy, these two men decide to risk taking a boat to a nearby community where there is a single side band base station with the Coast Guard frequency. As usual, atmospheric disturbance makes transmission very poor, but they are able to make contact. Meanwhile, the victim in the camp has become unconscious but this is not known to the two callers. When the Coast Guard operator asks what is the patient's condition, they respond that his leg is broken. They are not able to provide vital signs or other indicators which would have alerted the operator that the situation was critical.

Now the Coast Guard is in a quandary. If the man has an uncomplicated fracture, he will be safe until morning. Flying in such inclement weather, however, would be extremely risky to both crew and victim. Knowing, however, that when loggers get hurt they are generally very badly hurt and that they tend to understate problems, it is decided that a medical evacuation will be performed. If the call were coming from a village, the decision may have been otherwise as these requests tend to be overstated, and the Coast Guard pilots have performed life-threatening evacuations to find the "victim" waiting with baggage packed and an appointment for a routine physical.

When the Coast Guard chopper reaches the camp, they can find nowhere to land. They need a cleared area about 120' long, and after 30 minutes of searching, finally find a possible, though far from ideal, landing area almost half a mile away. Until they land, they cannot be sure that the surface is safe for their 22,050 lb. machine.

By the time the victim is loaded onto the helicopter, he is, needless to say, in extremely critical condition. (In reality, he probably would have died, but this would make too depressing a story). The corpsman on board removes the soggy blanket covering the victim and replaces it with a dry one. He has so much to do in trying to deal with the man's condition that he wishes he had additional medically trained men on board.

Once the plane finally lands in town, the victim is handed over to the ambulance service, who in turn, bring him to the hospital emergency room. By this time, however, information on the patient's condition has passed through several hands, and since the man is unconscious, the physician finds out nothing about the cause of injury. He wishes that someone would do something about the logging camps. If he weren't so busy dealing with cases such as this, he would like to do something himself.

EMS Impact On This System:

1. Lack of trained manpower in camp: We are providing logging camps with an intensive 40 hour Emergency Trauma Training course which covers not only stabilization techniques, but physical assessment. The man's leg would have been properly splinted, a pressure bandage would have been placed over his abdomen to retard internal bleeding, he would have been treated for shock, and the Coast Guard would have received more definitive medical information (history, vital signs, etc.).

2. Lack of equipment: We have put together trauma kits which contain the equipment essential to stabilization and for which training is given in the above mentioned course. These kits, specially designed for logging camps, fit on a yarder and are watertight. The blanket, therefore, would not have been soggy.

3. Communication: We are investigating two means whereby radio coverage could be extended to 24 hours a day, using the existing VHF system. One alternative would be to install a base station with the logger's frequency at the Coast Guard base which would be used after the Logger's Association receiving station closed in the evening and would be restricted to emergency use. Another alternative is to install a remote receiver at the local fire department/rescue service where calls are monitored already at all times. At night, calls would be automatically relayed here and again restricted to emergencies. Cost for either alternative would be surprisingly low.

4. Heliports: In order to land an HH3F helicopter, an area about 120' long needs to be cleared and kept free from obstruction. We have supplied information on landing requirements for these choppers to the State Division of Aviation with a prioritized list of communities and camps where needed for inclusion in their transportation plan.

5. Pre-hospital forms: We have designed, and had printed, forms to be used by first responders in out-lying communities. The forms include simple checklists which provide information on patient condition and action taken which medical providers need to know, and which serve as reminders to the responder. A carbon copy would accompany the patient through transfer and be provided to the physician upon ER arrival.

6. Training for Coast Guard Crew: We are presently giving an EMT course for

Coast Guard personnel at Air Station Sitka, and plan another. A PHS physician has agreed to write standing orders for those Coast Guard crew members who we will train in IV therapy.

Situation #5 A blue baby is born in Nome.

A so called "blue baby" born in the Norton Sound Regional Hospital in Nome would set in motion a pre-established system of life support and transportation to the Newborn Special Care Nursery at Providence Hospital. The attending physician would immediately follow the treatment protocols outlined in the High Risk Infant Transport Manual written by the Alaska Newborn Project and published by the State EMS Office in 1976. Simultaneously, a call would be placed via telephone to the head nurse of the Special Care Nursery. The head nurse would be prepared to give immediate advice on further care, notify the pediatrician on call and notify the transport coordinator who is jointly funded by the Indian Health Service and State Maternal and Child Health program.

The transport coordinator would assemble the transport team, arrange for the transfer to the airport of the transport incubator and team, and arrange the air transportation. Depending on how critical a factor time is, transport will be via either a commercial carrier such as Wien or Great Northern, or by charter jet, usually Troy air. The only weather that will affect the transport will be below IFR minimums at either Anchorage or Nome.

While the transport arrangements are being made, the pediatrician will be advising the Nome physician on proper stabilization techniques and gather patient information so that all appropriate resources will be ready to care for the infant upon its arrival at Providence.

The transport team will consist of at least a nurse from the special care nursey and in some instances the on-call pediatrician. The Anchorage Paramedics will transport the transport incubator and the team to the airport. Upon arrival in Nome one of the two commercial ambulances in Nome will pick up the team and take them to the hospital. The team will prepare the infant for transport and do some teaching of the local physician and nurses in the process

During the return flight the transport incubator will be positioned in the plane and draw power from the plane's power systems according to directions in The Transport Manual. There are directions for each type of aircraft normally used. The plane will be met by Anchorage Paramedics who will provide assistance as necessary. Upon arrival in the Special Care Nursery definitive treatment will begin, in this case blood transfusion.

Because of the Alaska Newborn Project there is a very well organized system of emergency care for newborns in distress. It is actually a model for what needs to be done in other areas of critical care. It is a truly cooperative effort of the State Division of Public Health, the Indian Health Service and the private medical community.

The major discrepancy that now exists is the lack of guaranteed availability of an adequately equipped jet for transport. The other area of need is training for rural hospital personnel in the care of the infant while awaiting the transport team.

This report was prepared by State Staff due to illness of Fran McAfee, the Regional Coordinator in Nome.

EMERGENCY MEDICAL SERVICES
PROGRAM OVERVIEW

January 1978

The State EMS program receives all of its grant funds from Region X, DHEW under the authority of PL 93-154 the EMS Systems Act of 1973. This Act provides funds for the development of Emergency Medical Services Systems on a regional basis. The purpose is to upgrade and organize the delivery of these services into a preplanned system that insures that the victim of an accident or serious illness receives the care most appropriate to his problem in the quickest possible manner. The elements of the system include the following:

1. Insure that an ambulance can be easily summoned in need. The primary focus here is to develop a 911 emergency phone number in every community in the State for the dispatch of all public safety elements.

2. Insure that once a call is received an ambulance can be quickly dispatched, and that provisions have been made for backup service if the primary unit is on a call. This is usually accomplished by means of a regional dispatch center and signed mutual aid agreements among operators.

3. Under medical direction insure that the victim's condition is stabilized at the scene and maintained during transport. This is accomplished by training all ambulance personnel to the Emergency Medical Technician (EMT) level and insuring that their vehicle is adequately equipped with medical supplies, rescue equipment, and 2-way voice communications with a hospital. In the rural communities the EMT is being given advanced training in how to start intravenous (IV) fluids for the control of shock due to blood loss. In these cases direct radio contact with a physician for medical control is the ideal. In larger communities the EMT-Paramedic is the preferred training level because they can treat heart attack victims with electric shock and controlled drugs.

4. Insure that the local medical facilities are adequately equipped and staffed with personnel trained to further stabilize the patient and when necessary, transfer to the most appropriate critical care facility, be it to a hospital, another institution in the state, or outside the state. This is achieved by categorizing facilities according to their ability to handle different types and severities of injuries, i.e. Homer Hospital can care for the moderately burned patient, and the burn center at Harborview Hospital in Seattle is the nearest facility to take care of major burns. The facilities are identified and a list of protocols are in place so that, hypothetically, a patient with a major burn in Homer would be treated according to burn care procedures developed by specialists and then transferred directly to Seattle (because the Anchorage hospital can only care for moderate burns). This hypothetical protocol would be accepted previously by each of the physicians involved as the best procedure to follow.

5. Insure proper rehabilitation facilities are available to return the severely injured patient to his full functioning capacity as soon as possible.

In support of the EMS system certain other functions are necessary. These include:

1. Ongoing basic training programs to insure an adequate supply of personnel, as well as refresher training programs to maintain high quality service delivery. Refresher and Continuing Education programs are especially important in Alaska. This is because our widely scattered population does not have enough serious accidents in any one locality for the providers to maintain high levels of skill. All of our providers, physicians, nurses and emergency medical technicians, need formal continuing education in the care of the critically ill and injured.

2. Public Information and Education programs are needed for two purposes. The first is to insure that people know how to call for help in the area where they live or are traveling. The second purpose is to provide information about what people can do for themselves and others when they are in need, e.g. first aid courses.

3. An important element in support is a good record-keeping and evaluation system. The systems approach requires that each element of the system is continually being evaluated as to its effectiveness in order to suggest areas for improvement. An example is evaluating EMT performance by analyzing ambulance run reports. EMT's are trained to follow certain protocols for certain types of injuries. By checking their performance areas of need for refresher training can be more easily identified. A computerized system that does this has been in operation for several years in western Pennsylvania with great success and low cost.

4. Finally, coordination efforts of the various state (Public Safety, Disaster Office, Community and Regional Affairs, Education, National Guard) and federal (Park Service, BLM, Coast Guard, Military branches, Indian Health Service) agencies that are directly involved in EMS activities in Alaska is vitally important to efficient utilization of resources.

The EMS Systems Act provides seed money to the states and regions on an incremental basis. The phases are:

(1) Feasibility studies and planning, 1 year (1202)
(2) Establishment and initial operation, 2 years (1203)
(3) Expansion and Improvement, 2 years (1204)

A 1976 amendment provides another year of planning money which can be used between 1203 and 1204.

The attached informational brochure from DHEW further explains the federal program.

The history of the State's involvement with this program can best be summarized with the following outline:

1971 EMS planner established in Office of Comprehensive Planning

Apr. 1974 Department of Health and Social Services applied for 1202 grant for planning;
AFN applied for 1202 grant for planning;
Mauneluk Association applied for 1204 grant for Search and Rescue.
All were not accepted based on lack of comprehensiveness. However, DHEW offered assistance for future grant application development.

Jan. 1975 Dr. David Boyd, National Director of EMS, and several other nationally recognized speakers attended meeting in Anchorage with interested groups.

Apr. 1975 Department of Health & Social Services submitted a 1203 grant. Tanana Chiefs Conference submitted a 1203 grant for Interior Region. Region X suggested that the applications be combined with State acting as lead agency for regional programs. Thus, funds for state office and EMT training were made available.

Jul. 1975 Department of Health & Social Services received grant ($450,000) to establish state office, statewide EMT training, provide implementation grant (first year 1203) to Tanana Chiefs Conference ($220,000), and provide salaries and travel for EMS coordinators in the other 7 EMS regions.

Nov. 1975 Legislative Budget and Audit approved revised program, and contracts were let. With three positions, Office of Planning & Research was charged with administering programs.

Jan. 1976 Charles Ramage was hired as Associate Coordinator. State submitted grant request for second year funding of Tanana Chiefs Conference Interior program, and first year funding of 1203 programs in six other regions. Ad hoc Advisory Council met.

Jul. 1976 State received a grant of $725,000 which provided funds for State office, EMT training, Tanana Chiefs Conference, and regional coordinator. Funds for the additional 1203 programs were not available due to the failure of Congress to extend the 1973 law. Charles Ramage became Coordinator,

Peggy Zufelt Associate Coordinator, Thomas Scott Health Planner - a full staff for the first time.

Aug. 1976 Congress passed $1.35 million appropriation for FY77 to Alaska Area Native Health Service for EMS implementation in the native health corporation regions.

Nov. 1976 Tanana Chiefs Conference turned Interior program back to State.

Jan. 1977 Using AANHS EMS money, corporations covered half of the coordinators' salaries in six regions. Northern Region Office, Divison of Public Health began administering Interior program for an interim period.

Apr. 1977 State submitted grant application for first year 1203 grants for seven regions and 1202 grant for Advanced Life Support planning for the Interior region.
Charles Ramage resigned as Coordinator. Thomas Scott appointed Acting Coordinator. Lynne Quist hired as Health Planner - temporary status.

May 1977 Legislature passed HB407 establishing the Department as the state agency responsible for developing emergency medical services in the state and establishing an eleven member advisory council consisting of seven providers and four consumers.

Jun. 1977 Program transferred from Office of Planning and Research to Division of Public Health

Jul. 1977 State was awarded $698,000 to support state office, EMT training and first year 1203 grants for Southeast ($175,000) and Maneluk Association ($68,000). The Interior program was extented one year in order to complete implementation of Basic Life Support using unexpended funds from FY77.

Aug. 1977 Dr. William Mills of Anchorage accepted position of EMS Medical Director.

Nov. 1977 State EMS Symposium drew over 150 participants. Mrs. Hammond announced Governor's appointments to new Advisory Council. Symposium provided stronger direction to program.

Accomplishments

- Active EMS Councils in every community in the State
- Full time EMS programs in each of the eight EMS regions with only four currently receiving support from the Department.

- 90% of all ambulance personnel are trained to at least the basic Emergency Medical Technician level. Three years ago it was less than 30%.

- A need for greater emphasis on emergency care skills has been recognized for the Community Health Aides. Thus, their training and equipment have been improved substantially.

- MAT-SU Borough has adopted Borough-wide ambulance powers, established new services at Talkeetna and Willow, purchased new vehicles, and has increased cooperation with services in Anchorage.

- Kenai Borough is considering following same direction as MAT-SU.

- An advanced EMT course aimed at the rural EMT has been developed and is in use statewide. This course teaches the administration of IV fluid therapy for control of shock.

- A substantial video tape library has been established by the Alaska Hospital Research and Education Foundation of continuing education materials in emergency and critical care medicine for circulation among all hospitals in the state.

- An Artic First Aid Film strip and accompanying printed materials have been developed. This resulted from the need to develope a first aid training medium that Alaska Natives can relate to. American Red Cross materials are based on verbal learning skills whereas Alaska Natives are more visually oriented.

- EMS subsidized the Alaska Emergency Department Nurses Association for their last two annual clinical symposia.

- EMS assisted the U of A school of Nursing in its successful efforts to develop and have funded a 40 hour emergency care course that will be taught in almost every rural hospital in the State.

- EMS has started the installation of an areawide communications system for the Interior road system. When completed all ambulances, including military vehicles, on the Interior Region highway system will have two way voice communication with Fairbanks Memorial Hospital.

- We are jointly funding with the Criminal Justice Planning Agency through the Governor's Office of Telecommunications a Communication Consultant who is developing a statewide Public Safety Communications Plan that will be area specific.

Problem Areas

The EMS program must address the total system from the moment a person perceives himself or is perceived by another to be in need of EMS to the point where he no longer requires services. Many actors and actions must transpire, especially in the case of a critically injured person. Two problems stem from this total systems approach.

(a) The sheer magnitude of the program requires very careful understanding of the problems and the solutions, and requires individuals who can relate to volunteer EMT's as well as to physicians.

(b) The vast majority of people think EMS is pre-hospital and that the only thing needed is the upgrading of training and equipment. The total systems concept and the team approach is difficult to understand, especially because traditionally there has been little if any communication or involvement between pre-hospital providers and in-hospital providers. Another problem is communication between rural physicians and specialists in the major centers regarding appropriate care for the critically injured.

The Alaska Native Health Service received a supplemental appropriation for FY 77 of $1.35 million and for FY78 of $2.0 million. These funds are for EMS only and are distributed in whole to each of the health corporations. Funds are used to support the regional programs in the region that we do not fund. One corporation, Maniluk dovetails the funds into a coordinated effort. However, in three of the regions, little cooperation exists. A problem has developed wherein the native cooperations often feel that they are not receiving a fair share of the "State's" money.

The EMS program is a medical care program. In other states it has been successful only where there was extensive physician leadership and involvement. During the first two years of this program physician involvement was next to nothing. So far this year we are beginning to gain support. Thanks to Dr. Fraser, three major regions have medical directors. However, much more active physician involvement is necessary to give the program a sound medical base.

When the program was initiated the State was divided into eight regions (see map). The eight region structure has proven to be less than effective in developing "total" EMS Systems. The Bush Areas send all critically injured patients to Anchorage for definitive treatment. We are now considering reducing the eight regions to three to conform to the HSA boundaries.

Finally, there is a lack of data for planning and evaluation. The EMS program is one federal program that realizes the importance of systematically evaluating how the system is functioning as well as planning the expenditure of funds based on demonstrated need. The development of a coordinated patient record keeping system is one of the mandated 15 components that has received little more than lip service. Planning is hampered by this lack of data.

Prospects

Up to this point the program has been one of haphazardly throwing grant applications together each year so that the feds can give us money, regardless of the quality of the application. The applications have really been the best that could be produced at the time by the people involved, with definite improvements in quality in each subsequest application. However, there has been little real planning and no long range planning.

This year we are developing a large range policy plan that lays out a funding strategy through FY 84 and estabishes status and systems goals for each region in the state. A draft has been developed and will be presented to the State EMS Advisory Council at their meeting of January 20-21, 1978 for their comments. It will then be circulated widely throughout the State for further comment, be reworked accordingly and then presented to the Council for final recommendations. We hope to be able to maintain the plan as a dynamic tool that will be reviewed and updated on an annual basis to provide the basis for EMS Systems development in the future.

Another major effort will be renewed cooperation between those state and federal agencies that have EMS responsibilities, especially the AANHS and the State Department of Public Safety. Both of these agencies spend funds on EMS systems development in the State.

We hope to have in place a Critical Care Committee of physicians specialists in the area of Burns, Trauma, Cardiac, Poison, High Risk Infants, Pychiatric, and Spinal Cord Injuries. The Committee will develop treatment and triage protocols for the critically injured. These will be used by providers at the various levels of care as guides for the stabilization and treatment of the patients.

Emergency Medical Services Systems Development: A National Initiative

DAVID R. BOYD

Abstract—The passage of the Emergency Medical Services Systems (EMSS) Act of 1973 by Congress has provided the mechanism and funds for communities to develop regional EMS delivery systems across the Nation. With the passage of the EMSS Act, the Congress mandated that emergency medical care programs funded with Federal dollars must address, plan, and implement a "systems approach" for the provision of emergency response and medical care. In the EMSS Act, some fifteen component requirements have been identified to assist system planners, coordinators, and operators in their attempts to establish comprehensive, areawide and regional EMS programs. These components are: manpower, training, communications, transportation, facilities critical care units, public safety agencies, consumer participation, accessibility to care, transfer agreements, standard medical record keeping, consumer information and education, evaluation, disaster linkage, and mutual aid agreements. Development of a national program, its projects, and progress, is the basis of this report.

INTRODUCTION

CONSIDERABLE improvements are now being made in the delivery of emergency medical care, with major advances the result of the development of a "systems approach" and the integration of standardized vehicles, communications and medical equipment, training programs, emergency facilities, and critical care unit capabilities. Advances in on-site care by physician agents (Emergency Medical Technicians-Ambulance and Paramedics) in radio telecommunications with medical professionals have been shown to be effective in improving patient care for a wide variety of emergency, critically ill, and injured patient categories, especially those suffering from acute myocardial infarction and major trauma. Pioneering programs [1] in Miami, FL. (Nagel); Nassau County, NY (Lambrew); Charlottesville, VA (Crampton); Seattle, WA (Cobb); and Illinois (Boyd) have illustrated the necessary systems design, treatment protocols, technical adaptations, facilities orientation, and organizational structure that are required for successful program development.

It is now quite apparent that significant improvements in emergency and critical care of all types of emergency patients can be realized if a sound integration of all of the essential components of an EMS system are logically structured and directed towards delivering ideal care to "real" *patients in need.* Heretofore, some debate has existed as to which component, or subsystem, is the most important. However, current consensus is that only a comprehensive EMS program, logically planned and staged, will develop and mature so that all patients in need will receive the most appropriate care in the prehospital, hospital, interhospital, critical care, and rehabilitative phases. An EMS system must then develop a sound sequence of comprehensive program activities on a regional basis if the needs of all potentially emergent patients are to be properly anticipated and receive adequate response.

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The author is with the Department of Health, Education, and Welfare, Hyattsville, MD 20782.

THE EMERGENCY MEDICAL SERVICES SYSTEMS ACT OF 1973

The passage of the Emergency Medical Services Systems (EMSS) Act of 1973 (P.L. 93-154) by Congress [2] has provided the mechanism and funds for communities to develop regional emergency medical services delivery systems across the nation. With the passage of the EMSS Act, the Congress mandated that the emergency medical care programs funded with Federal dollars must address, plan, and implement a "systems approach" for the provision of emergency response and medical care. In the EMSS Act, some fifteen component requirements have been identified to assist system planners, coordinators, and operators in their attempts to establish comprehensive, areawide and regional EMS programs. These components are listed below.

1) The provision of manpower.
2) Training of personnel.
3) Communications.
4) Transportation.
5) Facilities.
6) Critical care units.
7) Use of public safety agencies.
8) Consumer participation.
9) Accessibility to care.
10) Transfer of patients.
11) Standard medical record keeping.
12) Consumer information and education.
13) Independent review and evaluation.
14) Disaster linkage.
15) Mutual aid agreements.

The Division of Emergency Medical Services (DEMS), Department of Health, Education, and Welfare (HEW), the established Federal lead agency, has developed Program Guidelines in which under chapter III, [3] "Special Program Guidance," the clinical significance of the systems approach in developing an EMS system is described. While an EMS system must respond to all declared emergency calls within its appropriate geographic region (including the nonemergency

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80 percent, the truly emergent 15 percent, and the critical cases—5 percent), there has been a special identification of those well identified critical patient groups which demand a competent system for survival. It is to the survival of these critical patients (trauma, burns, acute cardiac, high risk and premature infants, poisonings, psychiatric, drug, and alcohol overdose) that a "system" conceptualization and initial system efforts must be directed in order to insure the development of a sound, medically competent, and comprehensive EMS system.

EMERGENCY MEDICAL CARE ISSUES

The central theme and intent of the EMSS Act is to develop systems of emergency medical care that would significantly decrease current death and disability rates. The goal of the national EMS program is to initiate regional planning and integration of the fifteen mandatory components so as to provide the essential and appropriate EMS emergency and critical care services for all emergency patients.

The current EMS patient problem is compounded by the 65 million citizens who enter the system each year. At least 80 percent of these patients cannot be considered "true medical emergencies." Another 15 percent are real emergencies which require urgent care (i.e., minor trauma, infectious diseases, and other acute general medical and surgical problems). The remaining 5 percent are the critically ill and injured patients. This last group was not salvageable only a few years ago, but today, these lives can be saved if initial, definitive, and rehabilitative care is given in time and the patient is moved through the regional system and provided essential medical care.

Specific planning of regional EMS response to these particular critical care categories assumes that in time all critical medical emergencies will receive better care, and will benefit from sound regional EMS systems planning and operations.

Likewise, certain local occupational and/or recreational hazards must also be addressed with a goal toward prevention. These special target patient groups provide each regional system with an opportunity to develop evaluation criteria for systems performance and patient outcomes (distribution and survival).

EMS SYSTEMS DEVELOPMENT

Each regional emergency medical service plan must include a description of the general and specific protocols for the emergent and nonemergent patients in its delivery system. It must also include a detailed explanation of care and triage patterns for critical groups by identifying the patient treatment needs as well as the involvement of the systems operational components (vehicles, telecommunications, manpower, facilities). These care patterns will depend upon the clinical patient demands, the sophistication of the transportation capability, the level of care during transportation, the communications coordination, the delivery to a categorized general hospital or designated critical care facility, and the migration into the rehabilitation phase. These patient care programs must be established with appropriate backup relationships by written arrangements among the various provider elements in order to insure a sound and competent regional EMS system.

When an individual becomes seriously ill or injured it is manifested in a specific way. Patients have accidents. They have heart attacks. They are burned. They have problems at birth. They are poisoned with alcohol, drugs, or other toxicants. They have emotional disturbances resulting in varying degrees of psychiatric instability. The planners of EMS systems must consider the general patient population and these easily identifiable and significant critical patient groups that exist within the geographic regional area. An indepth knowledge of the demography, epidemiology, and clinical requirements associated with these critical patient groups is mandatory to effective EMS planning and operations.

In many circumstances the initial patient access, response, and transportation considerations are general in nature until the severity of the patient's (diagnostic-specific) problem becomes clarified. As soon as this clarification develops, a rather specific patient treatment and triage plan must be activated to include the prehospital, hospital, interhospital phases, as well as the specialty care unit and later the specific rehabilitation services necessary for each illness and injury.

It is now a fairly well accepted position across the country that initial and definitive medical care for each of the target patient groups can be improved, and most of these patients can be salvaged by an effective EMS system. The design of an EMS system will need to include certain organizational and operational changes. There must also be additional adaptations of treatment in the prehospital, hospital, and interhospital phases with proper modification of existing and new technology that will enable paraprofessional, and professionals to successfully manage and treat all emergent problems at the scene and during movement through the system whether they occur in urban, metropolitan, rural, or wilderness areas [4].

The development of an EMS system usually starts with an initial upgrading of existing resources and then progresses through periods of increasing sophistication. That is, following the establishment of a basic life support (BLS) system within the region, there usually is a logical progression to the advanced life support (ALS) system due to the increasing capabilities of the EMS region.

BASIC LIFE SUPPORT SYSTEM

A BLS system includes all of the fifteen components. However, certain ones are more critical, at least early on. BLS services can be effectively provided by the integration of nationally accepted minimal standards for ambulance personnel (e.g., Emergency Medical Technician-Ambulance, EMT-A [5], ambulances of the Department of Transportation (DOT) specification [6], two-way voice medical communications (VHF or UHF band) [7], and standard equipment as recommended by the American College of Surgeons [8]). Effective placement of these vehicles, staffed by two EMT-A's, can provide emergency medical care with patient stabilization, airway clearance, hemorrhage control, shock management with MAST trousers [9], initial wound care, and fracture stabilization. Under medical control (physician directed), specific noninter-

ventive treatment in which the EMT-A's have been previously trained can be applied. The transportation subsystem must be developed in the context of a sound hospital/critical care unit categorization program. The categorization of the facilities [10], [11] (hospital emergency department, critical care unit, and rehabilitation center) [12] is a major aspect of any program and is critical in the initial development of a BLS system. It gives identification and direction to all mobile, communications, transportation, and manpower elements at even the basic level, and makes possible the sound conceptualization of a delivery system for all emergency patients, while also providing a standard for clinical impact and EMS process evaluation. Most communities have begun their EMS systems in this manner, causing a considerable increase in public awareness of the need for improved EMS.

ADVANCED LIFE SUPPORT SYSTEM

Most urban communities, and now even [13] some rural regions, have progressed to an ALS system. This involved a much more sophisticated level of EMS systems planning and operations with highly skilled field personnel, EMT-Paramedics, trained to successfully identify and aggressively treat life-threatening emergencies (shock, cardiorespiratory failure, and cardiac dysrhythmias) at the scene and enroute to the hospital. At the ALS level, mobile units are equipped with appropriate intravenous fluids, drugs, and usually with some form of bioelectrical communications (telemetry). This enables paramedics with proper physician backup to perform expert diagnosis, treatment, and triage of critical patients. The need for a sound categorization of facilities during the BLS period is quite obvious due to the requirements for a medical communications control facility, and standardized treatment and regionwide triage protocols that ensure a progressive and continued enhancement of critical care for patients from the field to initial care facilities and on to the definitive advanced care facility, as is appropriate for each individual case and locale.

The components of an ALS system are as outlined here. ALS is the more sophisticated and logical progression of BLS, in which extensively trained EMT-Paramedics can provide true resuscitation (CPR) and specific interventive measures (e.g., endotracheal or esophagogastric intubation), intravenous therapy, specific cardiac dysrhythmia detection, and control with drugs and electrocountershock. These life savings techniques administered by EMT-Paramedics are always undertaken, except in rare circumstances, under the direct control of a physician or physician-surrogate in contact by voice and EKG telemetry. Most urban and many metropolitan communities (over 50 000 population) have initiated these ALS prehospital mobile intensive care unit (MICU) programs and have realized a major impact on the trauma, cardiac, and other critical patients. In many parts of the country, this increased capability of critical care will need to be developed not only in the central metropolitan areas, but also, with a further extension of satellite critical care units, in outlying community hospitals. This restructuring and resource development approach will affect primary and secondary transportation, communications, and EMS manpower, all of which must be upgraded to meet their advanced level of care, particularly in the prehospital and interhospital phases of development. While most of the activity in the ALS system is currently in the metropolitan areas, an appreciation of the need for ALS and critical care services for the rural and outlying areas is now developing. A national goal will be to realize these essential emergency and critical care services for the rural emergency patient at the scene and during the long transportation periods to distant appropriate treatment facilities.

It is these health care aspects that must be stressed in EMS planning and operations with detailed narratives of what the emergency care situation is, how the proposed EMS system will respond to an emergency patient in a certain locale, and how the patient will be evaluated, treated, and transported to an appropriate hospital or critical care unit.

REGIONALIZATION OF EMERGENCY MEDICAL SERVICES

A regional EMS system is one that is geographically described by existing natural patient care flow patterns. It must be large enough in size and population to provide definitive care services to the majority of general emergency and critical patients. Where highly sophisticated medical resources are not available within the region, arrangements must be made for obtaining these patient care services in an adjoining region. Various counties and cities will need to be grouped together. Therefore, the region will tend to be much larger than previously considered by independent local governmental operations. Identifying the regional EMS delivery area, with its critical patient origin and distribution patterns, is the essential issue in defining regional boundaries.

The regional EMS operational and organizing unit must attempt to pull together the EMS services within the entire medical-geographic area. The planning and evaluation process must be based upon sound clinical considerations with state, local, and interjurisdictional relationships being maintained. In these EMS regions the provider elements within the appropriate geographical area will need to work together to solve mutual problems. An EMS Council should be developed with advisory input into these regional EMS programs and encouraged to maintain contact with other local, regional, and state health and public safety authorities. The EMS region must be contiguous with the adjoining regions. Regional planners must recognize that population in the fringe areas of a region may need to develop dual plans and allow for intercommunications with adjoining regional EMS plans and operations. A coordination mechanism also must be developed between intrastate and interstate regions.

The EMS system must be integrated through an appropriate regional organization so that the total EMS resources can be effectively utilized to meet the needs of the geographical area. The financial resources of the region must be sufficient and mobilized to develop and sustain the EMS system operation. The EMS system must be interfaced with the total health care delivery system for the region. The EMS system resources must be linked to local disaster organizations in order to respond to sporadic high intensity needs of a natural disaster within the regional service area and adjoining service areas.

EMERGENCY MEDICAL SERVICES SYSTEM COMPONENTS

The EMSS Act of 1973 requires that plans developed and systems established, expanded, and improved with funds under this Act, address the following components.

1) Manpower–An adequate number of health professionals, allied health professionals, and other health personnel, including ambulance personnel, with appropriate training and experience.

This means sufficient numbers of all types of personnel to provide EMS on a 24-h a day basis, 7 days a week, within the service area of the system.

The EMS system must emphasize recruitment of veterans of the Armed Forces with military training and experience in health care fields and of appropriate public safety personnel in such areas. The major manpower elements to be considered are as follows:

- First Responders–fire, police, and other public safety elements;
- Communicators–EMS/Resources Dispatcher;
- Emergency Medical Technician–Ambulance (EMT-A);
- Emergency Medical Technician–Paramedic (EMT-Paramedic);
- Registered Nurses–Emergency Department;
- Registered Nurses–Critical Care Units;
- Physician–Emergency;
- Physician–Specialty (medical, surgical, pediatric, psychiatry);
- EMS Systems Medical Director;
- EMS Systems Administrator;
- EMS Systems Coordinators.

2) Training–The provision of appropriate training (including clinical training) and continuing education programs which a) are coordinated with other programs in the system's service area which provide similar training and education and b) emphasize recruitment and necessary training of veterans of the Armed Forces with military training and experience in health care fields, and of appropriate public safety personnel including: police, firemen, lifeguards, park rangers, and other public employees charged with maintaining the public safety.

3) Communications–Provisions for linking the personnel, facilities, and equipment of the system by a central communications system so that requests for emergency health care services will be handled by a communications facility which a) utilizes emergency telephonic screening, b) utilizes or will utilize the universal emergency telephone number 911, and c) will have direct communication connections and interconnections with the personnel, facilities, and equipment of the system and with other appropriate emergency medical services systems.

The EMS communications system should include a command and control center which is responsible for establishing those communications channels and allocating those public resources essential to the most effective and efficient EMS management of the immediate problem. The center should have the necessary equipment and facilities to permit immediate interchange of information essential for the system's resource management and control. The essentials of such a command and control center are that a) all requests for system response are directed to the center; b) all system response is directed from the center; and c) all system liaison with other public safety and emergency response systems is coordinated from the center.

The EMS communications system must address access, allocation of resources, management (central dispatch), and medical control for BLS and ALS.

In most states a physician must assume legal responsibility for all care rendered in an emergency at the scene of an incident and enroute to the hospital. Such supervision may take one of several forms depending upon resources available and the configuration of the system in a particular area. In most states, BLS measures are considered to represent emergency first aid and do not require strict medical supervision although a physician remains responsible for the training and actions of nurses and emergency medical technicians rendering such care. When ALS is required, physician supervision becomes mandatory. In most systems, medical supervision is provided through the availability of voice communications between a physician and emergency medical technician in the field. The communications may rely solely on a telephonic link from the scene of the incident to the physician, but usually involves radio communications or a combination of radio and telephone linkages between the EMT in the field and the physician. Although it is generally agreed that medical supervision may best be given by a physician located in a hospital, it is often not practical to do so, especially in rural areas where frequency of utilization of the emergency rescue service is low, and inhospital physicians on a 24-h a day basis are not available. In such areas, the EMT must be patched to the physician, via dedicated phone lines, in the major hospital within the region.

In most urban areas, medical supervision is provided through a central base hospital resource. It is emphasized here that it is quite impractical in terms of available frequencies and from the standpoint of expense to have every hospital in an urban area providing medical supervision to ambulances bringing patients to each of these hospitals. Most importantly, personnel at each of the receiving hospitals cannot be expected to be familiar with the radio equipment and communications procedure with resultant communications failures. Furthermore, where multiple users are sharing a frequency, information may become interchanged which may lead to errors in diagnosis and treatment. Therefore, for urban areas it is imperative that medical supervision be regionalized and confined to one base hospital communications center as appropriate to the needs of the area.

Telemetry of biological signals, primarily of the electrocardiogram (EKG) has been found to be a useful adjunct to voice communications especially in the treatment of the acute cardiac emergency. The absolute need for telemetry of the EKG will vary from system to system, again, depending upon the level of training of available rescue personnel and the frequency of exposure of such personnel to the need to monitor the EKG. In programs which use volunteer rescue personnel, telemetry becomes a more important adjunct than in programs

utilizing highly trained full time EMT's with a high frequency of exposure.

Treatment protocols for each major emergency are an important aspect of medical supervision. They provide a basis for the training of all EMT's and afford the opportunity for standardization of training programs on a regional basis, establish a medical legal standard of care for the patient with an emergent problem and, through a standardized approach to the patient, facilitate cooperation between rescue personnel in approaching a given problem and allow for meaningful evaluation of training efforts and patient outcome. Such protocols can be simple or complex as required by the patient type and will be influenced by such factors as the level of training of available rescue personnel and the length of transport time to the nearest appropriate medical facility. These treatment protocols must be approved by a consensus of area physicians, based on available national standards and implemented on a regional basis.

The supervising medical resource facility must be responsible for notification of the other receiving associate hospital so that it will be aware of the problem and what has already been done in order to expeditiously assume responsibility for the care of the patient immediately upon arrival. Furthermore, this communications resource facility should be responsible for decisions that relate to transportation triage of a patient to a special care unit in accordance with previously developed patient transfer guidelines and agreements. It should have the capability of hospital-to-hospital communications for the purpose of determining Emergency Department capability and bed availability information which is necessary in effective coordination of patient disposition. There must of course be a linkage between this regional resource facility and the responsible unit for dispatching all emergency vehicles.

The communications element should include the following.

Access providing public interface system to emergency resource system:

- 911.
- Alternative single access number.

Resource management function:

- Central Dispatch.
- Coordination of EMS and other public services.

Medical Control:

- Medical communications to hospital for triage, diagnosis, and treatment.

Hospital to Mobile Unit:

- Basic voice.
- Basic voice/advanced biomedical telemetry.

Hospital to Hospital Unit:

- Basic voice.
- Relayed biomedical telemetry.

4) Transportation—This component shall include an adequate number of necessary ground, air, and water vehicles and other transportation facilities properly equipped to meet the transportation and EMS characteristics of the system area. Such vehicles and facilities must meet appropriate standards relating to locations, design, performance, and equipment, and the operators and other personnel for such vehicles and facilities must meet appropriate training and experience requirements.

The elements of transportation should include the following.

Ground—Basic Life Support Elements:

- Ambulance vehicles meeting DOT/GSA specifications and including equipment recommended by the American College of Surgeons, HEW/DOT.
- Radio communications providing two-way voice for vehicle control and for medical control and consultation.
- At least two EMT-A's on each ambulance.
- Locations permitting (for 95 percent of all calls) a maximum of a 10 min response time in metropolitan areas.
- Locations permitting (for 95 percent of all calls) a maximum of a 30 min response time in rural areas.

Ground—Advanced Life Support Elements:

- All elements of a ground Basic Life Support component, plus personnel trained to the EMS-Paramedic level must address specific clinical items in medical service plan.
- Extra communications to provide advanced biomedical telemetry.
- Extra equipment for critical care procedures.

Air:

- Helicopters
  —Primary response—unique use depending on geographic constraints.
  —Secondary response, 30–150 mi transport radius.
- Fixed Wing
  —Greater response for 150 mi transport radius
- Water
  —Special geographical considerations.
- Snow Mobile
  —Special geographical considerations.

5) Facilities—This component shall include an adequate number of easily accessible emergency medical service facilities which are collectively capable of providing service on a continous (24 h a day, 7 days a week) basis, which have appropriate standards relating to capacity, location, personnel, and equipment, and which are coordinated with other health care facilities of the system.

Categorization of the emergency capabilities of hospitals is an [14] established EMS systems concept [15]. Since the mid-1960's there has been considerable discussion about the need for the categorization of the general and specialty hospital emergency care capabilities on a regionalized basis. Medical professionals and organizations and interested health agencies have recognized and supported the need for adoption and implementation of EMS facility categorization. Unfortunately, little positive action has taken place in many states at the regional and local levels to implement programs that integrate the principles of established national categorization guidelines and that assess the individual hospitals' general and special care resources and potentials to effect sound regional EMS system development.

The concept of categorization of all emergency care facilities originates from the realization that emergency patients have varying magnitudes of injury and illness and that all hospitals have varying capabilities with which to provide adequate initial and/or definitive care. It is also realized that a categorization program must address the needs of all emergency medical patients and, therefore, deal with the growing numbers of nonemergent (primary care), truly emergent, and critically ill and injured patients. Effective categorization must involve all of the emergency receiving facilities and ascertain both the general (HORIZONTAL) and specialty (VERTICAL) care capability for all emergency patients. Categorization efforts should utilize the principles of established National Guidelines and in addition develop statewide criteria for implementation on a regional basis (CIRCULAR).

Categorization has relevance in urban, suburban, rural, and wilderness areas. The categorization concept will have additional significant effects on the utilization of EMS manpower and other EMS resources by eliminating duplication, providing additional data and information for improving EMS systems development, and should help check the spiraling costs of improved medical care. The basic purpose of categorization is to identify the readiness and capability of each hospital within a region to receive, diagnose, and treat all emergency patients, especially those with serious or critical injuries or illnesses, in an adequate and expeditious manner. Ambulance personnel, law enforcement and public safety officers, and the public must be knowledgeable of the designations of the hospitals within the region in order for the system to operate effectively and selectively utilize the appropriate hospital to which critically ill or injured patients are to be transported for treatment.

Elements for facilities consideration include the following.

- Regional categorization with accepted state or national criteria with at least one Category II hospital providing 24 h physician coverage in the emergency department in each EMS region.
- Regional EMS advisory groups to plan and carry out the categorization plan. These groups should include hospital administrators, physicians, nurses, other providers, and health system planners.
- Regional plans for mutual agreement of categories, use of critical care units, systems linkages (transfer agreements), and resource sharing.

6) Critical Care Units—This component requires providing access (including appropriate transportation) to specialized critical medical care units. These units should be in the number and variety necessary to meet the demands of the service area. If there were no such capabilities in the EMS region, then the system must provide access to such capabilities in neighboring regions.

Specialized critical medical care units should include trauma intensive care centers/units, burn centers/units, spinal cord centers, poison control and alcohol detoxification centers, coronary care units, high risk infant units, drug overdose and psychiatric centers, and others as appropriate.

A twofold issue here is the availability of critical care service units within the EMS region or in neighboring regions. Specialty care services should provide an adequate number of beds in the region or access to critical care units in neighboring areas. An operational plan for utilization of critical care units should be developed, including trained personnel, equipment and transportation, triage and interhospital treatment protocols. The EMS system should include the development of professional advisory groups (trauma, burn, cardiac, etc.) to work with EMS programs to insure that these critical services are being appropriately utilized and interrelate across political boundaries.

7) Public Safety Agencies—Provisions must be made for effective utilization of appropriate personnel, facilities, and equipment of each public safety agency in the area.

"Effective utilization" means the integration of public safety agencies into standard EMS and disaster operating procedures of the regional system. It also includes the shared use of personnel and equipment, such as helicopters and rescue boats, appropriate for medical emergencies.

Public Safety agency personnel are most frequently the first responders to an emergency patient. The EMS system must therefore work with these agencies to ensure the use of special equipment, proper training of staff, linked communications, and the development of cooperative operating procedures.

8) Consumer Participation—The EMS system must make provisions in its system management that persons residing in the area and having no professional training or experience may participate in the policy making for the system.

While there is no federally required percentage of consumer participation in EMS planning or advisory organizations, reasonable consumer representation should be provided. One approach would be to involve the committee of the advisory council of the local planning Agency which has consumer representation.

9) Accessibility to Care—The EMS system must provide necessary emergency services to all patients without prior inquiry as to the ability of the patient to pay.

The EMS system must not require evidence of the ability to pay prior to care for the services of ambulance, hospital, or critical care units. The system should provide the means to monitor for restrictive measures that may eliminate any person or group of people from equal quality of services within the region.

10) Transfer of Patients—The EMS system shall provide for transfer of patients to facilities which offer definitive follow-up care and rehabilitation as is necessary to effect the maximum recovery of the patient.

The transfer agreement is necessary to facilitate communication and cooperation of key professional providers (physicians) within the system. Actual letters that describe the transfer requirements for the critical target patients are essential contracts of regional EMS development. They not only open the radial lines of communications between the physician in the outlying area with a patient problem beyond his capability to the center physician with the necessary resources, but they also will establish the manner and mechanism by which

critical patients will be initially treated and retransported through the system. Only through this transfer agreement method will physicians at varying care capability levels come together and decide mutually on treatment, triage, educational, and evaluation protocols.

In urban areas, areawide prehospital treatment and triage protocols will have to be established by councils of key professional providers for the various specialty patient groups. These programs will necessarily "bypass" the nearest hospital as special critical cases are identified.

11) Standardized Patient Recordkeeping—Each EMS regional system shall provide for a standardized patient recordkeeping system which covers the treatment of the patient from initial entry into the system through his discharge from it, and shall be consistent with patient records used in follow-up care and rehabilitation of the patient [17].

The minimal patient records necessary for the EMS system are the dispatcher records, the ambulance records, the emergency department, and critical care records. In order to fulfill requirements of evaluation and reports to Congress, certain information must be available to be derived from these records.

- Patient identification information: the records must be designed so that the dispatcher record, ambulance record, and emergency department record on each patient can be compared for evaluation and management purposes.
- Patient access information: How did the patient access the system (arrive at emergency department)?
- Timing of ambulance services: response time, time at scene, and travel time to hospital.
- Patient condition: at scene, upon arrival in emergency department, and critical care unit.
- Patient treatment: at scene, during transport, in hospital.
- Patient diagnostic and treatment services: at emergency department, in hospital, and critical care unit.
- Disposition of patient: discharged, referred for outpatient care, referred to another hospital, admitted, died.
- Condition of patient: at discharge from emergency department, in hospital, and critical care unit.

12) Public Information and Education—The EMS system shall provide programs of public education and information for all people in the area so they know about the system, how to access it, how to use it properly, and how to pay for it. Successful systems operation depends not only upon the organizers, but also the participants. Continued support, particularly in the arena of competition for dollars, requires community commitment. To secure that commitment, the EMS system must keep its public informed. Programs should stress the general dissemination of information regarding appropriate methods of medical self-help and first-aid and the availability of CPR training programs, and other preventive oriented resources.

13) Independent Review and Evaluation—Each EMS system must provide for a) periodic, comprehensive, and independent review and evaluation of the extent and quality of the emergency health care services provided in the system's service area and b) submission to the Secretary of the reports of each such review and evaluation.

It is intended that such review and evaluation be periodic and comprehensive so that changes in emergency health care can be determined. The evaluation should be conducted by a qualified organization other than the grantee project personnel.

There is no intention to require sophisticated and expensive research oriented evaluation from funds granted under Sections 1203 and 1204. What is required is that persons not associated with the project conduct a review and evaluation of the extent and quality of the services provided. As a minimum the reviewer should have available:

- a description of the EMS resources, capability and performance measures at the start of the period being evaluated;
- a description of the interventions brought about during the period to include both clinical and EMS components;
- a description of the EMS resources, capability, and performance measures of the period being evaluated;
- clinical output or impact evaluations of death and disability should include the clinical patient target groups.

14) Disaster Linkage—The EMS system must have a plan to assure that the system will be capable of providing emergency medical services in the system's service area during mass casualties, natural disasters, or national emergencies.

The EMS system is not the regional health disaster organization. It is the emergency medical program that will work with other agencies during a disaster to provide emergency medical care. The EMS system must have links to the local, regional, and state disaster plans, and participate in exercises to test disaster plans at least biannually.

15) Mutual Aid Agreements—Each EMS system must provide for the establishment of appropriate arrangements with EMS systems or similar entities serving neighboring areas for the provision of emergency medical services on a reciprocal basis where access to such services would be more appropriate and effective in terms of the services available, time, and distance.

Arrangement among EMS regional systems and similar entities serving neighboring areas must be written agreements, signed by individuals authorized to act for the respective parties with respect to such agreements, and reviewed and reevaluated at least once a year. Such agreements should cover the exchange of service coverage, communication linkages, licensure and certification, and reimbursement.

EMS SYSTEMS MANAGEMENT

National experience with public and private funds has demonstrated that a few strategic factors are paramount to successful operations and management of an EMS system effort. The following elements must be addressed in order to develop and maintain an integrated total EMS system.

- Action Plan for EMSS Area—A comprehensive and detailed and progressive plan must be created for establishment, operation, and expansion of the EMS system.

- Lead Agency—A lead agency must be identified as the responsible operations unit for the EMS system including grants management control and operations coordination of the involved community and regional organizations and resources.
- Financial Support—Appropriate means of financial support for initial and continued EMS operations must be considered. Such financial support may be derived from various Federal programs, state and local funds, general revenue sharing funds, third party payments, and direct payments from patients.

The intent of the EMSS Act is to fund EMS projects on a multigovernmental and multicommunity basis. At the present time there are a few regions in the country where an "ideal" appropriate regional health authority exists. Such an organization or special health consortium must be developed usually with reliance on the established state health office (or major Metropolitan Health Agency) with its established management and regulatory capability for successful program initiation and support.

EMS LEGISLATION

The Emergency Medical Services Systems Act of 1973 called for "a study to determine the legal barriers to effective delivery of medical care under emergency conditions," [18]. The report of the Committee on Interstate and Foreign Commerce of the House of Representatives (H.R. Rep. No. 601, 93rd Cong., 1st Sess. 19 (1973)) stated that "legal barriers include situations where existing state laws prevent appropriate emergency services as well as situations where the absence of needed legislation fails to encourage and require such services." The report described some of the legal barriers which were included in testimony before the Committee, including: restrictive licensing laws, absence of laws requiring ambulance personnel to have adequate training, absence of laws requiring adequate design and equipment for ambulances, and inadequacies of state "Good Smaritan" laws.

The study revealed that the absence of enabling legislation at the state level rather than the presence of specific legislation provisions which preclude delivery of service, represent the major "legal barriers" to the development of regional systems of emergency medical care. Because of this, state legislatures should enact comprehensive laws to create and control the many components of the areawide emergency medical services system. State legislation should address the following areas:

- Definition of an areawide EMS system.
- Creation of a state governmental unit to plan, develop, and coordinate EMS activities in the state, emphasizing areawide systems with intersystem cooperation and including interstate cooperation.
- Ambulance services, including licensing of ambulances and ambulance services; standards for vehicle design, equipment for medical care and for communication; and personnel.
- Personnel, including definition of categories of personnel involved in EMS, training, and certification requirements, and explicit definitions of which services the various categories are authorized to perform under specific circumstances.
- Emergency medical facilities, including a requirement for participation in areawide systems and a requirement for systemwide categorization of hospitals by the level of care they can provide.
- "Good Samaritan" legislation.
- Responsibility for providing care, including responsibility of the general public, health professionals, ambulance services, and hospital emergency facilities.
- Financial responsibility for care, defining who is responsible for paying for care provided.

National program efforts will focus on how to assist state legislatures in implementing such legislation that will encourage the development of regional EMS systems. The EMS system will be enhanced and placed on more solid foundations by the enactment of adequate EMS legislation by state legislatures.

EMS SYSTEM EVALUATION

At this time it is impossible to determine how many lives are being saved and the amount that disability is being reduced because of EMS systems. To date, evaluation of the emergency medical care programs have been geared toward the survey approach, resources documentation, and data on subsystems (e.g., transportation, training, etc.). Essential data must be obtained to evaluate the clinical effectiveness of regional EMS systems. There must be developed new methodologies for "tracking" and evaluating emergency medical care for specific patient groups, e.g., trauma, burns, etc., within the system. These analyses will allow programmatic decisions as to the appropriateness of utilization of facilities, personnel, equipment, clinical treatment, and cost effectiveness.

The following should be the basic ingredients for the development of an evaluation strategy. It is appreciated that at present the "state of the art" of systems evaluation is rather primitive across the country. This is consistent with the relative development stage of most EMS systems at this time. As EMS projects grapple with the multiple components and organizational changes, they must also comprehend the basic precepts of evaluation methodology [19].

The following are basic to an evaluation strategy.

a) Development of a descriptive narrative of the organization's operational components, and "clinical systems" design and implementation. A key evaluation task for each program will be that of the narrative description of the relative systems changes implemented and perceived as the EMS system develops. This essential evaluation component cannot be overlooked and is essential for subsequent steps b), c), and d), described below.

b) Structural analysis and resource development. In this area one must describe some of the key implementation aspects (radio-installed, ambulances placed, etc.) that are well identified phonemena of an EMS program. These will be necessary in the area of organization and management, at least the six clinical tracer and impact groups, and at least one parameter for each of the fifteen components.

This inventory assessment will describe these key structural phenomena and provide some guidance as to the quality of

each parameter, (implementation of 911, dispatch, categorization). Much of this data will include resources data for program information sources. Of these parameters within each of these areas some will be of state or national signifiance.

c) EMS activities or processes. Those structural components now implemented (e.g., communications, 911 dispatchers, ambulances, trauma units, etc.) all have activity levels which can be counted using operations data; for instance, counting trauma victims admitted to a specialized designated trauma unit, or the numbers of calls via the 911 access number. With this approach even during the initial years, a program will be capable of monitoring the very basic process elements of the system and will be able in future years to develop ratios, indices, and correlations among or between systems components.

Rates of utilization and appropriate clinical and cost benefit data can subsequently be developed. Section c) will also have some parameters of national significance but more importantly this data will be most useful to the actual operation, management, and development for each system.

Again, this type of basic information is necessary and relates to section d).

d) Patient outcome and program impact. In this section, critical clinical questions must be enunciated in the evaluation strategy, and the evolution from simple to complex evaluation approaches will parallel each system's growth and maturity. There are at least four types of impact evaluation essential to documentation of a comprehensive and successful system.

1. Compliance studies. As the program narratives are developed (section a), resources developed (section b), and activity levels counted (section c), the effect of these on critical patient groups will be seen. The care of a patient at the scene, transport to a facility following a described program narrative (e.g., critical major trauma, sent to a trauma center) can be counted at the center and with surveys for similar patients in nondesignated facilities will give patient "fit" or compliance to a prior "care system" set. The first such patient and all subsequent patients "test" the system in this tracer method.

In the initial years of most programs, this simple analysis is possible and will relate to patient "systems" compliance and later outcome effectiveness.

2. Death and disability impact can be measured by national norms, peer judgments, or using newly developed indices or morbidity.

Interest here will obviously be along the lines of hard data (e.g., lives, deaths), and these can only be attributed to the system's effectiveness if in fact the patient was responded to and "processed" appropriately through the system according to established protocols.

3. As EMS systems mature, studies of death and disability on regional bases will be possible and necessary to show that these changes in death risk for a certain emergency are operative throughout the entire geographic region. So far only two such papers have appeared in the literature.

4. And finally, the evaluation of treatment effects, therapy alternatives, program options, phases of implementation, and other experimental studies, will be possible in regional programs as the level of maturity and sophistication progresses, sound BLS and ALS systems.

This very basic but progressive evaluation strategy will provide a graduated experience in evaluations methodology for newly developing EMS programs.

Peer review has achieved great national importance among physicians in the United States in the past several years, consequent upon Federal legislation mandating PSRO and hospital quality assurance programs. Emergency medical care also requires peer review, not only from the standpoint of physician performance but also with nursing and EMT-A and EMT-Paramedic personnel. Professional and paraprofessional alike should critique the delivery of their specialized services within the system on a regular basis. Likewise, emergency room personnel have a responsibility to review overall performance of their colleagues, in order to upgrade care, identify deficiencies in training or equipment, and to rectify any errors which inevitably will creep into the EMS system.

DEVELOPMENT OF REGIONAL EMS SYSTEMS

During the first two years of the Program, 235 of the 300 state designated EMS Regions have received funding under the Emergency Medical Services Systems Act of 1973. One hundred and ten of these regions, serving a population of 77 000 000 are in some phase of operational development: 83 are developing a BLS capability under Section 1203, and 27 are developing an ALS capability under Section 1204. In addition, 125 regions covering a population of 87 500 000 have prepared plans for the development of regional systems under Section 1202.

A year-by-year summary of activity follows.

Fiscal Year 1974

Eighty-five grants covering 126 regions and serving a population of 88 200 000 were awarded in the amount of $17 000 000.

Section of Act	Number of Grants	Number of Regions	Dollar Amount	Population Served
1202	53	90	$ 2 250 000	63 000 000
1203	21	27	10 400 000	18 900 000
1204	11	9	4 350 000	6 300 000
Total	85	126	$ 17 000 000	88 200 000

Fiscal Year 1975

One hundred and sixteen grants, covering 174 regions and serving a population of 121 800 000 were awarded in the amount of $32 242 800.

Section of Act	Number of Grants	Number of Regions	Dollar Amount	Population Served
1202	56	82	$ 4 617 800	57 400 000
1203	49	66	19 500 000	46 200 000
1204	11	26	8 125 000	18 200 000
Total	126	174	$32 242 800	121 800 000

Extensions were also approved during fiscal year 1975 for 18 regions that were awarded grants in fiscal year 1974: 17 under Section 1203 and 1 under Section 1204.

Fiscal Year 1976

Fifty two grants covering 63 regions and serving a population of 44 100 000 were awarded in the amount of $29 115 300.

Section of Act	Number of Grants	Number of Regions	Dollar Amount	Population Served
1203[1]	41	51	$21 836 475	35 700 000
1204	11	12	7 278 825	8 400 000
Total	52	63	$29 115 300	44 100 000

Because of constraints in the current Act, no new regions will be planned or new systems will begin operations during fiscal year 1976.

Training

Section 776 of the Act provided funds for training during fiscal year 1974 only. Under this section, 76 grants and 2 contracts were awarded in the amount of $6 666 869. These awards provided training for 36 350 individuals:

Discipline	Number of Trainees
EMT (Basic and Advanced)	25 000
Emergency Department Nurses	4000
Emergency Department Physicians	1200
EMS Administrators/Coordinators	150
Other	6000
Total	36 350

Under other authorities, the Health Resources Administration continued to fund applications for EMS training during fiscal year 1975. They awarded 9 grants in the amount of $813 191 under Section 772, health professions special grants and contracts, and 39 grants in the amount of $4 432 492 under Section 792, grants to improve the quality of training for allied health professions.

Research

In fiscal year 1974, five grants and 14 contracts were awarded in the amount of $3 311 000 under Section 1205. In fiscal year 1975, 14 grants and four contracts were awarded in the amount of $4 444 474 under Section 1205. These awards supported research in the four major categories described in Section 1205 (a).

Category	Dollar Amount
I. Medical Techniques	$1 022 766
II. Methods	3 657 995
III. Devices	2 181 326
IV. Delivery	892 476
Total	$7 754 474

[1] Funding limited to second year awards under Section 1203, and first and second year awards under Section 1204.

DISCUSSION

The time has come in this country when a strong positive force must coordinate all of the excellent, well developed medical resources and available technology to impact upon and improve patient care services for all emergency patients. The EMS problem was identified in 1966 by the National Research Council in "Accidental Death and Disability: the Neglected Disease of Modern Society," [20] and is now an accepted soluble nationwide medical problem.

The heretofore frequently isolated islands of excellence have often been separated by areas of confusion and fragmentation into single component emergency care efforts. In addition, there are many communities where emergency care is poor because of disarray, even disrepair, in terms of providing a system of emergency care, especially in the rural, the wilderness, and inner city areas. Previous local, state, and Federal initiatives have addressed single components or those parts of a system that seemed to represent the most acute and obvious need at the time. It is now apparent that a system must include all of the 15 components and is no more effective than its weakest links. Further development of one or two of the chosen strong links will not make the chain stronger and will not create a better system of care for the critically ill or injured victim. The "nonsystems" approach has been due to a combination of local ignorance, provincial prerogative, and lack of guidance by the Federal Government. The passage of the EMSS Act of 1973 now provides an opportunity to establish health priorities for emergency medical care at the local, regional, state, and national levels of our society, and to foster the development of a comprehensive and sound EMS systems approach that will affect all communities, especially the rural, the economically depressed, and the medically underserved areas.

ORGANIZATIONAL RESPONSIBILITIES

It is now quite obvious that an EMS system must incorporate a certain well identified and credible organizational unit to coordinate all of the various provider, community, and governmental interests. This unit must be the focal point for ensuring the system's integration from a systems access, a first responder's identification [1], communications coordination, patient transportation (primary and secondary), initial hospital, critical care facilities as well as linkages into rehabilitation. While no individual organization has the responsibility for all of these components, the operations unit must coordinate these many activities of the EMS system and must represent the professionally and publicly supported EMS Services Council for policy development, advice, grievances, and resources utilization.

CRITIQUE OF EMERGENCY AND CRITICAL CARE DELIVERY

It is now well recognized that patients are still being lost unnecessarily because of systems failure, not simply because of neglect of injuries or severity of medical problems. Prior to

current trends in management, many emergency cases were, more or less justifiably, treated conservatively because of the attitude that they were too "sick" to get well. Now that well established techniques of resuscitation and emergency medicine and surgery have been disseminated, an extremely aggressive approach in prehospital and hospital care phases is being shown to salvage lives. This sophisticated, aggressive, and coordinated approach to emergency care is not without significant cost and demands in terms of emergency medical services resources, especially manpower. Only by a consolidation of experience, personnel, vast medical resources, operating rooms, intensive care, X-ray, blood banks, etc., on a regional basis can such a program be developed and supported by the civilian community.

The concept of adequate emergency medical care requires an organizational responsibility which provides sound planning for the prehospital and hospital critical care services; and must engender community and region wide patient triage with well established, practical, and refined medical care plans that involve the care at the scene during transportation, in hospitals, and critical care phases of patient services. The whole aggressive systems approach must be without weaknesses or gaps, and continually needs to be reassessed and evaluated to assure optimal operation.

FEDERAL INVOLVEMENT IN EMS DEVELOPMENT

A large body of representatives from the many interested professional medical and health groups appeared in Washington in 1971, and testified at the Congressional Hearings on the Emergency Medical Services Systems Development Act of 1972, unanimously supporting the critical need for improvement of care of emergency patients. They also indicated that such care should and would be improved by the systems approach. Much of this testimony was given by witnesses from organizations who stated that they were convinced that the following pertains. "An environment now exists in the nation for the development of comprehensive total emergency medical services systems on a regional and statewide basis. The lack of provision for emergency illness, accidental death, and disability can no longer be classified as an insoluble health problem, as medical expertise and technology are available in this country which can easily be applied to this previously neglected situation." The essence of the opinions and precepts stated by those interested in the national EMS problem was that the "neglected disease of modern society" could now be effectively handled by efficient utilization of expert care principles and by organizing and improving, in each community across the nation, the existing and developing EMS resources and care capabilites. It was obvious that Federal direction would be an essential catalyst for a national EMS systems development program.

This organized systems approach to the care of emergency victims has been proven already in some areas. It has also been proven that by such a systems approach, a more effective return on the current and future investments of Federal dollars can be anticipated.

EMS AS A COMPONENT OF THE TOTAL HEALTH CARE DELIVERY SYSTEM

The coordination of established medical services and public safety efforts brings the emergency medical care program to an interface with community service activities heretofore outside the scope of established medical practice. Community involvement by a wide spectrum of the public, private, and governmental entities gives an emergency medical service system a new dimension to health care that has not previously been a major consideration in American medical practice. An additional result of the regional EMS system effort will be the demonstration of how other essential nonemergent health services and programs might be stylized similar to EMS on a geographic and service demand basis. Some experience already suggests that programs such as blood, organ transplantation, and rehabilitation services as well as quality assurance programs might be enhanced by regional systems models.

The national EMS system effort will improve the quality of care for the critically injured and ill citizens across the country. Due to its unique characteristics, emergency medical care provides a rare opportunity for experience in many other phases of health care delivery. It is anticipated that the "ripple effect" in the EMS effort may extend beyond the limits of acute care phases to many functional component areas.

The success of any EMS system is dependent upon the wisdom of its leadership and appropriate integration of resources, operations management, and financial planning into an effective program. The major task of the Division of Emergency Medical Services is to provide current and timely technical assistance and guidance by communicating results of lessons learned from established and ongoing operational EMS projects.

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NUMBER	ABBREVIATED TITLE / SPONSOR / REQUESTER	CURRENT STATUS	STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
HB 12	LONGEVITY BONUS; MEDICAL ABSENCE MILLER	IN (H) FINANCE	01/25/77		127	01/25/77	DNP02, CS06.
HB 13	LONGEVITY BONUS PHILLIPS	IN (H) FINANCE	02/18/77		330	02/18/77	DP06, DNP01.
HB 16	INSTRUCTIONAL UNITS-SCHOOL FOUNDATION MILLER	IN (H) FINANCE	01/25/77		127	01/25/77	DP06, DNP02.
HB 58	VILLAGE SAFE WATER ACT RULES GOVERNOR	IN (H) FINANCE	01/24/77		115	01/24/77	DP07, NR01.
HB 59	HANDICAPPED INDIVIDUALS RULES GOVERNOR	CHAPTER 0005 SLA 78	02/07/78	* AM	77	01/19/77	DP(AM)08.
HB 60	COMPULSORY SCHOOL ATTENDANCE RULES GOVERNOR	CHAPTER 0010 SLA 77	03/23/77	CS *	77	01/19/77	DP07.
HB 63	GUARDIANS FOR INCAPACITATED PERSONS RULES GOVERNOR	IN (H) JUDICIARY	01/31/77		170	01/31/77	DP(AM)07, NR01.
HB 65	ADOPTING INTERSTATE CORRECTIONS COMPACT RULES GOVERNOR	IN (H) JUDICIARY	02/14/77		288	02/14/77	CS06.
HB 74	CHILD CARE CENTERS IN STATE OFFICE BUILDINGS DUNCAN	IN (H) FINANCE	02/11/77	SS *	271	02/11/77	DP01, DNP04, NR02.
HB 78	APPROPRIATION; SEWARD SKILL CENTER; DEPT OF EDUCATION SPECKING	CHAPTER 0119 SLA 77	06/13/77	CS * AM S	113	01/26/77	DP04, NR04.
HB 89	STATE AID FOR SCHOOL CONSTRUCTION COTTEN	CHAPTER 0120 SLA 77	06/14/77	FCCS SCS CS *	419	03/01/77	DP(AM)02, CS05.
HB 99	HOSPITALIZATION OF MENTALLY ILL, LIAB. FOR EXPENSE OF RULES GOVERNOR	IN (H) RULES	04/27/77		407	02/28/77	DP01, DNP01, NR06.
HB 125	AK NATIVE EDUC ADMIN INTERNSHIP PROGRAM DUNCAN	IN (S) HESS	04/29/77	CS SS *	580	03/18/77	DNP02, CS04.
HB 126	APPROP AK COM ON POSTSECONDARY ED DUNCAN	IN (H) FINANCE	03/18/77	SS *	580	03/18/77	DP02, DNP01, DP(AM)01, NR02.
HB 130	PUBLIC EMPLOYMENT RELATIONS ACT HESS	IN (H) JUDICIARY	03/30/77		702	03/30/77	DNP02, CS05.
HB 132	ESTAB STATE EDUCATIONAL INCENTIVE GRANT PROGRAM PARR	IN (S) HESS	05/14/77	CS *	407	02/28/77	CS08.
HB 135	APPROP-DEPT H&SS SENIOR CITIZEN NUTRITION FACILITY FBKS PARR	IN (H) FINANCE	02/11/77		272	02/11/77	DP07.
HB 136	WICHE STUDENT EXCHANGE PROGRAM PARR	CHAPTER 0085 SLA 77	06/03/77	* AM S (RE-ENG)	240	02/09/77	DP(AM)05, NR01.
HB 142	AK HISTORICAL COMMISSION- TRANSFER TO DEPT NAT RESOURCE RULES GOVERNOR	IN (H) RULES	05/03/77		849	04/13/77	DP(AM)04, NR02.
HB 146	SCHOLARSHIP LOAN PROGRAM PARR	IN (H) RULES	02/23/77		372	02/23/77	DP04, DNP04.
HB 152	MENTAL HEALTH ADVISORY COUNCIL RULES GOVERNOR	CHAPTER 0040 SLA 77	05/19/77		289	02/14/77	DP05, NR01.
HB 161	TEACHERS RETIREMENT CREDIT IN US MERCHANT MARINES PARR	IN (H) FINANCE	02/15/77		297	02/15/77	DP04, DNP04, NR01.
HB 179	APPROP DEPT EDUC - COMMUNITY SCHOOLS DUNCAN	CHAPTER 0121 SLA 77	06/14/77		309	02/16/77	DP07.

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NUMBER	ABBREVIATED TITLE / SPONSOR / REQUESTER	CURRENT STATUS	STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
HB 205	LICENSING OF CARE PROVIDERS FOR DEPENDENT ADULTS MILES BY REQUEST	CHAPTER 0045 SLA 77	05/20/77	CS * AM S	772	04/05/77	CS05.
HB 212	STATE AID FOR SCHOOLS SCHAEFFER	CHAPTER 0090 SLA 77	06/03/77	SCS CS *	849	04/13/77	CS03, NR02.
HB 224	POSTSECONDARY EDUCATION RULES GOVERNOR	CHAPTER 0099 SLA 77	06/09/77	CS * (FIN)	570	03/17/77	CS08.
HB 228	TEACHERS ENGAGED IN COLLECTIVE BARGAINING DUNCAN	IN (S) HESS	05/05/77	CS * (FIN) AM	674	03/28/77	DNP03, DP(AM)01, CS03, NR02.
HB 242	STATE SOCIAL SERVICES PLAN MALONE	IN (H) FINANCE	04/06/77		787	04/06/77	CS05.
HB 251	APPROP; PUBLIC WORKS; RECONSTRUCTION OF TWIN HILLS SCH SEVERSEN	IN (S) FINANCE	05/14/77		462	03/07/77	DP05.
HB 270	APPROP; DEPT OF PUBLIC WORKS; PIONEERS HOME AT HOMER RHODE	IN (H) FINANCE	04/07/77		810	04/07/77	DP05, NR03.
HB 271	MOTOR VEHICLE LICENSE TAX BUCHHOLDT	IN (S) HESS	04/06/77	CS * AM	713	03/31/77	CS06.
HB 284	SERVICE CREDIT IN TRS AND PERS RULES GOVERNOR	IN (H) FINANCE	03/29/77		688	03/29/77	DP07.
HB 287	PROHIBIT SEX DISCRIMINATION IN EDUCATION RUDD	IN (S) HESS	04/14/77	CS * AM	734	04/01/77	DNP02, CS06.
HB 312	POSTSECONDARY EDUCATION HESS	CHAPTER 0050 SLA 77	05/25/77	FCCS SCS *	556	03/16/77	DP06.
HB 343	TEACHERS & PUBLIC EMPLOYEES RETIREMENT MILLER	CHAPTER 0128 SLA 77	06/14/77	SCS CS * (FIN) AM S	688	03/29/77	DP07, DNP01.
HB 351	SCHOOL OF JUSTICE & AMEND THE AK BAR RULES BRADLEY,R.	IN (S) HESS	01/16/78	CS *	940	04/21/77	CS07.
HB 361	ACCOUNTING & FISCAL MATTERS-U OF A MILES	IN (H) FINANCE	04/13/77		849	04/13/77	DP(AM)01, CS02, NR02.
HB 362	APPROP; U OF A BOARD OF REGENTS MILES	IN (H) FINANCE	04/05/77		773	04/05/77	DP04, NR01.
HB 363	APPROP; U OF A FISCAL MGMT COMMITTEE MILES	IN (H) FINANCE	04/05/77		773	04/05/77	DP05.
HB 365	REVOLVING LOAN FUND FOR RESIDENTIAL CARE FACILITIES MILES	IN (S) FINANCE	02/02/78	CS * AM	736	04/01/77	DP(AM)07, NR01.
HB 366	APPROP; COM & ECON DEV; RESIDENTIAL CARE FACIL. R.L.F. MILES	IN (S) FINANCE	02/02/78	CS * AM	736	04/01/77	DP(AM)07, OTHER01.
HB 379	BOARD OF NURSING HOME-MEMBERSHIP ELIASON	CHAPTER 0077 SLA 77	06/03/77		861	04/14/77	DP07.
HB 381	APPROP-DEPT EDUC; COMFORT STATION AT COLONY VILLAGE BUCHHOLDT	IN (S) FINANCE	04/25/77	CS * (HESS)	714	03/31/77	CS08.
HB 390	APPROP; ANCH LITERACY PROJECT; DEPT OF EDUCATION LETHIN	IN (H) FINANCE	04/06/77		790	04/06/77	DP07.
HB 395	COMMUNITY MENTAL HEALTH SVCS ACT EXPENDITURES MALONE	IN (H) FINANCE	04/04/77		754	04/04/77	DP(AM)04, NR01.
HB 407	EMERGENCY MEDICAL SERVICES-ADVISORY COUNCIL MCKINNON	CHAPTER 0100 SLA 77	06/09/77	* AM	1043	04/27/77	DNP01, DP(AM)05.

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NUMBER	ABBREVIATED TITLE	SPONSOR	REQUESTEE	CURRENT STATUS	STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
HB 408	APPROP; ANCH NEIGHBORHOOD HEALTH CENTER; H & SS, DEPT	MILES		IN (H) FINANCE	04/26/77		1030	04/26/77	DP05.
HB 409	CATASTROPHIC ILLNESS	BUCHHOLDT		IN (S) FINANCE	05/24/77	CS * (FIN)	1262	05/09/77	CS09.
HB 413	APPROP; CITY OF NENANA HEALTH SVC CENTER	SWANSON		IN (H) FINANCE	04/23/77		987	04/23/77	DP04, NR01.
HB 418	DE NOVO HEARINGS IN SUPERIOR COURT	JUDICIARY		IN (S) HESS	04/21/77		903	04/19/77	DP06.
HB 421	APPROP-ADMIN DEPT ADVANCES TO U OF A	RULES	GOVERNOR	IN (H) FINANCE	04/20/77		923	04/20/77	CS06.
HB 432	SVCS FOR PERSONS UNDER STATE RESPONSIBILITY	HESS		IN (H) FINANCE	05/05/77		1227	05/05/77	CS05.
HB 435	APPROP - C&RA DEPT; RURALCAP PROGRAM	COWPER		CHAPTER 0134 SLA 77	06/14/77		1055	04/27/77	DP04, NR03.
HB 439	AK LONGEVITY BONUS; DEPT HEARING	GUY		IN (S) FINANCE	05/26/77	CS *	1193	05/04/77	CS07.
HB 460	APPROP; LAKE PENINSULA REGIONAL EDUC ATTENDENCE AREA	ANDERSON		IN (H) FINANCE	05/18/77		1389	05/18/77	DP03, NR05.
HB 463	APPROP; SHELTER FOR ASSAULTED WOMEN & CHILDREN	MALONE		CHAPTER 0072 SLA 77	05/28/77	* AM	941	04/21/77	DP(AM)05, NR02.
HB 465	EQUAL TREATMENT OF PERSONS; REGULATIONS OF HESS DEPT	PARR		IN (S) HESS	04/29/77	CS * AM	1030	04/26/77	CS05.
HB 589	AK NAT GUARD SENIOR ROTC SCHOLARSHIP PROGRAM	RULES	GOVERNOR	IN (H) FINANCE	01/23/78		131	01/23/78	DP05, NR02.
HB 608	SUPPL APPROP; DEPT OF ED; PUPIL TRANSPORTATION; COMPUTR	RULES	GOVERNOR	IN (H) FINANCE	01/30/78		173	01/30/78	DP04.
HB 618	STATE COMMISSION FOR HUMAN RIGHTS ANNUAL REPORT	MALONE		IN (H) FINANCE	02/01/78		198	02/01/78	DP(AM)06.
HB 660	COST OF LIVING ALLOWANCE IN TRS	RULES	LEG. CNCL.	IN (H) FINANCE	02/14/78		301	02/14/78	DP05, DNP01, OTHER01.
HB 698	TEACHERS RETIREMENT	DUNCAN		IN (H) FINANCE	02/10/78		278	02/10/78	DP03, DNP01, NR03.
HCR 7	PRISON SYSTEM INVESTIGATION BY JUDICIAL COUNCIL	BRADLEY,R.		EXPIRD 1ST SESS (H)	05/30/77		143	01/27/77	DP04, DNP04, OTHER01.
HCR 26	ELIGIBILITY FOR FOOD STAMPS, DETERMINATION OF	MALONE		READ BY GOVERNOR	05/19/77	CS *	872	04/15/77	CS06.
HCR 35	HEALTH CARE FACILITIES IN KING SALMON	SEVERSEN		READ BY GOVERNOR	04/27/77		520	03/14/77	DP09.
HCR 44	BOARD OF REGENTS; LEGISLATIVE FINDING-U OF A	RUDD		EXPIRD 1ST SESS (H)	05/30/77		923	04/20/77	DNP02, CS02, NR02.
HCR 55	STATISTICS-TREATMENT OF MENTALLY ILL	MALONE		EXPIRD 1ST SESS (H)	05/30/77	CS *	1410	05/19/77	CS05.
HCR 56	STATISTICS-WOMEN IN AK LABOR FORCE	MALONE		EXPIRD 1ST SESS (H)	05/30/77	* AM	1332	05/13/77	DP(AM)06, NR01.
HCR 65	AK PIONEER HOME-SITKA; SUPERINTENDENTS QUARTERS	ELIASON		READ BY GOVERNOR	05/27/77	* AM	1318	05/12/77	DNP01, DP(AM)03, NR01.

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HJR 9	NATIONAL HEALTH INSURANCE BRADLEY,R.		EXPIRD 1ST SESS (H)	05/30/77		407	02/28/77	DNP04, CS04.
HJR 17	SOCIAL SECURITY ACT; PUBLIC HEARINGS MALONE		EXPIRD 1ST SESS (H)	05/30/77		516	03/11/77	DP07.
HJR 36	WELFARE REFORM STUDY BY US PRESIDENT PARR		READ BY GOVERNOR	05/11/77	* AM	807	04/07/77	DP(AM)08.
HJR 47	BILINGUALISM IN FEDERAL PROCEEDINGS BUCHHOLDT		CHAPTER 0000 SLA 78	02/17/78	* AM S	172	01/30/78	DP06.
HR 17	RURAL AREA FOOD STAMP ALLOTMENTS ANDERSON		READ BY GOVERNOR	02/07/78		198	02/01/78	DP06.
SB 45	RADIATION PROTECTION RULES	GOVERNOR	IN (H) FINANCE	05/14/77		1352	05/14/77	CS07.
SB 46	STUDENT REGENT, UNIV. OF ALASKA CROFT		CHAPTER 0013 SLA 77	04/04/77	CS *	470	03/08/77	DP07.
SB 51	HOSPITALS RULES	GOVERNOR	IN (H) RULES	03/17/77		569	03/17/77	DP(AM)04, NR04.
SB 54	ADOPTION ASSISTANCE -- FOSTER HOMES, AND EFF. DATE RULES	GOVERNOR	CHAPTER 0036 SLA 77	05/16/77		448	03/04/77	DP06, NR01.
SB 110	STATE PHYSICAL THERAPY BOARD RULES	GOVERNOR	CHAPTER 0043 SLA 77	05/19/77		1317	05/12/77	DP05.
SB 129	MEDICAL ASSISTANCE FOR NEEDY PERSONS RULES	GOVERNOR	IN (H) RULES	02/16/78		98	01/18/78	DP05, NR03.
SB 226	TERMS OF REGIONAL SCHOOL BOARD MEMBERS FERGUSON		CHAPTER 0112 SLA 77	06/13/77		1283	05/10/77	DNP03, CS05.
SCR 32	ANNULLING STUDENT LOAN INDEBTEDNESS REGULATION KERTTULA		READ BY GOVERNOR	05/25/77		1425	05/20/77	DP04, NR01.
SJR 33	THE HEAD START PROGRAM CROFT		IN (H) RULES	02/16/78		330	02/16/78	DP06.

NUMBER	ABBREVIATED TITLE	CURRENT STATUS	STATUS DATE	REQUESTER	AMENDED NAME
	PRIME SPONSOR: HESS				
HB 130	PUBLIC EMPLOYMENT RELATIONS ACT	IN (H) JUDICIARY	03/30/77		
HB 312	POSTSECONDARY EDUCATION	CHAPTER 0050 SLA 77	05/25/77		FCCS SCS *
HB 432	SVCS FOR PERSONS UNDER STATE RESPONSIBILITY	IN (H) FINANCE	05/05/77		
	CS ADOPTED: HESS				
HB 125	AK NATIVE EDUC ADMIN INTERNSHIP PROGRAM	IN (S) HESS	04/29/77		CS SS *
HB 132	ESTAB STATE EDUCATIONAL INCENTIVE GRANT PROGRAM	IN (S) HESS	05/14/77		CS *
HB 205	LICENSING OF CARE PROVIDERS FOR DEPENDENT ADULTS	CHAPTER 0045 SLA 77	05/20/77	BY REQUEST	CS * AM S
HB 271	MOTOR VEHICLE LICENSE TAX	IN (S) HESS	04/06/77		CS * AM
HB 287	PROHIBIT SEX DISCRIMINATION IN EDUCATION	IN (S) HESS	04/14/77		CS * AM
HB 351	SCHOOL OF JUSTICE & AMEND THE AK BAR RULES	IN (S) RULES	05/28/77		CS *
HB 381	APPROP-DEPT EDUC; COMFORT STATION AT COLONY VILLAGE	IN (S) FINANCE	04/25/77		CS * (HESS)
HB 439	AK LONGEVITY BONUS; DEPT HEARING	IN (S) FINANCE	05/26/77		CS *
HB 465	EQUAL TREATMENT OF PERSONS; REGULATIONS OF HESS DEPT	IN (S) HESS	04/29/77		CS * AM
HCR 26	ELIGIBILITY FOR FOOD STAMPS, DETERMINATION OF	READ BY GOVERNOR	05/19/77		CS *
HCR 55	STATISTICS-TREATMENT OF MENTALLY ILL	EXPIRD 1ST SESS (H)	05/30/77		CS *

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BILL *	ABBREVIATED TITLE	SPONSOR	DATE	REFERRALS
HB 28	PUBLIC EDUCATION FUNDING	SWANSON	1/12/77	FINANCE
HB 41	GO BOND $5,000,000 PIONEERS HOME KETCHIKA	GARDINER	1/12/77	FINANCE
HB 109	BOROUGH SCHOOL DISTRICTS	DUNCAN	1/25/77	-----
HB 183	STATE BOARD OF EDUCATION - MEMBERSHIP	SCHAEFFER	2/08/77	-----
HB 206	PUBLIC HEALTH SERVICES IN MUNICIPALITIES	RULES	2/11/77	FINANCE
HB 207	CONTRACTS FOR LOCAL HEALTH SERVICES	RULES	2/11/77	FINANCE
HB 290	HOSPITAL & HEALTH CARE CENTER FUND	SWANSON	3/01/77	FINANCE
HB 291	BONDS FOR CONSTRUCTION OF HOSPITALS & HEA	SWANSON	3/01/77	FINANCE
HB 296	CIVIL LIABILITY OF HEALTH CARE PROVIDERS	BEIRNE	3/03/77	JUDICIARY
HB 340	ALCOHOL & DRUG ABUSE TREATMENT	RULES	3/11/77	JUDICIARY
HB 344	CONFIRMATION OF U OF A PRESIDENT	MALONE	3/14/77	-----
HB 360	U OF A MANAGEMENT COMMITTEE	MILES	3/16/77	FINANCE
HB 410	ESTAB AK COMMUNITY COLLEGES	MCKINNON	3/29/77	FINANCE
HB 415	DECENTRALIZATION OF UNIV OF ALASKA	MEEKINS	3/30/77	-----
HB 428	TEACHER CERTIFICATION	OSTERBACK	4/04/77	-----
HB 429	DISPOSAL OF SCHOOL LANDS	OSTERBACK	4/04/77	FINANCE
HB 430	' NIVERSITY' & ' OLLEGE'	OSTERBACK	4/ ./77	-----
HB 431	AK COMM ON POSTSECONDARY ED	OSTERBACK	4/04/77	-----
HB 441	TRS-MILITARY SERVICE CREDIT	MALONE	4/06/77	FINANCE
HB 450	REGIONALIZATION OF HEALTH & SS DEPT	ANDERSON	4/07/77	FINANCE

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BILL *	ABBREVIATED TITLE	SPONSOR	DATE	REFERRALS
HB 464	CREATE DEPT OF HEALTH	MCKINNON	4/12/77	FINANCE
HB 472	SERVICES FOR MENTALLY ILL PERSONS	FARR	4/14/77	FINANCE
HB 475	COCA LEAVES	DANKWORTH	4/15/77	JUDICIARY
HB 489	LABOR RELATIONS-SCHOOL BOARDS & EMPLOYEES	MALONE	4/21/77	FINANCE
HB 492	ARBITRATION IN TEACHER NEGOTIATIONS	FARR	4/21/77	-----
HB 493	ORGANIZATION OF THE U OF A	FARR	4/20/77	FINANCE
HB 519	PERSONS WITH DEVELOPMENTAL HANDICAPS	RULES	5/02/77	FINANCE
HB 534	APPROP-CONSTRUCT SCHOOL AT NEWHALEN, EDUC	ANDERSON	5/11/77	FINANCE
HB 535	STATE AID TO LOCAL SCHOOL DISTRICTS	NAKAK	5/12/77	FINANCE
HB 536	STATE SHARED REVENUES-SUPPORT OF HEALTH S	DEIRM	5/12/77	FINANCE
HB 548	EDUCATION OF EXCEPTIONAL CHILDREN	RUDD	5/21/77	FINANCE
HB 552	CONSTRUCTION & REPAIR OF EDUCATIONAL FACI	MALONE	5/28/77	FINANCE
HB 553	LICENSING SPEECH PATHOLOGISTS AND AUDIOLO	PHILLIPS	1/09/78	-----
HB 561	SPECIAL APPROP: PUBLIC WORKS; HLTH CENTER	ANDERSON	1/09/78	FINANCE
HB 570	SPECIAL APPROP; DEPT OF H&SS; ALCOHOLISM	OSTERBACK	1/09/78	FINANCE
HB 571	SPECIAL APPROP; DEPT OF ED; SWIMMING POOL	OSTERBACK	1/09/78	FINANCE
HB 586	ADULT EDUCATION	RULES	1/10/78	-----
HB 587	CORRECTIONAL INDUSTRIES	RULES	1/10/78	FINANCE
HB 589	AK NAT GUARD SENIOR ROTC SCHOLARSHIP PROG	RULES	1/10/78	-----
HB 598	SPEC APPROP, DEPT HEALTH & SS; WOMENS CEN	SNIDER	1/11/78	FINANCE

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BILL *	ABBREVIATED TITLE	SPONSOR	DATE	REFERRALS
HB 605	SPECIAL APPROP; DEPT OF ADMIN; PIONEERS H	RULES	1/11/78	FINANCE
HB 608	SUPPL APPROP; DEPT OF ED, PUPIL TRANSPORT	RULES	1/11/78	FINANCE
HB 616	SPEC APPROP; DEPT/EDUC, CONSTRUCT SCHOOL,	HAUGEN	1/11/78	FINANCE
HCR 84	ALCOHOLISM TREATMENT FACILITY ON UMNAK IS	OSTERBACK	1/09/78	FINANCE
HJR 37	AMEND CONSTITUTION - PRIVATE EDUC INSTITU	ELIASON	3/25/77	FINANCE
HJR 38	AMEND AK CONST-UNIV OF ALASKA	MALONE	3/31/77	FINANCE
SB 129	MEDICAL ASSISTANCE FOR NEEDY PERSONS	RULES	4/07/77	FINANCE
SB 323	ACCREDITATION OF PRIVATE SCHOOLS	SUMNER	5/17/77	JUDICIARY

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SUMMARY OF BILLS

NUMBER	ABBREVIATED TITLE	CURRENT STATUS	STATUS DATE	REQUESTER	AMENDED NAME
	PRIME SPONSOR: PARR				
HB 75	MUNICIPAL TAX ON NET INCOME	IN (H) C&RA	05/25/77		SS *
HB 76	ADULTRY & FORNICATION, REPEALING STATUTORY REFERENCES	IN (H) RULES	01/31/77		
HB 108	THIRD-PARTY BENEFICIARIES, WARRANTIES	FAILD (S) ON RECONS	05/06/77		SCS *
HB 131	FREEDOM OF PUBLIC INFORMATION	IN (S) JUDICIARY	04/15/77		CS * (JUD)
HB 132	ESTAB STATE EDUCATIONAL INCENTIVE GRANT PROGRAM	IN (S) HESS	05/14/77		CS *
HB 133	STATE LAND SELECTION BY MUNICIPALITIES	IN (H) FINANCE	05/04/77		
HB 134	PENALTIES FOR MUNICIPAL ORDINANCE VIOLATIONS	IN (S) C&RA	03/03/77		CS *
HB 135	APPROP-DEPT H&SS SENIOR CITIZEN NUTRITION FACILITY FBKS	IN (H) FINANCE	02/11/77		
HB 136	WICHE STUDENT EXCHANGE PROGRAM	CHAPTER 0085 SLA 77	06/03/77		* AM S (RE-ENG)
HB 146	SCHOLARSHIP LOAN PROGRAM	IN (H) RULES	02/23/77		
HB 160	FALSE CERTIFICATE OF RESIDENCY	IN (H) L&M	02/03/77		
HB 161	TEACHERS RETIREMENT CREDIT IN US MERCHANT MARINES	IN (H) FINANCE	02/15/77		
HB 174	RIGHT TO CRIMINAL ACCUSATION BEFORE GRAND JURY	IN (H) JUDICIARY	02/04/77		
HB 182	TAX CREDITS UNDER AK NET INCOME TAX	CHAPTER 0028 SLA 77	05/06/77		FCCS CS *
HB 202	ASSESSMENT & TAXATION ON DEVELOPED LAND	IN (H) C&RA	02/10/77		
HB 219	SHORE FACILITIES FOR OFFSHORE RESOURCE EXTRACTION	IN (H) C&RA	05/28/77		SS *
HB 273	THIRD CLASS BOROUGHS	CHAPTER 0093 SLA 77	06/03/77		CS * AM
HB 405	EQUAL TREATMENT OF PERSONS; REGULATIONS OF H&SS DEPT	IN (S) HESS	04/29/77		CS * AM
HB 471	DECENTRALIZATION OF EXECUTIVE BRANCH OF STATE GOVERNMNT	IN (H) STATE AFF.	04/14/77		
HB 472	SERVICES FOR MENTALLY ILL PERSONS	IN (H) HESS	04/14/77		
HB 491	PROHIBITED USE OF SOCIAL SECURITY ACCOUNT NUMBERS	IN (H) JUDICIARY	04/21/77		
HB 492	ARBITRATION IN TEACHER NEGOTIATIONS	IN (H) HESS	04/21/77		
HB 493	ORGANIZATION OF THE U OF A	IN (H) HESS	04/20/77		
HCR 15	COMMENDING ATTORNEYS; VIOLENT CRIMES COMPENSATION BOARD	READ BY GOVERNOR	02/11/77		
HCR 16	AK AMER REVOLUTION BICENTENNIAL COMMISSION	READ BY GOVERNOR	02/11/77		
HCR 53	ALASKA SPECIAL OLYMPICS	READ BY GOVERNOR	05/02/77		
HCR 76	NAME NO SLOPE HAUL RD THE DALTON HIGHWAY	READ BY GOVERNOR	06/10/77		
HCR 79	COST ANALYSIS-KEEPING THE CAPITAL IN JUNEAU	EXPIRD 1ST SESS (H)	05/30/77		
HCR 87	ANNULLING DEPT/PUBLIC SAFETY REG; UNATTENDED CARS	IN (H) STATE AFF.	01/12/78		
HJR 18	AMEND AK CONST - ELECTION DISTRICTS & STATE SENATORS	IN (H) STATE AFF.	02/14/77		
HJR 36	WELFARE REFORM STUDY BY US PRESIDENT	READ BY GOVERNOR	05/11/77		* AM
HR 6	NORTH SLOPE HAUL ROAD	READ BY GOVERNOR	02/11/77		* AM
HR 14	MAINTENANCE OF NORTH SLOPE HAUL ROAD	READ BY GOVERNOR	05/27/77		
HR 15	ALCAN GAS PIPELINE ROUTE	EXPIRD 1ST SESS (H)	05/30/77		
	CO-SPONSOR: PARR				
HB 2	HOMESITE LAND AVAILABLE FROM STATE	CHAPTER 0142 SLA 77	06/18/77		SCS CS * (RES) AM S
HB 47	UTILITY CORRIDOR - RAILROAD	CHAPTER 0145 SLA 77	06/18/77		
HB 48	AK RAILROAD-APPROP HIGHWAYS - RIGHT-OF-WAY	CHAPTER 0150 SLA 77	06/16/77		* AM
HB 49	STATE EMPLOYMENT CONTROL COMM - NUMBER OF EMPLOYEES	IN (H) STATE AFF.	01/13/77		
HB 51	VETERANS' LOANS	IN (H) FINANCE	04/12/77		
HB 72	CREATE HISTORICAL & TOURISM REVOLVING LOANS	CHAPTER 0139 SLA 77	06/16/77		CS * AM S
HB 89	STATE AID FOR SCHOOL CONSTRUCTION	CHAPTER 0120 SLA 77	06/14/77		FCCS SCS CS *
HB 91	EMERGENCY RESIDENTIAL RENT, REGULATION & CONTROL	IN (S) COMMERCE	03/17/77		
HB 125	AK NATIVE EDUC ADMIN INTERNSHIP PROGRAM	IN (S) HESS	04/29/77		CS SS *
HB 178	NEW CAPITAL SITE AT WILLOW - PLANNING & DEVELOPMENT	IN (H) STATE AFF.	02/09/77		
HB 179	APPROP DEPT EDUC - COMMUNITY SCHOOLS	CHAPTER 0121 SLA 77	06/14/77		
HB 198	BOARD OF GOVERNORS - AK BAR	IN (S) JUDICIARY	03/31/77		CS *
HB 220	SUPPL APPROP TO NAT RESOURCES DEPT; IDITAROD TRAIL RACE	CHAPTER 0011 SLA 77	03/28/77		CS *
HB 228	TEACHERS ENGAGED IN COLLECTIVE BARGAINING	IN (S) HESS	05/05/77		CS * (FIN) AM
HB 239	STATE ELECTION CAMPAIGNS	IN (H) STATE AFF.	02/21/77		
HB 290	HOSPITAL & HEALTH CARE CENTER FUND	IN (H) HESS	03/01/77		
HB 291	BONDS FOR CONSTRUCTION OF HOSPITALS & HEALTH CARE CENTR	IN (H) HESS	03/01/77		
HB 316	SALE OF ALCOHOL - CLUB LICENSES	CHAPTER 0032 SLA 77	05/11/77		* AM S
HB 333	FOSTER CARE FOR CHILDREN	CHAPTER 0126 SLA 77	06/14/77		SEE BILL HISTORY
HB 351	SCHOOL OF JUSTICE & AMEND THE AK BAR RULES	IN (S) RULES	05/28/77		CS *
HB 352	STATE LAND FOR AGRICULTURAL HOMESITES	IN (S) RESOURCES	05/14/77		CS * AM
HB 353	AGRICULTURAL DEVELOPMENT PROJECTS	VETOED BY GOVERNOR	06/23/77		SCS CS * AM S
HB 371	FIRE INSURANCE RATES	CHAPTER 0034 SLA 77	05/16/77		CS *
HB 373	TAX DEDUCTION FOR CHILD ADOPTION	IN (H) FINANCE	03/18/77		
HB 480	TRADE ASSOC NEGOTIATE WORKMENS COMP PLANS	IN (H) L&M	04/15/77		
HB 511	AK HORSE RACING COMMISSION	IN (H) STATE AFF.	04/27/77		
HB 512	COMPETITIVE BIDDING-FISCAL PROCEDURES ACT	IN (H) STATE AFF.	04/28/77		
HB 523	REDUCING TAX RATES - AK NET INCOME TAX ACT	IN (H) FINANCE	05/04/77		
HB 544	LOCAL HIRE UNDER STATE LEASES	IN (H) L&M	05/19/77		
HB 548	EDUCATION OF EXCEPTIONAL CHILDREN	IN (H) HESS	05/21/77		
HB 559	SUPPL APPROP; DEPT OF TRANSPORTATION; AK RAILROAD	IN (H) STATE AFF.	01/09/78		
HB 563	CONNECTIONS & INTERCHANGE FACILITIES IN PIPELINES	IN (H) RESOURCES	01/09/78		
HB 624	TAX ON MOTOR FUEL FOR WATERCRAFT	IN (H) RESOURCES	01/13/78		
HCR 1	HONORING RALPH J. RIVERS	READ BY GOVERNOR	01/24/77		

NUMBER	ABBREVIATED TITLE	CURRENT STATUS	STATUS DATE	REQUESTER	AMENDED NAME
	CO-SPONSOR: PARR (CONTINUED)				
HCR 3	FAREWELL TO RICHARD A. GUTHRIE	READ BY GOVERNOR	01/24/77		
HCR 4	HONORING VIDE G. BARTLETT	READ BY GOVERNOR	01/24/77		
HCR 14	HONORING LANGHORNE A "TONY" MOTLEY	READ BY GOVERNOR	02/03/77		* AM S
HCR 17	EVENING BUSINESS IN THE DISTRICT COURTS	READ BY GOVERNOR	03/31/77		CS *
HCR 30	NORTH SLOPE HAUL RD	READ BY GOVERNOR	06/03/77		
HCR 49	CONGRATULATING RICK SWENSON	READ BY GOVERNOR	04/14/77		
HCR 61	HONORING KEITH SPECKING	READ BY GOVERNOR	05/02/77		
HCR 64	HONORING RICHARD A. FREER	READ BY GOVERNOR	05/11/77		
HCR 71	HONORING JAMES DALTON	EXPIRD 1ST SESS (H)	05/30/77		
HCR 73	HONORING EMERY F. TOBIN	READ BY GOVERNOR	05/25/77		SCS *
HCR 78	HONORING R ANDERSON, B SHEPARD & H TRIVETTE	READ BY GOVERNOR	05/25/77		
HJR 8	PRES OF US TO ADDRESS AK LEGISLATURE	READ BY GOVERNOR	02/03/77		
HJR 9	NATIONAL HEALTH INSURANCE	EXPIRD 1ST SESS (H)	05/30/77		
HJR 10	PUBLIC LAND FOR HOMESTEADING	EXPIRD 1ST SESS (H)	05/30/77		CS *
HJR 42	CITIZENS FOR MANAGEMENT OF ALASKA LANDS	EXPIRD 1ST SESS (H)	05/30/77		
HR 1	SUSITNA VALLEY BAND TO INAUGURATION	READ BY GOVERNOR	01/20/77		
HR 2	SENATOR TED STEVENS - CONGRATULATIONS	READ BY GOVERNOR	01/28/77		
HR 8	COMMENDING WARREN BUD WOODS	READ BY GOVERNOR	02/24/77		
HR 9	AK RAILROAD EXTEND TO CANADIAN BORDER	READ BY GOVERNOR	03/23/77		
HR 11	HONORING MARTIN SEVERSEN	READ BY GOVERNOR	03/23/77		

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NUMBER	ABBREVIATED TITLE / SPONSOR / REQUESTER / CURRENT STATUS	STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
HB 12	LONGEVITY BONUS; MEDICAL ABSENCE MILLER IN (H) FINANCE	01/25/77		127	01/25/77	DNP02, CS06.
HB 13	LONGEVITY BONUS PHILLIPS IN (H) FINANCE	02/18/77		330	02/18/77	DP06, DNP01.
HB 16	INSTRUCTIONAL UNITS-SCHOOL FOUNDATION MILLER IN (H) FINANCE	01/25/77		127	01/25/77	DP06, DNP02.
HB 58	VILLAGE SAFE WATER ACT RULES GOVERNOR IN (H) FINANCE	01/24/77		115	01/24/77	DP07, NR01.
HB 59	HANDICAPPED INDIVIDUALS RULES GOVERNOR IN (S) FINANCE	02/07/77	* AM	77	01/19/77	DP(AM)08.
HB 60	COMPULSORY SCHOOL ATTENDANCE RULES GOVERNOR CHAPTER 0010 SLA 77	03/23/77	CS *	77	01/19/77	DP07.
HB 63	GUARDIANS FOR INCAPACITATED PERSONS RULES GOVERNOR IN (H) JUDICIARY	01/31/77		170	01/31/77	DP(AM)07, NR01.
HB 65	ADOPTING INTERSTATE CORRECTIONS COMPACT RULES GOVERNOR IN (H) JUDICIARY	02/14/77		288	02/14/77	CS06.
HB 74	CHILD CARE CENTERS IN STATE OFFICE BUILDINGS DUNCAN IN (H) FINANCE	02/11/77	SS *	271	02/11/77	DP01, DNP04, NR02.
HB 78	APPROPRIATION; SEWARD SKILL CENTER; DEPT OF EDUCATION SPECKING CHAPTER 0119 SLA 77	06/13/77	CS * AM S	113	01/26/77	DP04, NR04.
HB 89	STATE AID FOR SCHOOL CONSTRUCTION COTTEN CHAPTER 0120 SLA 77	06/14/77	FCCS SCS CS *	419	03/01/77	DP(AM)02, CS05.
HB 99	HOSPITALIZATION OF MENTALLY ILL, LIAB. FOR EXPENSE OF RULES GOVERNOR IN (H) RULES	04/27/77		407	02/28/77	DP01, DNP01, NR06.
HB 125	AK NATIVE EDUC ADMIN INTERNSHIP PROGRAM DUNCAN IN (S) HESS	04/29/77	CS SS *	580	03/18/77	DNP02, CS04.
HB 126	APPROP AK COM ON POSTSECONDARY ED DUNCAN IN (H) FINANCE	03/18/77	SS *	580	03/18/77	DP02, DNP01, DP(AM)01, NR02.
HB 130	PUBLIC EMPLOYMENT RELATIONS ACT HESS IN (H) JUDICIARY	03/30/77		702	03/30/77	DNP02, CS05.
HB 132	ESTAB STATE EDUCATIONAL INCENTIVE GRANT PROGRAM PARR IN (S) HESS	05/14/77	CS *	407	02/28/77	CS08.
HB 135	APPROP-DEPT H&SS SENIOR CITIZEN NUTRITION FACILITY FBKS PARR IN (H) FINANCE	02/11/77		272	02/11/77	DP07.
HB 136	WICHE STUDENT EXCHANGE PROGRAM PARR CHAPTER 0085 SLA 77	06/03/77	* AM S (RE-ENG)	240	02/09/77	DP(AM)05, NR01.
HB 142	AK HISTORICAL COMMISSION- TRANSFER TO DEPT NAT RESOURCE RULES GOVERNOR IN (H) RULES	05/03/77		849	04/13/77	DP(AM)04, NR02.
HB 146	SCHOLARSHIP LOAN PROGRAM PARR IN (H) RULES	02/23/77		372	02/23/77	DP04, DNP04.
HB 152	MENTAL HEALTH ADVISORY COUNCIL RULES GOVERNOR CHAPTER 0040 SLA 77	05/19/77		289	02/14/77	DP05, NR01.
HB 161	TEACHERS RETIREMENT CREDIT IN US MERCHANT MARINES PARR IN (H) FINANCE	02/15/77		297	02/15/77	DP04, DNP04, NR01.
HB 179	APPROP DEPT EDUC - COMMUNITY SCHOOLS DUNCAN CHAPTER 0121 SLA 77	06/14/77		309	02/16/77	DP07.

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NUMBER	ABBREVIATED TITLE	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
SPONSOR	REQUESTER CURRENT STATUS	STATUS DATE	BILL ID.	
HB 205	LICENSING OF CARE PROVIDERS FOR DEPENDENT ADULTS	772	04/05/77	CS05.
MILES	BY REQUEST CHAPTER 0045 SLA 77	05/20/77	CS * AM S	
HB 212	STATE AID FOR SCHOOLS	849	04/13/77	CS03, NR02.
SCHAEFFER	CHAPTER 0090 SLA 77	06/03/77	SCS CS *	
HB 224	POSTSECONDARY EDUCATION	570	03/17/77	CS08.
RULES	GOVERNOR CHAPTER 0099 SLA 77	06/09/77	CS * (FIN)	
HB 228	TEACHERS ENGAGED IN COLLECTIVE BARGAINING	674	03/28/77	DNP03, DP(AM)01, CS03, NR02.
DUNCAN	IN (S) HESS	05/05/77	CS * (FIN) AM	
HB 242	STATE SOCIAL SERVICES PLAN	787	04/06/77	CS05.
MALONE	IN (H) FINANCE	04/06/77		
HB 251	APPROP; PUBLIC WORKS; RECONSTRUCTION OF THIN HILLS SCH	462	03/07/77	DP05.
SEVERSEN	IN (S) FINANCE	05/14/77		
HB 270	APPROP; DEPT OF PUBLIC WORKS; PIONEERS HOME AT HOMER	810	04/07/77	DP05, NR03.
RHODE	IN (H) FINANCE	04/07/77		
HB 271	MOTOR VEHICLE LICENSE TAX	713	03/31/77	CS06.
BUCHHOLDT	IN (S) HESS	04/06/77	CS * AM	
HB 284	SERVICE CREDIT IN TRS AND PERS	688	03/29/77	DP07.
RULES	GOVERNOR IN (H) FINANCE	03/29/77		
HB 287	PROHIBIT SEX DISCRIMINATION IN EDUCATION	734	04/01/77	DNP02, CS06.
RUDD	IN (S) HESS	04/14/77	CS * AM	
HB 312	POSTSECONDARY EDUCATION	556	03/16/77	DP06.
HESS	CHAPTER 0050 SLA 77	05/25/77	FCCS SCS *	
HB 343	TEACHERS & PUBLIC EMPLOYEES RETIREMENT	688	03/29/77	DP07, DNP01.
MILLER	CHAPTER 0128 SLA 77	06/14/77	SCS CS * (FIN) AM S	
HB 351	SCHOOL OF JUSTICE & AMEND THE AK BAR RULES	940	04/21/77	CS07.
BRADLEY,R.	IN (S) RULES	05/26/77	CS *	
HB 361	ACCOUNTING & FISCAL MATTERS-U OF A	849	04/13/77	DP(AM)01, CS02, NR02.
MILES	IN (H) FINANCE	04/13/77		
HB 362	APPROP; U OF A BOARD OF REGENTS	773	04/05/77	DP04, NR01.
MILES	IN (H) FINANCE	04/05/77		
HB 363	APPROP; U OF A FISCAL MGMT COMMITTEE	773	04/05/77	DP05.
MILES	IN (H) FINANCE	04/05/77		
HB 365	REVOLVING LOAN FUND FOR RESIDENTIAL CARE FACILITIES	736	04/01/77	DP(AM)07, NR01.
MILES	IN (H) RULES	05/10/77		
HB 366	APPROP; COM & ECON DEV; RESIDENTIAL CARE FACIL. R.L.F.	736	04/01/77	DP(AM)07, OTHER01.
MILES	IN (H) RULES	05/10/77		
HB 379	BOARD OF NURSING HOME-MEMBERSHIP	861	04/14/77	DP07.
ELIASON	CHAPTER 0077 SLA 77	06/03/77		
HB 381	APPROP-DEPT EDUC; COMFORT STATION AT COLONY VILLAGE	714	03/31/77	CS08.
BUCHHOLDT	IN (S) FINANCE	04/25/77	CS * (HESS)	
HB 390	APPROP; ANCH LITERACY PROJECT; DEPT OF EDUCATION	790	04/06/77	DP07.
LETHIN	IN (H) FINANCE	04/06/77		
HB 395	COMMUNITY MENTAL HEALTH SVCS ACT EXPENDITURES	754	04/04/77	DP(AM)04, NR01.
MALONE	IN (H) FINANCE	04/04/77		
HB 407	EMERGENCY MEDICAL SERVICES-ADVISORY COUNCIL	1043	04/27/77	DNP01, DP(AM)05.
MCKINNON	CHAPTER 0100 SLA 77	06/09/77	* AM	

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HB 408	APPROP; ANCH NEIGHBORHOOD HEALTH CENTER; H & SS,	MILES		IN (H) FINANCE	04/26/77	DEPT	1030	04/26/77	DP05.
HB 409	CATASTROPHIC ILLNESS	BUCHHOLDT		IN (S) FINANCE	05/24/77	CS * (FIN)	1262	05/09/77	CS09.
HB 413	APPROP; CITY OF NENANA HEALTH SVC CENTER	SWANSON		IN (H) FINANCE	04/23/77		987	04/23/77	DP04, NR01.
HB 418	DE NOVO HEARINGS IN SUPERIOR COURT	JUDICIARY		IN (S) HESS	04/21/77		903	04/19/77	DP06.
HB 421	APPROP-ADMIN DEPT ADVANCES TO U OF A	RULES	GOVERNOR	IN (H) FINANCE	04/20/77		923	04/20/77	CS06.
HB 432	SVCS FOR PERSONS UNDER STATE RESPONSIBILITY	HESS		IN (H) FINANCE	05/05/77		1227	05/05/77	CS05.
HB 435	APPROP - C&RA DEPT; RURALCAP PROGRAM	COWPER		CHAPTER 0134 SLA 77	06/14/77		1055	04/27/77	DP04, NR03.
HB 439	AK LONGEVITY BONUS; DEPT HEARING	GUY		IN (S) FINANCE	05/26/77	CS *	1193	05/04/77	CS07.
HB 460	APPROP; LAKE PENINSULA REGIONAL EDUC ATTENDANCE	ANDERSON		IN (H) FINANCE	05/18/77	AREA	1389	05/18/77	DP03, NR05.
HB 463	APPROP; SHELTER FOR ASSAULTED WOMEN & CHILDREN	MALONE		CHAPTER 0072 SLA 77	05/26/77	* AM	941	04/21/77	DP(AM)05, NR02.
HB 465	EQUAL TREATMENT OF PERSONS; REGULATIONS OF HESS DEPT	PARR		IN (S) HESS	04/25/77	CS * AM	1030	04/26/77	CS05.
HCR 7	PRISON SYSTEM INVESTIGATION BY JUDICIAL COUNCIL	BRADLEY,R.		EXPIRD 1ST SESS (H)	05/30/77		143	01/27/77	DP04, DNP04, OTHER01.
HCR 26	ELIGIBILITY FOR FOOD STAMPS, DETERMINATION OF	MALONE		READ BY GOVERNOR	05/19/77	CS *	872	04/15/77	CS06.
HCR 35	HEALTH CARE FACILITIES IN KING SALMON	SEVERSEN		READ BY GOVERNOR	04/27/77		530	03/14/77	DP09.
HCR 44	BOARD OF REGENTS; LEGISLATIVE FILING-U OF A	RUDD		EXPIRD 1ST SESS (H)	05/30/77		923	04/20/77	DNP02, CS02, NR02.
HCR 55	STATISTICS-TREATMENT OF MENTALLY ILL	MALONE		EXPIRD 1ST SESS (H)	05/30/77	CS *	1410	05/19/77	CS05.
HCR 56	STATISTICS-WOMEN IN AK LABOR FORCE	MALONE		EXPIRD 1ST SESS (H)	05/30/77	* AM	1332	05/13/77	DP(AM)06, NR01.
HCR 65	AK PIONEER HOME-SITKA; SUPERINTENDENTS QUARTERS	ELIASON		READ BY GOVERNOR	05/27/77	* AM	1318	05/12/77	DNP01, DP(AM)03, NR01.
HJR 9	NATIONAL HEALTH INSURANCE	BRADLEY,R.		EXPIRD 1ST SESS (H)	05/30/77		407	02/28/77	DNP04, CS04.
HJR 17	SOCIAL SECURITY ACT; PUBLIC HEARINGS	MALONE		EXPIRD 1ST SESS (H)	05/30/77		516	03/11/77	DP07.
HJR 36	WELFARE REFORM STUDY BY US PRESIDENT	PARR		READ BY GOVERNOR	05/11/77	* AM	807	04/07/77	DP(AM)08.
SB 45	RADIATION PROTECTION	RULES	GOVERNOR	IN (H) FINANCE	05/14/77		1352	05/14/77	CS07.
SB 46	STUDENT REGENT, UNIV. OF ALASKA	CROFT		CHAPTER 0013 SLA 77	04/04/77	CS *	470	03/08/77	DP07.

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	SPONSOR	REQUESTER	CURRENT STATUS	STATUS DATE	BILL ID.			
SB 51	HOSPITALS					569	03/17/77	DP(AM)04, NR04.
	RULES	GOVERNOR	IN (H) RULES	03/17/77				
SB 54	ADOPTION ASSISTANCE -- FOSTER HCMES, AND EFF. DATE					448	03/04/77	DP06, NR01.
	RULES	GOVERNOR	CHAPTER 0036 SLA 77	05/16/77				
SB 110	STATE PHYSICAL THERAPY BOARD					1317	05/12/77	DP05.
	RULES	GOVERNOR	CHAPTER 0043 SLA 77	05/19/77				
SB 226	TERMS OF REGIONAL SCHOOL BOARD MEMBERS					1283	05/10/77	DNP03, CS05.
	FERGUSON		CHAPTER 0112 SLA 77	06/13/77				
SCR 32	ANNULLING STUDENT LOAN INDEBTEDNESS REGULATICN					1425	05/20/77	DP04, NR01.
	KERTTULA		READ BY GOVERNOR	05/25/77				

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HB 12	LONGEVITY BONUS; MEDICAL ABSENCE	MILLER		IN (H) FINANCE	01/25/77		127	01/25/77	DNP02, CS06.
HB 13	LONGEVITY BONUS	PHILLIPS		IN (H) FINANCE	02/18/77		330	02/18/77	DP06, DNP01.
HB 16	INSTRUCTIONAL UNITS-SCHOOL FOUNDATION	MILLER		IN (H) FINANCE	01/25/77		127	01/25/77	DP06, DNP02.
HB 58	VILLAGE SAFE WATER ACT	RULES	GOVERNOR	IN (H) FINANCE	01/24/77		115	01/24/77	DP07, NR01.
HB 59	HANDICAPPED INDIVIDUALS	RULES	GOVERNOR	IN (S) RULES	01/20/78	* AM	77	01/19/77	DP(AM)08.
HB 60	COMPULSORY SCHOOL ATTENDANCE	RULES	GOVERNOR	CHAPTER 0010 SLA 77	03/23/77	CS *	77	01/19/77	DP07.
HB 63	GUARDIANS FOR INCAPACITATED PERSONS	RULES	GOVERNOR	IN (H) JUDICIARY	01/31/77		170	01/31/77	DP(AM)07, NR01.
HB 65	ADOPTING INTERSTATE CORRECTIONS COMPACT	RULES	GOVERNOR	IN (H) JUDICIARY	02/14/77		288	02/14/77	CS06.
HB 74	CHILD CARE CENTERS IN STATE OFFICE BUILDINGS	DUNCAN		IN (H) FINANCE	02/11/77	SS *	271	02/11/77	DP01, DNP04, NR02.
HB 78	APPROPRIATION; SEWARD SKILL CENTER; DEPT OF EDUCATION	SPECKING		CHAPTER 0119 SLA 77	06/13/77	CS * AM S	113	01/26/77	DP04, NR04.
HB 89	STATE AID FOR SCHOOL CONSTRUCTION	COTTEN		CHAPTER 0120 SLA 77	06/14/77	FCCS SCS CS *	419	03/01/77	DP(AM)02, CS05.
HB 99	HOSPITALIZATION OF MENTALLY ILL, LIAB. FOR EXPENSE OF	RULES	GOVERNOR	IN (H) RULES	04/27/77		407	02/28/77	DP01, DNP01, NR06.
HB 125	AK NATIVE EDUC ADMIN INTERNSHIP PROGRAM	DUNCAN		IN (S) HESS	04/29/77	CS SS *	580	03/18/77	DNP02, CS04.
HB 126	APPROP AK COM ON POSTSECONDARY ED	DUNCAN		IN (H) FINANCE	03/18/77	SS *	580	03/18/77	DP02, DNP01, DP(AM)01, NR02.
HB 130	PUBLIC EMPLOYMENT RELATIONS ACT	HESS		IN (H) JUDICIARY	03/30/77		702	03/30/77	DNP02, CS05.
HB 132	ESTAB STATE EDUCATIONAL INCENTIVE GRANT PROGRAM	PARR		IN (S) HESS	05/14/77	CS *	407	02/28/77	CS08.
HB 135	APPROP-DEPT H&SS SENIOR CITIZEN NUTRITION FACILITY FBKS	PARR		IN (H) FINANCE	02/11/77		272	02/11/77	DP07.
HB 136	WICHE STUDENT EXCHANGE PROGRAM	PARR		CHAPTER 0085 SLA 77	06/03/77	* AM S (RE-ENG)	240	02/09/77	DP(AM)05, NR01.
HB 142	AK HISTORICAL COMMISSION- TRANSFER TO DEPT NAT RESOURCE	RULES	GOVERNOR	IN (H) RULES	05/03/77		849	04/13/77	DP(AM)04, NR02.
HB 146	SCHOLARSHIP LOAN PROGRAM	PARR		IN (H) RULES	02/23/77		372	02/23/77	DP04, DNP04.
HB 152	MENTAL HEALTH ADVISORY COUNCIL	RULES	GOVERNOR	CHAPTER 0040 SLA 77	05/19/77		289	02/14/77	DP05, NR01.
HB 161	TEACHERS RETIREMENT CREDIT IN US MERCHANT MARINES	PARR		IN (H) FINANCE	02/15/77		297	02/15/77	DP04, DNP04, NR01.
HB 179	APPROP DEPT EDUC - COMMUNITY SCHOOLS	DUNCAN		CHAPTER 0121 SLA 77	06/14/77		309	02/16/77	DP07.

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NUMBER	ABBREVIATED TITLE / SPONSOR	REQUESTER	CURRENT STATUS	STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
HB 205	LICENSING OF CARE PROVIDERS FOR DEPENDENT ADULTS MILES	BY REQUEST	CHAPTER 0045 SLA 77	05/20/77	CS * AM S	772	04/05/77	CS05.
HB 212	STATE AID FOR SCHOOLS SCHAEFFER		CHAPTER 0090 SLA 77	06/03/77	SCS CS *	849	04/13/77	CS03, NR02.
HB 224	POSTSECONDARY EDUCATION RULES	GOVERNOR	CHAPTER 0099 SLA 77	06/09/77	CS * (FIN)	570	03/17/77	CS08.
HB 228	TEACHERS ENGAGED IN COLLECTIVE BARGAINING DUNCAN		IN (S) HESS	05/05/77	CS * (FIN)	674 AM	03/28/77	DNP03, DP(AM)01, CS03, NR02.
HB 242	STATE SOCIAL SERVICES PLAN MALONE		IN (H) FINANCE	04/06/77		787	04/06/77	CS05.
HB 251	APPROP; PUBLIC WORKS; RECONSTRUCTION OF TWIN HILLS SCH SEVERSEN		IN (S) FINANCE	05/14/77		462	03/07/77	DP05.
HB 270	APPROP; DEPT OF PUBLIC WORKS; PIONEERS HOME AT HOMER RHODE		IN (H) FINANCE	04/07/77		810	04/07/77	DP05, NR03.
HB 271	MOTOR VEHICLE LICENSE TAX BUCHHOLDT		IN (S) HESS	04/06/77	CS * AM	713	03/31/77	CS06.
HB 284	SERVICE CREDIT IN TRS AND PERS RULES	GOVERNOR	IN (H) FINANCE	03/29/77		688	03/29/77	DP07.
HB 287	PROHIBIT SEX DISCRIMINATION IN EDUCATION RUDD		IN (S) HESS	04/14/77	CS * AM	734	04/01/77	DNP02, CS06.
HB 312	POSTSECONDARY EDUCATION HESS		CHAPTER 0050 SLA 77	05/25/77	FCCS SCS *	556	03/16/77	DP06.
HB 343	TEACHERS & PUBLIC EMPLOYEES RETIREMENT MILLER		CHAPTER 0128 SLA 77	06/14/77	SCS CS * (FIN) AM S	688	03/29/77	DP07, DNP01.
HB 351	SCHOOL OF JUSTICE & AMEND THE AK BAR RULES BRADLEY,R.		IN (S) HESS	01/16/78	CS *	940	04/21/77	CS07.
HB 361	ACCOUNTING & FISCAL MATTERS-U OF A MILES		IN (H) FINANCE	04/13/77		849	04/13/77	DP(AM)01, CS02, NR02.
HB 362	APPROP; U OF A BOARD OF REGENTS MILES		IN (H) FINANCE	04/05/77		773	04/05/77	DP04, NR01.
HB 363	APPROP; U OF A FISCAL MGMT COMMITTEE MILES		IN (H) FINANCE	04/05/77		773	04/05/77	DP05.
HB 365	REVOLVING LOAN FUND FOR RESIDENTIAL CARE FACILITIES MILES		IN (S) HESS	01/17/78	CS * AM	736	04/01/77	DP(AM)07, NR01.
HB 366	APPROP; COM & ECON DEV; RESIDENTIAL CARE FACIL. R.L.F. MILES		IN (S) HESS	01/17/78	CS * AM	736	04/01/77	DP(AM)07, OTHER01.
HB 379	BOARD OF NURSING HOME-MEMBERSHIP ELIASON		CHAPTER 0077 SLA 77	06/03/77		861	04/14/77	DP07.
HB 381	APPROP-DEPT EDUC; COMFORT STATION AT COLONY VILLAGE BUCHHOLDT		IN (S) FINANCE	04/25/77	CS * (HESS)	714	03/31/77	CS08.
HB 390	APPROP; ANCH LITERACY PROJECT; DEPT OF EDUCATION LETHIN		IN (H) FINANCE	04/06/77		790	04/06/77	DP07.
HB 395	COMMUNITY MENTAL HEALTH SVCS ACT EXPENDITURES MALONE		IN (H) FINANCE	04/04/77		754	04/04/77	DP(AM)04, NR01.
HB 407	EMERGENCY MEDICAL SERVICES-ADVISORY COUNCIL MCKINNON		CHAPTER 0100 SLA 77	06/09/77	* AM	1043	04/27/77	DNP01, DP(AM)05.

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NUMBER	ABBREVIATED TITLE / SPONSOR	REQUESTER	CURRENT STATUS	STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
HB 408	APPROP; ANCH NEIGHBORHOOD HEALTH CENTER; H & SS, DEPT MILES		IN (H) FINANCE	04/26/77		1030	04/26/77	DP05.
HB 409	CATASTROPHIC ILLNESS BUCHHOLDT		IN (S) FINANCE	05/24/77	CS * (FIN)	1262	05/09/77	CS09.
HB 413	APPROP; CITY OF NENANA HEALTH SVC CENTER SWANSON		IN (H) FINANCE	04/23/77		987	04/23/77	DP04, NR01.
HB 418	DE NOVO HEARINGS IN SUPERIOR COURT JUDICIARY		IN (S) HESS	04/21/77		903	04/19/77	DP06.
HB 421	APPROP-ADMIN DEPT ADVANCES TO U OF A RULES	GOVERNOR	IN (H) FINANCE	04/20/77		923	04/20/77	CS06.
HB 432	SVCS FOR PERSONS UNDER STATE RESPONSIBILITY HESS		IN (H) FINANCE	05/05/77		1227	05/05/77	CS05.
HB 435	APPROP - C&RA DEPT; RURALCAP PROGRAM COWPER		CHAPTER 0134 SLA 77	06/14/77		1055	04/27/77	DP04, NR03.
HB 439	AK LONGEVITY BONUS; DEPT HEARING GUY		IN (S) FINANCE	05/26/77	CS *	1193	05/04/77	CS07.
HB 460	APPROP; LAKE PENINSULA REGIONAL EDUC ATTENDENCE AREA ANDERSON		IN (H) FINANCE	05/18/77		1389	05/18/77	DP03, NR05.
HB 463	APPROP; SHELTER FOR ASSAULTED WOMEN & CHILDREN MALONE		CHAPTER 0072 SLA 77	05/28/77	* AM	941	04/21/77	DP(AM)05, NR02.
HB 465	EQUAL TREATMENT OF PERSONS; REGULATIONS OF H&SS DEPT PARR		IN (S) HESS	04/29/77	CS * AM	1030	04/26/77	CS05.
HCR 7	PRISON SYSTEM INVESTIGATION BY JUDICIAL COUNCIL BRADLEY,R.		EXPIRD 1ST SESS (H)	05/30/77		143	01/27/77	DP04, DNP04, OTHER01.
HCR 26	ELIGIBILITY FOR FOOD STAMPS, DETERMINATION OF MALONE		READ BY GOVERNOR	05/19/77	CS *	872	04/15/77	CS06.
HCR 35	HEALTH CARE FACILITIES IN KING SALMON SEVERSEN		READ BY GOVERNOR	04/27/77		530	03/14/77	DP09.
HCR 44	BOARD OF REGENTS; LEGISLATIVE FINDING-U OF A RUDD		EXPIRD 1ST SESS (H)	05/30/77		923	04/20/77	DNP02, CS02, NR02.
HCR 55	STATISTICS-TREATMENT OF MENTALLY ILL MALONE		EXPIRD 1ST SESS (H)	05/30/77	CS *	1410	05/19/77	CS05.
HCR 56	STATISTICS-WOMEN IN AK LABOR FORCE MALONE		EXPIRD 1ST SESS (H)	05/30/77	* AM	1332	05/13/77	DP(AM)06, NR01.
HCR 65	AK PIONEER HOME-SITKA; SUPERINTENDENTS QUARTERS ELIASON		READ BY GOVERNOR	05/27/77	* AM	1318	05/12/77	DNP01, DP(AM)03, NR01.
HJR 9	NATIONAL HEALTH INSURANCE BRADLEY,R.		EXPIRD 1ST SESS (H)	05/30/77		407	02/28/77	DNP04, CS04.
HJR 17	SOCIAL SECURITY ACT; PUBLIC HEARINGS MALONE		EXPIRD 1ST SESS (H)	05/30/77		516	03/11/77	DP07.
HJR 36	WELFARE REFORM STUDY BY US PRESIDENT PARR		READ BY GOVERNOR	05/11/77	* AM	807	04/07/77	DP(AM)08.
SB 45	RADIATION PROTECTION RULES	GOVERNOR	IN (H) FINANCE	05/14/77		1352	05/14/77	CS07.
SB 46	STUDENT REGENT, UNIV. OF ALASKA CROFT		CHAPTER 0013 SLA 77	04/04/77	CS *	470	03/08/77	DP07.

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SB 51	HOSPITALS	RULES	GOVERNOR	IN (H) RULES	03/17/77		569	03/17/77	DP(AM)04, NR04.
SB 54	ADOPTION ASSISTANCE -- FOSTER HOMES, AND EFF. DATE	RULES	GOVERNOR	CHAPTER 0036 SLA 77	05/16/77		448	03/04/77	DP06, NR01.
SB 110	STATE PHYSICAL THERAPY BOARD	RULES	GOVERNOR	CHAPTER 0043 SLA 77	05/19/77		1317	05/12/77	DP05.
SB 129	MEDICAL ASSISTANCE FOR NEEDY PERSONS	RULES	GOVERNOR	IN (H) FINANCE	01/18/78		98	01/18/78	DP05, NR03.
SB 226	TERMS OF REGIONAL SCHOOL BOARD MEMBERS	FERGUSON		CHAPTER 0112 SLA 77	06/13/77		1283	05/10/77	DNP03, CS05.
SCR 32	ANNULLING STUDENT LOAN INDEBTEDNESS REGULATION	KERTTULA		READ BY GOVERNOR	05/25/77		1425	05/20/77	DP04, NR01.

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NUMBER	ABBREVIATED TITLE / SPONSOR / REQUESTER	CURRENT STATUS	STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
HB 12	LONGEVITY BONUS; MEDICAL ABSENCE MILLER	IN (H) FINANCE	01/25/77		127	01/25/77	DNP02, CS06.
HB 13	LONGEVITY BONUS PHILLIPS	IN (H) FINANCE	02/18/77		330	02/18/77	DP06, DNP01.
HB 16	INSTRUCTIONAL UNITS-SCHOOL FOUNDATION MILLER	IN (H) FINANCE	01/25/77		127	01/25/77	DP06, DNP02.
HB 58	VILLAGE SAFE WATER ACT RULES GOVERNOR	IN (H) FINANCE	01/24/77		115	01/24/77	DP07, NR01.
HB 59	HANDICAPPED INDIVIDUALS RULES GOVERNOR	CHAPTER 0005 SLA 78	02/07/78	* AM	77	01/19/77	DP(AM)08.
HB 60	COMPULSORY SCHOOL ATTENDANCE RULES GOVERNOR	CHAPTER 0010 SLA 77	03/23/77	CS *	77	01/19/77	DP07.
HB 63	GUARDIANS FOR INCAPACITATED PERSONS RULES GOVERNOR	IN (H) JUDICIARY	01/31/77		170	01/31/77	DP(AM)07, NR01.
HB 65	ADOPTING INTERSTATE CORRECTIONS COMPACT RULES GOVERNOR	IN (H) JUDICIARY	02/14/77		288	02/14/77	CS06.
HB 74	CHILD CARE CENTERS IN STATE OFFICE BUILDINGS DUNCAN	IN (H) FINANCE	02/11/77	SS *	271	02/11/77	DP01, DNP04, NR02.
HB 78	APPROPRIATION; SEWARD SKILL CENTER; DEPT OF EDUCATION SPECKING	CHAPTER 0119 SLA 77	06/13/77	CS * AM S	113	01/26/77	DP04, NR04.
HB 89	STATE AID FOR SCHOOL CONSTRUCTION COTTEN	CHAPTER 0120 SLA 77	06/14/77	FCCS SCS CS *	419	03/01/77	DP(AM)02, CS05.
HB 99	HOSPITALIZATION OF MENTALLY ILL, LIAB. FOR EXPENSE OF RULES GOVERNOR	IN (H) RULES	04/27/77		407	02/28/77	DP01, DNP01, NR06.
HB 125	AK NATIVE EDUC ADMIN INTERNSHIP PROGRAM DUNCAN	IN (S) HESS	04/29/77	CS SS *	580	03/18/77	DNP02, CS04.
HB 126	APPROP AK COM ON POSTSECONDARY ED DUNCAN	IN (H) FINANCE	03/18/77	SS *	580	03/18/77	DP02, DNP01, DP(AM)01, NR02.
HB 130	PUBLIC EMPLOYMENT RELATIONS ACT HESS	IN (H) JUDICIARY	03/30/77		702	03/30/77	DNP02, CS05.
HB 132	ESTAB STATE EDUCATIONAL INCENTIVE GRANT PROGRAM PARR	IN (S) HESS	05/14/77	CS *	407	02/28/77	CS08.
HB 135	APPROP-DEPT HESS SENIOR CITIZEN NUTRITION FACILITY FBKS PARR	IN (H) FINANCE	02/11/77		272	02/11/77	DP07.
HB 136	WICHE STUDENT EXCHANGE PROGRAM PARR	CHAPTER 0085 SLA 77	06/03/77	* AM S (RE-ENG)	240	02/09/77	DP(AM)05, NR01.
HB 142	AK HISTORICAL COMMISSION- TRANSFER TO DEPT NAT RESOURCE RULES GOVERNOR	IN (H) RULES	05/03/77		849	04/13/77	DP(AM)04, NR02.
HB 146	SCHOLARSHIP LOAN PROGRAM PARR	IN (H) RULES	02/23/77		372	02/23/77	DP04, DNP04.
HB 152	MENTAL HEALTH ADVISORY COUNCIL RULES GOVERNOR	CHAPTER 0040 SLA 77	05/19/77		289	02/14/77	DP05, NR01.
HB 161	TEACHERS RETIREMENT CREDIT IN US MERCHANT MARINES PARR	IN (H) FINANCE	02/15/77		297	02/15/77	DP04, DNP04, NR01.
HB 179	APPROP DEPT EDUC - COMMUNITY SCHOOLS DUNCAN	CHAPTER 0121 SLA 77	06/14/77		309	02/16/77	DP07.

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NUMBER	ABBREVIATED TITLE	SPONSOR	REQUESTER	CURRENT STATUS	STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
HB 205	LICENSING OF CARE PROVIDERS FOR DEPENDENT ADULTS	MILES	BY REQUEST	CHAPTER 0045 SLA 77	05/20/77	CS * AM S	772	04/05/77	CS05.
HB 212	STATE AID FOR SCHOOLS	SCHAEFFER		CHAPTER 0090 SLA 77	06/03/77	SCS CS *	849	04/13/77	CS03, NR02.
HB 224	POSTSECONDARY EDUCATION	RULES	GOVERNOR	CHAPTER 0099 SLA 77	06/09/77	CS * (FIN)	570	03/17/77	CS08.
HB 228	TEACHERS ENGAGED IN COLLECTIVE BARGAINING	DUNCAN		IN (S) HESS	05/05/77	CS * (FIN) AM	674	03/28/77	DNP03, DP(AM)01, CS03, NR02.
HB 242	STATE SOCIAL SERVICES PLAN	MALONE		IN (H) FINANCE	04/06/77		787	04/06/77	CS05.
HB 251	APPROP; PUBLIC WORKS; RECONSTRUCTION OF TWIN HILLS SCH	SEVERSEN		IN (S) FINANCE	05/14/77		462	03/07/77	DP05.
HB 270	APPROP; DEPT OF PUBLIC WORKS; PIONEERS HOME AT HOMER	RHODE		IN (H) FINANCE	04/07/77		810	04/07/77	DP05, NR03.
HB 271	MOTOR VEHICLE LICENSE TAX	BUCHHOLDT		IN (S) HESS	04/06/77	CS * AM	713	03/31/77	CS06.
HB 284	SERVICE CREDIT IN TRS AND PERS	RULES	GOVERNOR	IN (H) FINANCE	03/29/77		688	03/29/77	DP07.
HB 287	PROHIBIT SEX DISCRIMINATION IN EDUCATION	RUDD		IN (S) HESS	04/14/77	CS * AM	734	04/01/77	DNP02, CS06.
HB 312	POSTSECONDARY EDUCATION	HESS		CHAPTER 0050 SLA 77	05/25/77	FCCS SCS *	556	03/16/77	DP06.
HB 343	TEACHERS & PUBLIC EMPLOYEES RETIREMENT	MILLER		CHAPTER 0128 SLA 77	06/14/77	SCS CS * (FIN) AM S	688	03/29/77	DP07, DNP01.
HB 351	SCHOOL OF JUSTICE & AMEND THE AK BAR RULES	BRADLEY,R.		IN (S) HESS	01/16/78	CS *	940	04/21/77	CS07.
HB 361	ACCOUNTING & FISCAL MATTERS-U OF A	MILES		IN (H) FINANCE	04/13/77		849	04/13/77	DP(AM)01, CS02. NR02.
HB 362	APPROP; U OF A BOARD OF REGENTS	MILES		IN (H) FINANCE	04/05/77		773	04/05/77	DP04, NR01.
HB 363	APPROP; U OF A FISCAL MGMT COMMITTEE	MILES		IN (H) FINANCE	04/05/77		773	04/05/77	DP05.
HB 365	REVOLVING LOAN FUND FOR RESIDENTIAL CARE FACILITIES	MILES		IN (S) FINANCE	02/02/78	CS * AM	736	04/01/77	DP(AM)07, NR01.
HB 366	APPROP; COM & ECON DEV; RESIDENTIAL CARE FACIL. R.L.F.	MILES		IN (S) FINANCE	02/02/78	CS * AM	736	04/01/77	DP(AM)07, OTHER01.
HB 379	BOARD OF NURSING HOME-MEMBERSHIP	ELIASON		CHAPTER 0077 SLA 77	06/03/77		861	04/14/77	DP07.
HB 381	APPROP-DEPT EDUC; COMFORT STATION AT COLONY VILLAGE	BUCHHOLDT		IN (S) FINANCE	04/25/77	CS * (HESS)	714	03/31/77	CS08.
HB 390	APPROP; ANCH LITERACY PROJECT; DEPT OF EDUCATION	LETHIN		IN (H) FINANCE	04/06/77		790	04/06/77	DP07.
HB 395	COMMUNITY MENTAL HEALTH SVCS ACT EXPENDITURES	MALONE		IN (H) FINANCE	04/04/77		754	04/04/77	DP(AM)04, NR01.
HB 407	EMERGENCY MEDICAL SERVICES-ADVISORY COUNCIL	MCKINNON		CHAPTER 0100 SLA 77	06/09/77	* AM	1043	04/27/77	DNP01, DP(AM)05.

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HB 408	APPROP; ANCH NEIGHBORHOOD HEALTH CENTER; H & SS, DEPT MILES		IN (H) FINANCE	04/26/77		1030	04/26/77	DP05.
HB 409	CATASTROPHIC ILLNESS BUCHHOLDT		IN (S) FINANCE	05/24/77	CS * (FIN)	1262	05/09/77	CS09.
HB 413	APPROP; CITY OF NENANA HEALTH SVC CENTER SWANSON		IN (H) FINANCE	04/23/77		987	04/23/77	DP04, NR01.
HB 418	DE NOVO HEARINGS IN SUPERIOR COURT JUDICIARY		IN (S) HESS	04/21/77		903	04/19/77	DP06.
HB 421	APPROP-ADMIN DEPT ADVANCES TO U OF A RULES	GOVERNOR	IN (H) FINANCE	04/20/77		923	04/20/77	CS06.
HB 432	SVCS FOR PERSONS UNDER STATE RESPONSIBILITY HESS		IN (H) FINANCE	05/05/77		1227	05/05/77	CS05.
HB 435	APPROP - C&RA DEPT; RURALCAP PROGRAM COWPER		CHAPTER 0134 SLA 77	06/14/77		1055	04/27/77	DP04, NR03.
HB 439	AK LONGEVITY BONUS; DEPT HEARING GUY		IN (S) FINANCE	05/26/77	CS *	1193	05/04/77	CS07.
HB 460	APPROP; LAKE PENINSULA REGIONAL EDUC ATTENDENCE AREA ANDERSON		IN (H) FINANCE	05/18/77		1389	05/18/77	DP03, NR05.
HB 463	APPROP; SHELTER FOR ASSAULTED WOMEN & CHILDREN MALONE		CHAPTER 0072 SLA 77	05/28/77	* AM	941	04/21/77	DP(AM)05, NR02.
HB 465	EQUAL TREATMENT OF PERSONS; REGULATIONS OF H&SS DEPT PARR		IN (S) HESS	04/29/77	CS * AM	1030	04/26/77	CS05.
HB 589	AK NAT GUARD SENIOR ROTC SCHOLARSHIP PROGRAM RULES	GOVERNOR	IN (H) FINANCE	01/23/78		131	01/23/78	DP05, NR02.
HB 608	SUPPL APPROP; DEPT OF ED; PUPIL TRANSPORTATION; COMPUTR RULES	GOVERNOR	IN (H) FINANCE	01/30/78		173	01/30/78	DP04.
HB 618	STATE COMMISSION FOR HUMAN RIGHTS ANNUAL REPORT MALONE		IN (H) FINANCE	02/01/78		198	02/01/78	DP(AM)06.
HB 637	CREDITABLE OUTSIDE SERVICE AND TRS RULES	LEG. CNCL.	IN (H) FINANCE	02/22/78		373	02/22/78	CS07.
HB 660	COST OF LIVING ALLOWANCE IN TRS RULES	LEG. CNCL.	IN (H) FINANCE	02/14/78		301	02/14/78	DP05, DNP01, OTHER01.
HB 680	BILINGUAL PUBLIC HEARINGS; ADMINISTRATIVE PROCEDURE ACT BUCHHOLDT		IN (H) FINANCE	02/22/78		374	02/22/78	CS06, NR01.
HB 698	TEACHERS RETIREMENT DUNCAN		IN (H) FINANCE	02/10/78		278	02/10/78	DP03, DNP01, NR03.
HB 726	SPEC APPROP; DEPT/EDUC; AK PUBLIC BROADCASTING CMSN NAKAK		IN (H) FINANCE	02/24/78		394	02/24/78	DP03, NR02, OTHER02.
HCR 7	PRISON SYSTEM INVESTIGATION BY JUDICIAL COUNCIL BRADLEY,R.		EXPIRD 1ST SESS (H)	05/30/77		143	01/27/77	DP04, DNP04, OTHER01.
HCR 26	ELIGIBILITY FOR FOOD STAMPS, DETERMINATION OF MALONE		READ BY GOVERNOR	05/19/77	CS *	872	04/15/77	CS06.
HCR 35	HEALTH CARE FACILITIES IN KING SALMON SEVERSEN		READ BY GOVERNOR	04/27/77		530	03/14/77	DP09.
HCR 44	BOARD OF REGENTS; LEGISLATIVE FINDING-U OF A RUDO		EXPIRD 1ST SESS (H)	05/30/77		923	04/20/77	DNP02, CS02, NR02.

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HCR 55	STATISTICS-TREATMENT OF MENTALLY ILL MALONE		EXPIRD 1ST SESS (H)	05/30/77	CS *	1410	05/19/77	CS05.
HCR 56	STATISTICS-WOMEN IN AK LABOR FORCE MALONE		EXPIRD 1ST SESS (H)	05/30/77	* AM	1332	05/13/77	DP(AM)06, NR01.
HCR 65	AK PIONEER HOME-SITKA; SUPERINTENDENTS QUARTERS ELIASON		READ BY GOVERNOR	05/27/77	* AM	1318	05/12/77	DNP01, DP(AM)03, NR01.
HJR 9	NATIONAL HEALTH INSURANCE BRADLEY,R.		EXPIRD 1ST SESS (H)	05/30/77		407	02/28/77	DNP04, CS04.
HJR 17	SOCIAL SECURITY ACT; PUBLIC HEARINGS MALONE		EXPIRD 1ST SESS (H)	05/30/77		516	03/11/77	DP07.
HJR 36	WELFARE REFORM STUDY BY US PRESIDENT PARR		READ BY GOVERNOR	05/11/77	* AM	807	04/07/77	DP(AM)08.
HJR 47	BILINGUALISM IN FEDERAL PROCEEDINGS BUCHHOLDT		CHAPTER 0000 SLA 78	02/17/78	* AM S	172	01/30/78	DP06.
HR 17	RURAL AREA FOOD STAMP ALLOTMENTS ANDERSON		READ BY GOVERNOR	02/07/78		198	02/01/78	DP06.
SB 45	RADIATION PROTECTION RULES	GOVERNOR	IN (H) FINANCE	05/14/77		1352	05/14/77	CS07.
SB 46	STUDENT REGENT, UNIV. OF ALASKA CROFT		CHAPTER 0013 SLA 77	04/04/77	CS *	470	03/08/77	DP07.
SB 51	HOSPITALS RULES	GOVERNOR	IN (H) RULES	03/17/77		569	03/17/77	DP(AM)04, NR04.
SB 54	ADOPTION ASSISTANCE -- FOSTER HOMES, AND EFF. DATE RULES	GOVERNOR	CHAPTER 0036 SLA 77	05/16/77		448	03/04/77	DP06, NR01.
SB 110	STATE PHYSICAL THERAPY BOARD RULES	GOVERNOR	CHAPTER 0043 SLA 77	05/19/77		1317	05/12/77	DP05.
SB 129	MEDICAL ASSISTANCE FOR NEEDY PERSONS RULES	GOVERNOR	PASSED (H)	02/24/78		98	01/18/78	DP05, NR03.
SB 226	TERMS OF REGIONAL SCHOOL BOARD MEMBERS FERGUSON		CHAPTER 0112 SLA 77	06/13/77		1283	05/10/77	DNP03, CS05.
SCR 32	ANNULLING STUDENT LOAN INDEBTEDNESS REGULATION KERTTULA		READ BY GOVERNOR	05/25/77		1425	05/20/77	DP04, NR01.
SJR 33	THE HEAD START PROGRAM CROFT		CHAPTER 0000 SLA 78	02/24/78		330	02/16/78	DP06.

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NUMBER	ABBREVIATED TITLE SPONSOR / REQUESTER / CURRENT STATUS	STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
HB 12	LONGEVITY BONUS; MEDICAL ABSENCE MILLER / IN (H) FINANCE	01/25/77		127	01/25/77	DNP02, CS06.
HB 13	LONGEVITY BONUS PHILLIPS / IN (H) FINANCE	02/18/77		330	02/18/77	DP06, DNP01.
HB 16	INSTRUCTIONAL UNITS-SCHOOL FOUNDATION MILLER / IN (H) FINANCE	01/25/77		127	01/25/77	DP06, DNP02.
HB 58	VILLAGE SAFE WATER ACT RULES / GOVERNOR / IN (H) FINANCE	01/24/77		115	01/24/77	DP07, NR01.
HB 59	HANDICAPPED INDIVIDUALS RULES / GOVERNOR / IN (S) FINANCE	02/07/77	* AM	77	01/19/77	DP(AM)08.
HB 60	COMPULSORY SCHOOL ATTENDANCE RULES / GOVERNOR / IN (S) HESS	03/01/77	CS *	77	01/19/77	DP07.
HB 63	GUARDIANS FOR INCAPACITATED PERSONS RULES / GOVERNOR / IN (H) JUDICIARY	01/31/77		170	01/31/77	DP(AM)07, NR01.
HB 65	ADOPTING INTERSTATE CORRECTIONS COMPACT RULES / GOVERNOR / IN (H) JUDICIARY	02/14/77		288	02/14/77	CS06.
HB 74	CHILD CARE CENTERS IN STATE OFFICE BUILDINGS DUNCAN / IN (H) FINANCE	02/11/77	SS *	271	02/11/77	DP01, DNP04, NR02.
HB 78	APPROPRIATION; SEWARD SKILL CENTER; DEPT OF EDUCATION SPECKING / IN (H) RULES	03/01/77		113	01/26/77	DP04, NR04.
HB 89	STATE AID FOR SCHOOL CONSTRUCTION, & EFF. DATE COTTEN / IN (H) FINANCE	03/01/77		419	03/01/77	DP(AM)02, CS05.
HB 99	HOSPITALIZATION OF MENTALLY ILL, LIAB. FOR EXPENSE OF RULES / GOVERNOR / IN (H) FINANCE	02/28/77		407	02/28/77	DP01, DNP01, NR06.
HB 132	ESTAB STATE EDUCATIONAL INCENTIVE GRANT PROGRAM PARR / IN (H) FINANCE	02/28/77		407	02/28/77	CS08.
HB 135	APPROP-DEPT H&SS SENIOR CITIZEN NUTRITION FACILITY FBKS PARR / IN (H) FINANCE	02/11/77		272	02/11/77	DP07.
HB 136	WICHE STUDENT EXCHANGE PROGRAM PARR / IN (S) HESS	02/11/77	* AM	240	02/09/77	DP(AM)05, NR01.
HB 146	SCHOLARSHIP LOAN PROGRAM PARR / IN (H) RULES	02/23/77		372	02/23/77	DP04, DNP04.
HB 152	MENTAL HEALTH ADVISORY COUNCIL RULES / GOVERNOR / IN (S) HESS	03/01/77		299	02/14/77	DP05, NR01.
HB 161	TEACHERS RETIREMENT CREDIT IN US MERCHANT MARINES PARR / IN (H) FINANCE	02/15/77		297	02/15/77	DP04, DNP04, NR01.
HB 179	APPROP DEPT EDUC - COMMUNITY SCHOOLS DUNCAN / IN (H) FINANCE	02/16/77		309	02/16/77	DP07.
HCR 7	PRISON SYSTEM INVESTIGATION BY JUDICIAL COUNCIL BRADLEY,R. / IN (H) JUDICIARY	01/27/77		143	01/27/77	DP04, DNP04, OTHER01.
HJR 9	NATIONAL HEALTH INSURANCE BRADLEY,R. / IN (H) JUDICIARY	02/28/77		407	02/28/77	DNP04, CS04.
SB 54	ADOPTION ASSISTANCE -- FOSTER HOMES, AND EFF. DATE RULES / GOVERNOR / IN (H) RULES	03/04/77		448	03/04/77	DP06, NR01.

NUMBER	ABBREVIATED TITLE	CURRENT STATUS	STATUS DATE	REQUESTER	AMENDED NAME
	PRIME SPONSOR: HESS				
HB 130	PUBLIC EMPLOYMENT RELATIONS ACT	IN (H) HESS	01/28/77		

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NUMBER	SPONSOR	ABBREVIATED TITLE / REQUESTER	CURRENT STATUS	STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
HB 12	MILLER	LONGEVITY BONUS; MEDICAL ABSENCE	IN (H) FINANCE	01/25/77		127	01/25/77	DNP02, CS06.
HB 13	PHILLIPS	LONGEVITY BONUS	IN (H) FINANCE	02/18/77		330	02/18/77	DP06, DNP01.
HB 16	MILLER	INSTRUCTIONAL UNITS-SCHOOL FOUNDATION	IN (H) FINANCE	01/25/77		127	01/25/77	DP06, DNP02.
HB 58	RULES	VILLAGE SAFE WATER ACT / GOVERNOR	IN (H) FINANCE	01/24/77		115	01/24/77	DP07, NR01.
HB 59	RULES	HANDICAPPED INDIVIDUALS / GOVERNOR	CHAPTER 0005 SLA 78	02/07/78	* AM	77	01/19/77	DP(AM)08.
HB 60	RULES	COMPULSORY SCHOOL ATTENDANCE / GOVERNOR	CHAPTER 0010 SLA 77	03/23/77	CS *	77	01/19/77	DP07.
HB 63	RULES	GUARDIANS FOR INCAPACITATED PERSONS / GOVERNOR	IN (H) JUDICIARY	01/31/77		17	01/31/77	DP(AM)07, NR01.
HB 65	RULES	ADOPTING INTERSTATE CORRECTIONS COMPACT / GOVERNOR	IN (H) JUDICIARY	02/14/77		288	02/14/77	CS06.
HB 74	DUNCAN	CHILD CARE CENTERS IN STATE OFFICE BUILDINGS	IN (H) FINANCE	02/11/77	SS *	271	02/11/77	DP01, DNP04, NR02.
HB 78	SPECKING	APPROPRIATION; SEWARD SKILL CENTER; DEPT OF EDUCATION	CHAPTER 0119 SLA 77	06/13/77	CS * AM S	113	01/26/77	DP04, NR04.
HB 89	COTTEN	STATE AID FOR SCHOOL CONSTRUCTION	CHAPTER 0120 SLA 77	06/14/77	FCCS SCS CS *	419	03/01/77	DP(AM)02, CS05.
HB 99	RULES	HOSPITALIZATION OF MENTALLY ILL, LIAB. FOR EXPENSE OF / GOVERNOR	IN (H) RULES	04/27/77		407	02/28/77	DP01, DNP01, NR06.
HB 125	DUNCAN	AK NATIVE EDUC ADMIN INTERNSHIP PROGRAM	IN (S) FINANCE	03/02/78	CS SS *	580	03/18/77	DNP02, CS04.
HB 126	DUNCAN	APPROP AK COM ON POSTSECONDARY ED	IN (H) FINANCE	03/18/77	SS *	580	03/18/77	DP02, DNP01, DP(AM)01, NR02.
HB 130	HESS	PUBLIC EMPLOYMENT RELATIONS ACT	IN (H) JUDICIARY	03/30/77		702	03/30/77	DNP02, CS05.
HB 132	PARR	ESTAB STATE EDUCATIONAL INCENTIVE GRANT PROGRAM	IN (S) FINANCE	03/02/78	CS *	407	02/28/77	CS08.
HB 135	PARR	APPROP-DEPT H&SS SENIOR CITIZEN NUTRITION FACILITY FBKS	IN (H) FINANCE	02/11/77		272	02/11/77	DP07.
HB 136	PARR	WICHE STUDENT EXCHANGE PROGRAM	CHAPTER 0085 SLA 77	06/03/77	* AM S (RE-ENG)	240	02/09/77	DP(AM)05, NR01.
HB 142	RULES	AK HISTORICAL COMMISSION- TRANSFER TO DEPT NAT RESOURCE / GOVERNOR	IN (H) RULES	05/03/77		849	04/13/77	DP(AM)04, NR02.
HB 146	PARR	SCHOLARSHIP LOAN PROGRAM	IN (H) RULES	02/23/77		372	02/23/77	DP04, DNP04.
HB 152	RULES	MENTAL HEALTH ADVISORY COUNCIL / GOVERNOR	CHAPTER 0040 SLA 77	05/19/77		289	02/14/77	DP05, NR01.
HB 161	PARR	TEACHERS RETIREMENT CREDIT IN US MERCHANT MARINES	IN (H) FINANCE	02/15/77		297	02/15/77	DP04, DNP04, NR01.
HB 179	DUNCAN	APPROP DEPT EDUC - COMMUNITY SCHOOLS	CHAPTER 0121 SLA 77	06/14/77		309	02/16/77	DP07.

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NUMBER	ABBREVIATED TITLE	SPONSOR	REQUESTER	CURRENT STATUS	STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
HB 205	LICENSING OF CARE PROVIDERS FOR DEPENDENT ADULTS	MILES	BY REQUEST	CHAPTER 0045 SLA 77	05/20/77	CS * AM S	772	04/05/77	CS05.
HB 212	STATE AID FOR SCHOOLS	SCHAEFFER		CHAPTER 0090 SLA 77	06/03/77	SCS CS *	849	04/13/77	CS03, NR02.
HB 224	POSTSECONDARY EDUCATION	RULES	GOVERNOR	CHAPTER 0099 SLA 77	06/09/77	CS * (FIN)	570	03/17/77	CS08.
HB 228	TEACHERS ENGAGED IN COLLECTIVE BARGAINING	DUNCAN		IN (S) HESS	05/05/77	CS * (FIN) AM	674	03/28/77	DNP03, DP(AM)01, CS03, NR02.
HB 242	STATE SOCIAL SERVICES PLAN	MALONE		IN (H) FINANCE	04/06/77		787	04/06/77	CS05.
HB 251	APPROP; PUBLIC WORKS; RECONSTRUCTION OF TWIN HILLS SCH	SEVERSEN		IN (S) FINANCE	05/14/77		462	03/07/77	DP05.
HB 270	APPROP; DEPT OF PUBLIC WORKS; PIONEERS HOME AT HOMER	RHODE		IN (H) FINANCE	04/07/77		810	04/07/77	DP05, NR03.
HB 271	MOTOR VEHICLE LICENSE TAX	BUCHHOLDT		IN (S) HESS	04/06/77	CS * AM	713	03/31/77	CS06.
HB 284	SERVICE CREDIT IN TRS AND PERS	RULES	GOVERNOR	IN (H) FINANCE	03/29/77		688	03/29/77	DP07.
HB 287	PROHIBIT SEX DISCRIMINATION IN EDUCATION	RUDD		IN (S) HESS	04/14/77	CS * AM	734	04/01/77	DNP02, CS06.
HB 312	POSTSECONDARY EDUCATION	HESS		CHAPTER 0050 SLA 77	05/25/77	FCCS SCS *	556	03/16/77	DP06.
HB 343	TEACHERS & PUBLIC EMPLOYEES RETIREMENT	MILLER		CHAPTER 0128 SLA 77	06/14/77	SCS CS * (FIN) AM S	688	03/29/77	DP07, DNP01.
HB 351	SCHOOL OF JUSTICE & AMEND THE AK BAR RULES	BRADLEY,R.		IN (S) HESS	01/16/78	CS *	940	04/21/77	CS07.
HB 361	ACCOUNTING & FISCAL MATTERS-U OF A	MILES		IN (H) FINANCE	04/13/77		849	04/13/77	DP(AM)01, CS02, NR02.
HB 362	APPROP; U OF A BOARD OF REGENTS	MILES		IN (H) FINANCE	04/05/77		773	04/05/77	DP04, NR01.
HB 363	APPROP; U OF A FISCAL MGMT COMMITTEE	MILES		IN (H) FINANCE	04/05/77		773	04/05/77	DP05.
HB 365	REVOLVING LOAN FUND FOR RESIDENTIAL CARE FACILITIES	MILES		IN (S) FINANCE	02/02/78	CS * AM	736	04/01/77	DP(AM)07, NR01.
HB 366	APPROP; COM & ECON DEV; RESIDENTIAL CARE FACIL. R.L.F.	MILES		IN (S) FINANCE	02/02/78	CS * AM	736	04/01/77	DP(AM)07, OTHER01.
HB 379	BOARD OF NURSING HOME-MEMBERSHIP	ELIASON		CHAPTER 0077 SLA 77	06/03/77		861	04/14/77	DP07.
HB 381	APPROP-DEPT EDUC; COMFORT STATION AT COLONY VILLAGE	BUCHHOLDT		IN (S) FINANCE	04/25/77	CS * (HESS)	714	03/31/77	CS08.
HB 390	APPROP; ANCH LITERACY PROJECT; DEPT OF EDUCATION	LETHIN		IN (H) FINANCE	04/06/77		790	04/06/77	DP07.
HB 395	COMMUNITY MENTAL HEALTH SVCS ACT EXPENDITURES	MALONE		IN (H) FINANCE	04/04/77		754	04/04/77	DP(AM)04, NR01.
HB 407	EMERGENCY MEDICAL SERVICES-ADVISORY COUNCIL	MCKINNON		CHAPTER 0100 SLA 77	06/09/77	* AM	1043	04/27/77	DNP01, DP(AM)05.

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HB 408	APPROP; ANCH NEIGHBORHOOD HEALTH CENTER; H & SS, DEPT MILES — IN (H) FINANCE	04/26/77		1030	04/26/77	DP05.
HB 409	CATASTROPHIC ILLNESS BUCHHOLDT — IN (S) FINANCE	05/24/77	CS * (FIN)	1262	05/09/77	CS09.
HB 413	APPROP; CITY OF NENANA HEALTH SVC CENTER SWANSON — IN (H) FINANCE	04/23/77		987	04/23/77	DP04, NR01.
HB 418	DE NOVO HEARINGS IN SUPERIOR COURT JUDICIARY — IN (S) HESS	04/21/77		903	04/19/77	DP06.
HB 421	APPROP-ADMIN DEPT ADVANCES TO U OF A RULES — GOVERNOR — IN (H) FINANCE	04/20/77		923	04/20/77	CS06.
HB 432	SVCS FOR PERSONS UNDER STATE RESPONSIBILITY HESS — IN (H) FINANCE	05/05/77		1227	05/05/77	CS05.
HB 435	APPROP - C&RA DEPT; RURALCAP PROGRAM COWPER — CHAPTER 0134 SLA 77	06/14/77		1055	04/27/77	DP04, NR03.
HB 439	AK LONGEVITY BONUS; DEPT HEARING GUY — IN (S) RULES	03/08/78	CS *	1193	05/04/77	CS07.
HB 460	APPROP; LAKE PENINSULA REGIONAL EDUC ATTENDENCE AREA ANDERSON — IN (H) FINANCE	05/18/77		1389	05/18/77	DP03, NR05.
HB 463	APPROP; SHELTER FOR ASSAULTED WOMEN & CHILDREN MALONE — CHAPTER 0072 SLA 77	05/28/77	* AM	941	04/21/77	DP(AM)05, NR02.
HB 465	EQUAL TREATMENT OF PERSONS; REGULATIONS OF H&SS DEPT PARR — IN (S) HESS	04/29/77	CS * AM	1030	04/26/77	CS05.
HB 489	LABOR RELATIONS; SCHOOL BOARDS & OTHERS AND EMPLOYEES MALONE — BY REQUEST — IN (S) HESS	03/09/78	CS *	427	02/28/78	CS08.
HB 589	AK NAT GUARD SENIOR ROTC SCHOLARSHIP PROGRAM RULES — GOVERNOR — IN (H) FINANCE	01/23/78		131	01/23/78	DP05, NR02.
HB 598	SPEC APPROP; DEPT HEALTH & SS; WOMENS CENTER IN KODIAK SNIDER — IN (H) FINANCE	03/03/78		462	03/03/78	CS05, NR03.
HB 608	SUPPL APPROP; DEPT OF ED; PUPIL TRANSPORTATION; COMPUTR RULES — GOVERNOR — IN (H) FINANCE	01/30/78		173	01/30/78	DP04.
HB 618	STATE COMMISSION FOR HUMAN RIGHTS ANNUAL REPORT MALONE — IN (S) HESS	03/07/78	* AM	198	02/01/78	DP(AM)06.
HB 637	CREDITABLE OUTSIDE SERVICE AND TRS RULES — LEG. CNCL. — IN (H) FINANCE	02/22/78		373	02/22/78	CS07.
HB 660	COST OF LIVING ALLOWANCE IN TRS RULES — LEG. CNCL. — IN (H) FINANCE	02/14/78		301	02/14/78	DP05, DNP01, OTHER01.
HB 680	BILINGUAL PUBLIC HEARINGS; ADMINISTRATIVE PROCEDURE ACT BUCHHOLDT — IN (H) FINANCE	02/22/78		374	02/22/78	CS06, NR01.
HB 697	SPEC APPROP; DEPT/EDUCATION; COMMUNITY SCHOOLS DUNCAN — IN (H) FINANCE	02/28/78		427	02/28/78	DP(AM)07.
HB 698	TEACHERS RETIREMENT DUNCAN — IN (H) FINANCE	02/10/78		278	02/10/78	DP03, DNP01, NR03.
HB 726	SPEC APPROP; DEPT/EDUC; AK PUBLIC BROADCASTING CMSN NAKAK — IN (H) FINANCE	02/24/78		394	02/24/78	DP03, NR02, OTHER02.
HB 728	SPEC APPROP; DEPT/HEALTH & SS; MOBILE DENTAL CLINIC OSTERBACK — IN (H) FINANCE	03/08/78		510	03/08/78	DP04, NR01.

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NUMBER	ABBREVIATED TITLE	SPONSOR	REQUESTER	CURRENT STATUS	STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
HB 737	U OF A & SCHOOL EMPLOYEES INDEMNIFICATION	COWPER		IN (H) FINANCE	03/02/78		446	03/02/78	DP(AM)07, NR01.
HB 780	SPEC APPROP; NATL COUNCIL/ALCOHOLISM; ALASKA REGION	PARR		IN (S) HESS	03/10/78		436	03/01/78	DP06.
HB 783	SPEC APPROP; AK COUNCIL ON THE ARTS	DUNCAN		IN (H) FINANCE	02/28/78		428	02/28/78	DP05, NR02.
HB 844	BLOOD DONATION BY THOSE 17 OR OLDER	BEIRNE		IN (S) HESS	03/07/78		463	03/03/78	DP07, NR01.
HB 862	SPEC APPROP; DEPT/EDUC; TRANSPORTATION MUSEUM OF ALASKA	HESS		IN (H) FINANCE	03/10/78		534	03/10/78	DP04, OTHER01.
HCR 7	PRISON SYSTEM INVESTIGATION BY JUDICIAL COUNCIL	BRADLEY,R.		EXPIRD 1ST SESS (H)	05/30/77		143	01/27/77	DP04, DNP04, OTHER01.
HCR 26	ELIGIBILITY FOR FOOD STAMPS, DETERMINATION OF	MALONE		READ BY GOVERNOR	05/19/77	CS *	872	04/15/77	CS06.
HCR 35	HEALTH CARE FACILITIES IN KING SALMON	SEVERSEN		READ BY GOVERNOR	04/27/77		530	03/14/77	DP09.
HCR 44	BOARD OF REGENTS; LEGISLATIVE FINDING-U OF A	RUDD		EXPIRD 1ST SESS (H)	05/30/77		923	04/20/77	DNP02, CS02, NR02.
HCR 55	STATISTICS-TREATMENT OF MENTALLY ILL	MALONE		EXPIRD 1ST SESS (H)	05/30/77	CS *	1410	05/19/77	CS05.
HCR 56	STATISTICS-WOMEN IN AK LABOR FORCE	MALONE		EXPIPD 1ST SESS (H)	05/30/77	* AM	1332	05/13/77	DP(AM)06, NR01.
HCR 65	AK PIONEER HOME-SITKA; SUPERINTENDENTS QUARTERS	ELIASON		READ BY GOVERNOR	05/27/77	* AM	1318	05/12/77	DNP01, DP(AM)03, NR01.
HCR103	INCLUDE CORRECTIONAL INDUSTRY IN MASTERPLAN ADV STUDY	DANKWORTH		IN (S) HESS	03/09/78	CS *	497	03/07/78	CS07.
HJR 9	NATIONAL HEALTH INSURANCE	BRADLEY,R.		EXPIRD 1ST SESS (H)	05/30/77		407	02/28/77	DNP04, CS04.
HJR 17	SOCIAL SECURITY ACT; PUBLIC HEARINGS	MALONE		EXPIRD 1ST SESS (H)	05/30/77		516	03/11/77	DP07.
HJR 36	WELFARE REFORM STUDY BY US PRESIDENT	PARR		READ BY GOVERNOR	05/11/77	* AM	807	04/07/77	DP(AM)08.
HJR 47	BILINGUALISM IN FEDERAL PROCEEDINGS	BUCHHOLDT		READ BY GOVERNOR	02/17/78	* AM S	172	01/30/78	DP06.
HR 17	RURAL AREA FOOD STAMP ALLOTMENTS	ANDERSON		READ BY GOVERNOR	02/07/78		198	02/01/78	DP06.
SB 45	RADIATION PROTECTION	RULES	GOVERNOR	IN (H) FINANCE	05/14/77		1352	05/14/77	CS07.
SB 46	STUDENT REGENT, UNIV. OF ALASKA	CROFT		CHAPTER 0013 SLA 77	04/04/77	CS *	470	03/08/77	DP07.
SB 51	HOSPITALS	RULES	GOVERNOR	IN (H) RULES	03/17/77		569	03/17/77	DP(AM)04, NR04.
SB 54	ADOPTION ASSISTANCE -- FOSTER HOMES, AND EFF. DATE	RULES	GOVERNOR	CHAPTER 0036 SLA 77	05/16/77		448	03/04/77	DP06, NR01.
SB 110	STATE PHYSICAL THERAPY BOARD	RULES	GOVERNOR	CHAPTER 0043 SLA 77	05/19/77		1317	05/12/77	DP05.

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	SPONSOR	REQUESTER	CURRENT STATUS	STATUS DATE	BILL ID.		
SB 129	MEDICAL ASSISTANCE FOR NEEDY PERSONS						
	RULES	GOVERNOR	CHAPTER 0011 SLA 78	03/03/78		98	01/18/78	DP05, NR03.
SB 226	TERMS OF REGIONAL SCHOOL BOARD MEMBERS						
	FERGUSON		CHAPTER 0112 SLA 77	06/13/77		1283	05/10/77	DNP03, CS05.
SCR 32	ANNULLING STUDENT LOAN INDEBTEDNESS REGULATION						
	KERTTULA		READ BY GOVERNOR	05/25/77		1425	05/20/77	DP04, NR01.
SJR 33	THE HEAD START PROGRAM						
	CROFT		READ BY GOVERNOR	02/24/78		330	02/16/78	DP06.
SJR 35	UPGRADING BIA'S RURAL SCHOOLS						
	RULES	LB&A	READ BY GOVERNOR	03/07/78		426	02/28/78	DP07.

NUMBER	ABBREVIATED TITLE	CURRENT STATUS	STATUS DATE	REQUESTER	AMENDED NAME
	PRIME SPONSOR: HESS				
HB 130	PUBLIC EMPLOYMENT RELATIONS ACT	IN (H) JUDICIARY	03/30/77		
HB 312	POSTSECONDARY EDUCATION	CHAPTER 0050 SLA 77	05/25/77		FCCS SCS *
HB 432	SVCS FOR PERSONS UNDER STATE RESPONSIBILITY	IN (H) FINANCE	05/05/77		
HB 797	SPEC APPROP; UNIV OF AK; NURSES EDUCATION PROGRAM	IN (H) HESS	02/10/78		
HB 856	ELECTION OF COMMUNITY SCHOOL COMMITTEE MEMBERS	IN (H) HESS	02/22/78		
HB 859	OPERATION OF CERTAIN MOTOR VEHICLES	IN (H) HESS	02/23/78		
HB 862	SPEC APPROP; DEPT/EDUC; TRANSPORTATION MUSEUM OF ALASKA	IN (H) FINANCE	03/10/78		
	CS ADOPTED: HESS				
HB 125	AK NATIVE EDUC ADMIN INTERNSHIP PROGRAM	IN (S) FINANCE	03/02/78		CS SS *
HB 132	ESTAB STATE EDUCATIONAL INCENTIVE GRANT PROGRAM	IN (S) FINANCE	03/02/78		CS *
HB 205	LICENSING OF CARE PROVIDERS FOR DEPENDENT ADULTS	CHAPTER 0045 SLA 77	05/20/77	BY REQUEST	CS * AM S
HB 271	MOTOR VEHICLE LICENSE TAX	IN (S) HESS	04/06/77		CS * AM
HB 287	PROHIBIT SEX DISCRIMINATION IN EDUCATION	IN (S) HESS	04/14/77		CS * AM
HB 351	SCHOOL OF JUSTICE & AMEND THE AK BAR RULES	IN (S) HESS	01/16/78		CS *
HB 381	APPROP-DEPT EDUC; COMFORT STATION AT COLONY VILLAGE	IN (S) FINANCE	04/25/77		CS * (HESS)
HB 439	AK LONGEVITY BONUS; DEPT HEARING	IN (S) RULES	03/08/78		CS *
HB 465	EQUAL TREATMENT OF PERSONS; REGULATIONS OF H&SS DEPT	IN (S) HESS	04/29/77		CS * AM
HB 489	LABOR RELATIONS; SCHOOL BOARDS & OTHERS AND EMPLOYEES	IN (S) HESS	03/09/78	BY REQUEST	CS *
HCR 26	ELIGIBILITY FOR FOOD STAMPS, DETERMINATION OF	READ BY GOVERNOR	05/19/77		CS *
HCR 55	STATISTICS-TREATMENT OF MENTALLY ILL	EXPIRD 1ST SESS (H)	05/30/77		CS *
HCR103	INCLUDE CORRECTIONAL INDUSTRY IN MASTERPLAN ADV STUDY	IN (S) HESS	03/09/78		CS *

NUMBER	ABBREVIATED TITLE SPONSOR	REQUESTER	CURRENT STATUS	STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
HB 12	LONGEVITY BONUS; MEDICAL ABSENCE MILLER		IN (H) FINANCE	01/25/77		127	01/25/77	DNP02, CS06.
HB 13	LONGEVITY BONUS PHILLIPS		IN (H) FINANCE	02/18/77		330	02/18/77	DP06, DNP01.
HB 16	INSTRUCTIONAL UNITS-SCHOOL FOUNDATION MILLER		IN (H) FINANCE	01/25/77		127	01/25/77	DP06, DNP02.
HB 58	VILLAGE SAFE WATER ACT RULES	GOVERNOR	IN (H) FINANCE	01/24/77		115	01/24/77	DP07, NR01.
HB 59	HANDICAPPED INDIVIDUALS RULES	GOVERNOR	IN (S) FINANCE	02/07/77	* AM	77	01/19/77	DP(AM)08.
HB 60	COMPULSORY SCHOOL ATTENDANCE RULES	GOVERNOR	PASSED (S)	03/10/77	CS *	77	01/19/77	DP07.
HB 63	GUARDIANS FOR INCAPACITATED PERSONS RULES	GOVERNOR	IN (H) JUDICIARY	01/31/77		170	01/31/77	DP(AM)07, NR01.
HB 65	ADOPTING INTERSTATE CORRECTIONS COMPACT RULES	GOVERNOR	IN (H) JUDICIARY	02/14/77		288	02/14/77	CS06.
HB 74	CHILD CARE CENTERS IN STATE OFFICE BUILDINGS DUNCAN		IN (H) FINANCE	02/11/77	SS *	271	02/11/77	DP01, DNP04, NR02.
HB 78	APPROPRIATION; SEWARD SKILL CENTER; DEPT OF EDUCATION SPECKING		IN (H) RULES	03/01/77		113	01/26/77	DP04, NR04.
HB 89	STATE AID FOR SCHOOL CONSTRUCTION, & EFF. DATE COTTEN		IN (H) FINANCE	03/01/77		419	03/01/77	DP(AM)02, CS05.
HB 99	HOSPITALIZATION OF MENTALLY ILL, LIAB. FOR EXPENSE OF RULES	GOVERNOR	IN (H) FINANCE	02/28/77		407	02/28/77	DP01, DNP01, NR06.
HB 132	ESTAB STATE EDUCATIONAL INCENTIVE GRANT PROGRAM PARR		IN (H) FINANCE	02/28/77		407	02/28/77	CS08.
HB 135	APPROP-DEPT H&SS SENIOR CITIZEN NUTRITION FACILITY FBKS PARR		IN (H) FINANCE	02/11/77		272	02/11/77	DP07.
HB 136	WICHE STUDENT EXCHANGE PROGRAM PARR		POSTPND 03/15/77(S)	03/11/77	* AM S	240	02/09/77	DP(AM)05, NR01.
HB 146	SCHOLARSHIP LOAN PROGRAM PARR		IN (H) RULES	02/23/77		372	02/23/77	DP04, DNP04.
HB 152	MENTAL HEALTH ADVISORY COUNCIL RULES	GOVERNOR	IN (S) FINANCE	03/08/77		289	02/14/77	DP05, NR01.
HB 161	TEACHERS RETIREMENT CREDIT IN US MERCHANT MARINES PARR		IN (H) FINANCE	02/15/77		297	02/15/77	DP04, DNP04, NR01.
HB 179	APPROP DEPT EDUC - COMMUNITY SCHOOLS DUNCAN		IN (S) HESS	03/10/77		309	02/16/77	DP07.
HB 251	APPROP; PUBLIC WORKS; RECONSTRUCTION OF TWIN HILLS SCH SEVERSEN		IN (H) FINANCE	03/07/77		462	03/07/77	DP05.
HCR 7	PRISON SYSTEM INVESTIGATION BY JUDICIAL COUNCIL BRADLEY,R.		IN (H) JUDICIARY	01/27/77		143	01/27/77	DP04, DNP04, OTHER01.
HJR 9	NATIONAL HEALTH INSURANCE BRADLEY,R.		IN (H) JUDICIARY	02/28/77		407	02/28/77	DNP04, CS04.
HJR 17	SOCIAL SECURITY ACT; PUBLIC HEARINGS MALONE		IN (H) RULES	03/11/77		516	03/11/77	DP07.

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NUMBER	ABBREVIATED TITLE SPONSOR	REQUESTER	CURRENT STATUS	STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
SB 46	STUDENT REGENT, UNIV. OF ALASKA CROFT		IN (H) RULES	03/08/77	CS *	470	03/08/77	DP07.
SB 54	ADOPTION ASSISTANCE -- FOSTER HOMES, AND EFF. DATE RULES	GOVERNOR	IN (H) JUDICIARY	03/07/77		448	03/04/77	DP06, NR01.

NUMBER	ABBREVIATED TITLE	CURRENT STATUS	STATUS DATE	REQUESTER	AMENDED NAME
	PRIME SPONSOR: HESS				
HB 130	PUBLIC EMPLOYMENT RELATIONS ACT	IN (H) HESS	01/28/77		
HB 312	POSTSECONDARY EDUCATION	IN (H) HESS	03/08/77		

NUMBER	ABBREVIATED TITLE / SPONSOR	REQUESTER	CURRENT STATUS	STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
HB 12	LONGEVITY BONUS; MEDICAL ABSENCE MILLER		IN (H) FINANCE	01/25/77		127	01/25/77	DNP02, CS06.
HB 13	LONGEVITY BONUS PHILLIPS		IN (H) FINANCE	02/18/77		330	02/18/77	DP06, DNP01.
HB 16	INSTRUCTIONAL UNITS-SCHOOL FOUNDATION MILLER		IN (H) FINANCE	01/25/77		127	01/25/77	DP06, DNP02.
HB 58	VILLAGE SAFE WATER ACT RULES	GOVERNOR	IN (H) FINANCE	01/24/77		115	01/24/77	DP07, NR01.
HB 59	HANDICAPPED INDIVIDUALS RULES	GOVERNOR	IN (S) FINANCE	02/07/77	* AM	77	01/19/77	DP(AM)08.
HB 60	COMPULSORY SCHOOL ATTENDANCE RULES	GOVERNOR	TRANSM TO GOVERNOR	03/14/77	CS *	77	01/19/77	DP07.
HB 63	GUARDIANS FOR INCAPACITATED PERSONS RULES	GOVERNOR	IN (H) JUDICIARY	01/31/77		170	01/31/77	DP(AM)07, NR01.
HB 65	ADOPTING INTERSTATE CORRECTIONS COMPACT RULES	GOVERNOR	IN (H) JUDICIARY	02/14/77		288	02/14/77	CS06.
HB 74	CHILD CARE CENTERS IN STATE OFFICE BUILDINGS DUNCAN		IN (H) FINANCE	02/11/77	SS *	271	02/11/77	DP01, DNP04, NR02.
HB 78	APPROPRIATION; SEWARD SKILL CENTER; DEPT OF EDUCATION SPECKING		IN (H) RULES	03/01/77		113	01/26/77	DP04, NR04.
HB 89	STATE AID FOR SCHOOL CONSTRUCTION, & EFF. DATE COTTEN		IN (H) FINANCE	03/01/77		419	03/01/77	DP(AM)02, CS05.
HB 99	HOSPITALIZATION OF MENTALLY ILL, LIAB. FOR EXPENSE OF RULES	GOVERNOR	IN (H) FINANCE	02/28/77		407	02/28/77	DP01, DNP01, NR06.
HB 125	AK NATIVE EDUC ADMIN INTERNSHIP PROGRAM DUNCAN		IN (H) FINANCE	03/18/77	SS *	580	03/18/77	DNP02, CS04.
HB 126	APPROP AK COM ON POSTSECONDARY ED DUNCAN		IN (H) FINANCE	03/18/77	SS *	580	03/18/77	DP02, DNP01, DP(AM)01, NR02.
HB 132	ESTAB STATE EDUCATIONAL INCENTIVE GRANT PROGRAM PARR		IN (H) FINANCE	02/28/77		407	02/28/77	CS08.
HB 135	APPROP-DEPT H&SS SENIOR CITIZEN NUTRITION FACILITY FBKS PARR		IN (H) FINANCE	02/11/77		272	02/11/77	DP07.
HB 136	WICHE STUDENT EXCHANGE PROGRAM PARR		CONF COMM APPTD (S)	03/18/77	* AM S	240	02/09/77	DP(AM)05, NR01.
HB 146	SCHOLARSHIP LOAN PROGRAM PARR		IN (H) RULES	02/23/77		372	02/23/77	DP04, DNP04.
HB 152	MENTAL HEALTH ADVISORY COUNCIL RULES	GOVERNOR	IN (S) FINANCE	03/08/77		289	02/14/77	DP05, NR01.
HB 161	TEACHERS RETIREMENT CREDIT IN US MERCHANT MARINES PARR		IN (H) FINANCE	02/15/77		297	02/15/77	DP04, DNP04, NR01.
HB 179	APPROP DEPT EDUC - COMMUNITY SCHOOLS DUNCAN		IN (S) H&SS	03/10/77		309	02/16/77	DP07.
HB 224	POSTSECONDARY EDUCATION RULES	GOVERNOR	IN (H) FINANCE	03/17/77		570	03/17/77	CS08.
HB 251	APPROP; PUBLIC WORKS; RECONSTRUCTION OF TWIN HILLS SCH SEVERSEN		IN (H) FINANCE	03/07/77		462	03/07/77	DP05.

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NUMBER	ABBREVIATED TITLE SPONSOR	REQUESTER	CURRENT STATUS	STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
HB 312	POSTSECONDARY EDUCATION HESS		IN (H) RULES	03/16/77		556	03/16/77	DP06.
HCR 7	PRISON SYSTEM INVESTIGATION BY JUDICIAL COUNCIL BRADLEY,R.		IN (H) JUDICIARY	01/27/77		143	01/27/77	DP04, DNP04, OTHER01.
HCR 35	HEALTH CARE FACILITIES IN KING SALMON SEVERSEN		IN (S) HESS	03/16/77		530	03/14/77	DP09.
HJR 9	NATIONAL HEALTH INSURANCE BRADLEY,R.		IN (H) JUDICIARY	02/28/77		407	02/28/77	DNP04, CS04.
HJR 17	SOCIAL SECURITY ACT; PUBLIC HEARINGS MALONE		IN (H) RULES	03/11/77		516	03/11/77	DP07.
SB 46	STUDENT REGENT, UNIV. OF ALASKA CROFT		TRANSM TO GOVERNOR	03/17/77	CS *	470	03/08/77	DP07.
SB 51	HOSPITALS RULES	GOVERNOR	IN (H) RULES	03/17/77		569	03/17/77	DP(AM)04, NR04.
SB 54	ADOPTION ASSISTANCE -- FOSTER HOMES, AND EFF. DATE RULES	GOVERNOR	IN (H) JUDICIARY	03/07/77		448	03/04/77	DP06, NR01.

NUMBER	ABBREVIATED_TITLE	CURRENT_STATUS	STATUS_DATE	REQUESTER	AMENDED_NAME
	PRIME SPONSOR: HESS				
HB 130	PUBLIC EMPLOYMENT RELATIONS ACT	IN (H) HESS	01/28/77		
HB 312	POSTSECONDARY EDUCATION	IN (H) RULES	03/16/77		

NUMBER	ABBREVIATED TITLE	CURRENT STATUS	STATUS DATE	REQUESTER	AMENDED NAME
	PRIME SPONSOR: HESS				
HB 130	PUBLIC EMPLOYMENT RELATIONS ACT	IN (H) JUDICIARY	03/30/77		
HB 312	POSTSECONDARY EDUCATION	CHAPTER 0050 SLA 77	05/25/77		FCCS SCS *
HB 432	SVCS FOR PERSONS UNDER STATE RESPONSIBILITY	IN (H) FINANCE	05/05/77		
HB 797	SPEC APPROP; UNIV OF AK; NURSES EDUCATION PROGRAM	IN (H) HESS	02/10/78		
HB 856	ELECTION OF COMMUNITY SCHOOL COMMITTEE MEMBERS	IN (H) HESS	02/22/78		
HB 859	OPERATION OF CERTAIN MOTOR VEHICLES	IN (H) HESS	02/23/78		
HB 862	SPEC APPROP; DEPT/EDUC; TRANSPORTATION MUSEUM OF ALASKA	IN (H) FINANCE	03/10/78		
HB 891	REORGANIZATION OF UNIVERSITY OF ALASKA	IN (H) HESS	03/15/78		
	CS ADOPTED: HESS				
HB 125	AK NATIVE EDUC ADMIN INTERNSHIP PROGRAM	IN (S) FINANCE	03/02/78		CS SS *
HB 132	ESTAB STATE EDUCATIONAL INCENTIVE GRANT PROGRAM	IN (S) FINANCE	03/02/78		CS *
HB 205	LICENSING OF CARE PROVIDERS FOR DEPENDENT ADULTS	CHAPTER 0045 SLA 77	05/20/77	BY REQUEST	CS * AM S
HB 271	MOTOR VEHICLE LICENSE TAX	IN (S) HESS	04/06/77		CS * AM
HB 287	PROHIBIT SEX DISCRIMINATION IN EDUCATION	IN (S) HESS	04/14/77		CS * AM
HB 351	SCHOOL OF JUSTICE & AMEND THE AK BAR RULES	IN (S) HESS	01/16/78		CS *
HB 381	APPROP-DEPT EDUC; COMFORT STATION AT COLONY VILLAGE	IN (S) FINANCE	04/25/77		CS * (HESS)
HB 439	AK LONGEVITY BONUS; DEPT HEARING	IN (S) RULES	03/08/78		CS *
HB 465	EQUAL TREATMENT OF PERSONS; REGULATIONS OF H&SS DEPT	IN (S) HESS	04/29/77		CS * AM
HB 489	LABOR RELATIONS; SCHOOL BOARDS & OTHERS AND EMPLOYEES	IN (S) HESS	03/09/78	BY REQUEST	CS *
HCR 26	ELIGIBILITY FOR FOOD STAMPS, DETERMINATION OF	READ BY GOVERNOR	05/19/77		CS *
HCR 55	STATISTICS-TREATMENT OF MENTALLY ILL	EXPIRD 1ST SESS (H)	05/30/77		CS *
HCR103	INCLUDE CORRECTIONAL INDUSTRY IN MASTERPLAN ADV STUDY	IN (S) HESS	03/09/78		CS *

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HB 12	MILLER	LONGEVITY BONUS; MEDICAL ABSENCE		IN (H) FINANCE	01/25/77		127	01/25/77	DNP02, CS06.
HB 13	PHILLIPS	LONGEVITY BONUS		IN (H) FINANCE	02/18/77		330	02/18/77	DP06, DNP01.
HB 16	MILLER	INSTRUCTIONAL UNITS-SCHOOL FOUNDATION		IN (H) FINANCE	01/25/77		127	01/25/77	DP06, DNP02.
HB 58	RULES	VILLAGE SAFE WATER ACT	GOVERNOR	IN (H) FINANCE	01/24/77		115	01/24/77	DP07, NR01.
HB 59	RULES	HANDICAPPED INDIVIDUALS	GOVERNOR	CHAPTER 0005 SLA 78	02/07/78	* AM	77	01/19/77	DP(AM)08.
HB 60	RULES	COMPULSORY SCHOOL ATTENDANCE	GOVERNOR	CHAPTER 0010 SLA 77	03/23/77	CS *	77	01/19/77	DP07.
HB 63	RULES	GUARDIANS FOR INCAPACITATED PERSONS	GOVERNOR	IN (H) JUDICIARY	01/31/77		170	01/31/77	DP(AM)07, NR01.
HB 65	RULES	ADOPTING INTERSTATE CORRECTIONS COMPACT	GOVERNOR	IN (H) JUDICIARY	02/14/77		288	02/14/77	CS06.
HB 74	DUNCAN	CHILD CARE CENTERS IN STATE OFFICE BUILDINGS		IN (H) FINANCE	02/11/77	SS *	271	02/11/77	DP01, DNP04, NR02.
HB 78	SPECKING	APPROPRIATION; SEWARD SKILL CENTER; DEPT OF EDUCATION		CHAPTER 0119 SLA 77	06/13/77	CS * AM S	113	01/26/77	DP04, NR04.
HB 89	COTTEN	STATE AID FOR SCHOOL CONSTRUCTION		CHAPTER 0120 SLA 77	06/14/77	FCCS SCS CS *	419	03/01/77	DP(AM)02, CS05.
HB 99	RULES	HOSPITALIZATION OF MENTALLY ILL, LIAB. FOR EXPENSE OF	GOVERNOR	IN (H) RULES	04/27/77		407	02/28/77	DP01, DNP01, NR06.
HB 125	DUNCAN	AK NATIVE EDUC ADMIN INTERNSHIP PROGRAM		IN (S) FINANCE	03/02/78	CS SS *	580	03/18/77	DNP02, CS04.
HB 126	DUNCAN	APPROP AK COM ON POSTSECONDARY ED		IN (H) FINANCE	03/18/77	SS *	580	03/18/77	DP02, DNP01, DP(AM)01, NR02.
HB 130	HESS	PUBLIC EMPLOYMENT RELATIONS ACT		IN (H) JUDICIARY	03/30/77		702	03/30/77	DNP02, CS05.
HB 132	PARR	ESTAB STATE EDUCATIONAL INCENTIVE GRANT PROGRAM		IN (S) FINANCE	03/02/78	CS *	407	02/28/77	CS08.
HB 135	PARR	APPROP-DEPT H&SS SENIOR CITIZEN NUTRITION FACILITY FBKS		IN (H) FINANCE	02/11/77		272	02/11/77	DP07.
HB 136	PARR	WICHE STUDENT EXCHANGE PROGRAM		CHAPTER 0085 SLA 77	06/03/77	* AM S (RE-ENG)	240	02/09/77	DP(AM)05, NR01.
HB 142	RULES	AK HISTORICAL COMMISSION- TRANSFER TO DEPT NAT RESOURCE	GOVERNOR	IN (H) RULES	05/03/77		849	04/13/77	DP(AM)04, NR02.
HB 146	PARR	SCHOLARSHIP LOAN PROGRAM		IN (H) RULES	02/23/77		372	02/23/77	DP04, DNP04.
HB 152	RULES	MENTAL HEALTH ADVISORY COUNCIL	GOVERNOR	CHAPTER 0040 SLA 77	05/19/77		289	02/14/77	DP05, NR01.
HB 161	PARR	TEACHERS RETIREMENT CREDIT IN US MERCHANT MARINES		IN (H) FINANCE	02/15/77		297	02/15/77	DP04, DNP04, NR01.
HB 179	DUNCAN	APPROP DEPT EDUC - COMMUNITY SCHOOLS		CHAPTER 0121 SLA 77	06/14/77		309	02/16/77	DP07.

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HB 205	LICENSING OF CARE PROVIDERS FOR DEPENDENT ADULTS	MILES	BY REQUEST	CHAPTER 0045 SLA 77	05/20/77	CS * AM S	772	04/05/77	CS05.
HB 212	STATE AID FOR SCHOOLS	SCHAEFFER		CHAPTER 0090 SLA 77	06/03/77	SCS CS *	849	04/13/77	CS03, NR02.
HB 224	POSTSECONDARY EDUCATION	RULES	GOVERNOR	CHAPTER 0099 SLA 77	06/09/77	CS * (FIN)	570	03/17/77	CS08.
HB 228	TEACHERS ENGAGED IN COLLECTIVE BARGAINING	DUNCAN		IN (S) HESS	05/05/77	CS * (FIN) AM	674	03/28/77	DNP03, DP(AM)01, CS03, NR02.
HB 242	STATE SOCIAL SERVICES PLAN	MALONE		IN (H) FINANCE	04/06/77		787	04/06/77	CS05.
HB 251	APPROP; PUBLIC WORKS; RECONSTRUCTION OF TWIN HILLS SCH	SEVERSEN		IN (S) FINANCE	05/14/77		462	03/07/77	DP05.
HB 270	APPROP; DEPT OF PUBLIC WORKS; PIONEERS HOME AT HOMER	RHODE		IN (H) FINANCE	04/07/77		810	04/07/77	DP05, NR03.
HB 271	MOTOR VEHICLE LICENSE TAX	BUCHHOLDT		IN (S) HESS	04/06/77	CS * AM	713	03/31/77	CS06.
HB 284	SERVICE CREDIT IN TRS AND PERS	RULES	GOVERNOR	IN (H) FINANCE	03/29/77		688	03/29/77	DP07.
HB 287	PROHIBIT SEX DISCRIMINATION IN EDUCATION	RUDD		IN (S) HESS	04/14/77	CS * AM	734	04/01/77	DNP02, CS06.
HB 312	POSTSECONDARY EDUCATION	HESS		CHAPTER 0050 SLA 77	05/25/77	FCCS SCS *	556	03/16/77	DP06.
HB 343	TEACHERS & PUBLIC EMPLOYEES RETIREMENT	MILLER		CHAPTER 0128 SLA 77	06/14/77	SCS CS * (FIN) AM S	688	03/29/77	DP07, DNP01.
HB 351	SCHOOL OF JUSTICE & AMEND THE AK BAR RULES	BRADLEY,R.		IN (S) HESS	01/16/78	CS *	940	04/21/77	CS07.
HB 361	ACCOUNTING & FISCAL MATTERS-U OF A	MILES		IN (H) FINANCE	04/13/77		849	04/13/77	DP(AM)01, CS02, NR02.
HB 362	APPROP; U OF A BOARD OF REGENTS	MILES		IN (H) FINANCE	04/05/77		773	04/05/77	DP04, NR01.
HB 363	APPROP; U OF A FISCAL MGMT COMMITTEE	MILES		IN (H) FINANCE	04/05/77		773	04/05/77	DP05.
HB 365	REVOLVING LOAN FUND FOR RESIDENTIAL CARE FACILITIES	MILES		IN (S) FINANCE	02/02/78	CS * AM	736	04/01/77	DP(AM)07, NR01.
HB 366	APPROP; COM & ECON DEV; RESIDENTIAL CARE FACIL. R.L.F.	MILES		IN (S) FINANCE	02/02/78	CS * AM	736	04/01/77	DP(AM)07, OTHER01.
HB 379	BOARD OF NURSING HOME-MEMBERSHIP	ELIASON		CHAPTER 0077 SLA 77	06/03/77		861	04/14/77	DP07.
HB 381	APPROP-DEPT EDUC; COMFORT STATION AT COLONY VILLAGE	BUCHHOLDT		IN (S) FINANCE	04/25/77	CS * (HESS)	714	03/31/77	CS08.
HB 390	APPROP; ANCH LITERACY PROJECT; DEPT OF EDUCATION	LETHIN		IN (H) FINANCE	04/06/77		790	04/06/77	DP07.
HB 395	COMMUNITY MENTAL HEALTH SVCS ACT EXPENDITURES	MALONE		IN (H) FINANCE	04/04/77		754	04/04/77	DP(AM)04, NR01.
HB 407	EMERGENCY MEDICAL SERVICES-ADVISORY COUNCIL	MCKINNON		CHAPTER 0100 SLA 77	06/09/77	* AM	1043	04/27/77	DNP01, DP(AM)05.

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HB 408	APPROP; ANCH NEIGHBORHOOD HEALTH CENTER; H & SS, DEPT MILES		IN (H) FINANCE	04/26/77		1030	04/26/77	DP05.
HB 409	CATASTROPHIC ILLNESS BUCHHOLDT		IN (S) FINANCE	05/24/77	CS * (FIN)	1262	05/09/77	CS09.
HB 413	APPROP; CITY OF NENANA HEALTH SVC CENTER SWANSON		IN (H) FINANCE	04/23/77		987	04/23/77	DP04, NR01.
HB 418	DE NOVO HEARINGS IN SUPERIOR COURT JUDICIARY		IN (S) HESS	04/21/77		903	04/19/77	DP06.
HB 421	APPROP-ADMIN DEPT ADVANCES TO U OF A RULES	GOVERNOR	IN (H) FINANCE	04/20/77		923	04/20/77	CS06.
HB 432	SVCS FOR PERSONS UNDER STATE RESPONSIBILITY HESS		IN (H) FINANCE	05/05/77		1227	05/05/77	CS05.
HB 435	APPROP - C&RA DEPT; RURALCAP PROGRAM COWPER		CHAPTER 0134 SLA 77	06/14/77		1055	04/27/77	DP04, NR03.
HB 439	AK LONGEVITY BONUS; DEPT HEARING GUY		IN (S) RULES	03/08/78	CS *	1193	05/04/77	CS07.
HB 460	APPROP; LAKE PENINSULA REGIONAL EDUC ATTENDENCE AREA ANDERSON		IN (H) FINANCE	05/18/77		1389	05/18/77	DP03, NR05.
HB 463	APPROP; SHELTER FOR ASSAULTED WOMEN & CHILDREN MALONE		CHAPTER 0072 SLA 77	05/28/77	* AM	941	04/21/77	DP(AM)05, NR02.
HB 465	EQUAL TREATMENT OF PERSONS; REGULATIONS OF HESS DEPT PARR		IN (S) HESS	04/29/77	CS * AM	1030	04/26/77	CS05.
HB 489	LABOR RELATIONS; SCHOOL BOARDS & OTHERS AND EMPLOYEES MALONE	BY REQUEST	IN (S) HESS	03/09/78	CS *	427	02/28/78	CS08.
HB 589	AK NAT GUARD SENIOR ROTC SCHOLARSHIP PROGRAM RULES	GOVERNOR	IN (H) RULES	03/15/78		131	01/23/78	DP05, NR02.
HB 598	SPEC APPROP; DEPT HEALTH & SS; WOMENS CENTER IN KODIAK SNIDER		IN (H) FINANCE	03/03/78		462	03/03/78	CS05, NR03.
HB 608	SUPPL APPROP; DEPT OF ED; PUPIL TRANSPORTATION; COMPUTR RULES	GOVERNOR	IN (H) FINANCE	01/30/78		173	01/30/78	DP04.
HB 618	STATE COMMISSION FOR HUMAN RIGHTS ANNUAL REPORT MALONE		IN (S) HESS	03/07/78	* AM	398	02/01/78	DP(AM)06.
HB 637	CREDITABLE OUTSIDE SERVICE AND IRS RULES	LEG. CNCL.	IN (H) FINANCE	02/22/78		373	02/22/78	CS07.
HB 660	COST OF LIVING ALLOWANCE IN IRS RULES	LEG. CNCL.	IN (H) FINANCE	02/14/78		301	02/14/78	DP05, DNP01, OTHER01.
HB 680	BILINGUAL PUBLIC HEARINGS; ADMINISTRATIVE PROCEDURE ACT BUCHHOLDT		IN (H) FINANCE	02/22/78		374	02/22/78	CS06, NR01.
HB 681	STATE AID FOR SCHOOL CONSTRUCTION COTTEN		IN (H) FINANCE	03/13/78		551	03/13/78	DP05.
HB 697	SPEC APPROP; DEPT/EDUCATION; COMMUNITY SCHOOLS DUNCAN		IN (H) FINANCE	02/28/78		427	02/28/78	DP(AM)07.
HB 698	TEACHERS RETIREMENT DUNCAN		IN (H) FINANCE	02/10/78		278	02/10/78	DP03, DNP01, NR03.
HB 726	SPEC APPROP; DEPT/EDUC; AK PUBLIC BROADCASTING CMSN NAKAK		IN (H) FINANCE	02/24/78		394	02/24/78	DP03, NR02, OTHER02.

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HB 728	SPEC APPROP; DEPT/HEALTH & SS; MOBILE DENTAL CLINIC OSTERBACK		IN (H) FINANCE	03/08/78		510	03/08/78	DP04, NR01.
HB 737	U OF A & SCHOOL EMPLOYEES INDEMNIFICATION COWPER		IN (H) FINANCE	03/02/78		446	03/02/78	DP(AM)07, NR01.
HB 780	SPEC APPROP; NATL COUNCIL/ALCOHOLISM; ALASKA REGION PARR		IN (S) FINANCE	03/17/78		436	03/01/78	DP06.
HB 783	SPEC APPROP; AK COUNCIL ON THE ARTS DUNCAN		IN (H) FINANCE	02/28/78		428	02/28/78	DP05, NR02.
HB 844	BLOOD DONATION BY THOSE 17 OR OLDER BEIRNE		IN (S) HESS	03/07/78		463	03/03/78	DP07, NR01.
HB 862	SPEC APPROP; DEPT/EDUC; TRANSPORTATION MUSEUM OF ALASKA HESS		IN (H) FINANCE	03/10/78		534	03/10/78	DP04, NR01.
HCR 7	PRISON SYSTEM INVESTIGATION BY JUDICIAL COUNCIL BRADLEY,R.		EXPIRD 1ST SESS (H)	05/30/77		143	01/27/77	DP04, DNP04, OTHER01.
HCR 26	ELIGIBILITY FOR FOOD STAMPS, DETERMINATION OF MALONE		READ BY GOVERNOR	05/19/77	CS *	872	04/15/77	CS06.
HCR 35	HEALTH CARE FACILITIES IN KING SALMON SEVERSEN		READ BY GOVERNOR	04/27/77		530	03/14/77	DP09.
HCR 44	BOARD OF REGENTS; LEGISLATIVE FINDING-U OF A RUDD		EXPIRD 1ST SESS (H)	05/30/77		923	04/20/77	DNP02, CS02, NR02.
HCR 55	STATISTICS-TREATMENT OF MENTALLY ILL MALONE		EXPIRD 1ST SESS (H)	05/30/77	CS *	1410	05/19/77	CS05.
HCR 56	STATISTICS-WOMEN IN AK LABOR FORCE MALONE		EXPIRD 1ST SESS (H)	05/30/77	* AM	1332	05/13/77	DP(AM)06, NR01.
HCR 65	AK PIONEER HOME-SITKA; SUPERINTENDENTS QUARTERS ELIASON		READ BY GOVERNOR	05/27/77	* AM	1318	05/12/77	DNP01, DP(AM)03, NR01.
HCR103	INCLUDE CORRECTIONAL INDUSTRY IN MASTERPLAN ADV STUDY DANKWORTH		IN (S) HESS	03/09/78	CS *	497	03/07/78	CS07.
HJR 9	NATIONAL HEALTH INSURANCE BRADLEY,R.		EXPIRD 1ST SESS (H)	05/30/77		407	02/28/77	DNP04, CS04.
HJR 17	SOCIAL SECURITY ACT; PUBLIC HEARINGS MALONE		EXPIRD 1ST SESS (H)	05/30/77		516	03/11/77	DP07.
HJR 36	WELFARE REFORM STUDY BY US PRESIDENT PARR		READ BY GOVERNOR	05/11/77	* AM	807	04/07/77	DP(AM)08.
HJR 47	BILINGUALISM IN FEDERAL PROCEEDINGS BUCHHOLDT		READ BY GOVERNOR	02/17/78	* AM S	172	01/30/78	DP06.
HR 17	RURAL AREA FOOD STAMP ALLOTMENTS ANDERSON		READ BY GOVERNOR	02/07/78		198	02/01/78	DP06.
SB 45	RADIATION PROTECTION RULES	GOVERNOR	IN (H) FINANCE	05/14/77		1352	05/14/77	CS07.
SB 46	STUDENT REGENT, UNIV. OF ALASKA CROFT		CHAPTER 0013 SLA 77	04/04/77	CS *	470	03/08/77	DP07.
SB 51	HOSPITALS RULES	GOVERNOR	IN (H) RULES	03/17/77		569	03/17/77	DP(AM)04, NR04.
SB 54	ADOPTION ASSISTANCE — FOSTER HOMES, AND EFF. DATE RULES	GOVERNOR	CHAPTER 0036 SLA 77	05/16/77		448	03/04/77	DP06, NR01.

HOUSE HESS

NUMBER	ABBREVIATED TITLE			STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
	SPONSOR	REQUESTER	CURRENT STATUS					
SB 110	STATE PHYSICAL THERAPY BOARD					1317	05/12/77	DP05.
	RULES	GOVERNOR	CHAPTER 0043 SLA 77	05/19/77				
SB 129	MEDICAL ASSISTANCE FOR NEEDY PERSONS					98	01/18/78	DP05, NR03.
	RULES	GOVERNOR	CHAPTER 0011 SLA 78	03/03/78				
SB 226	TERMS OF REGIONAL SCHOOL BOARD MEMBERS					1283	05/10/77	DNP03, CS05.
	FERGUSON		CHAPTER 0112 SLA 77	06/13/77				
SCR 32	ANNULLING STUDENT LOAN INDEBTEDNESS REGULATION					1425	05/20/77	DP04, NR01.
	KERTTULA		READ BY GOVERNOR	05/25/77				
SJR 33	THE HEAD START PROGRAM					330	02/16/78	DP06.
	CROFT		READ BY GOVERNOR	02/24/78				
SJR 35	UPGRADING BIA'S RURAL SCHOOLS					426	02/28/78	DP07.
	RULES	L&A	READ BY GOVERNOR	03/07/78				

HOUSE HESS

NUMBER	ABBREVIATED TITLE / SPONSOR / REQUESTER	CURRENT STATUS	STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
HB 12	LONGEVITY BONUS; MEDICAL ABSENCE MILLER	IN (H) FINANCE	01/25/77		127	01/25/77	DNP02, CS06.
HB 13	LONGEVITY BONUS PHILLIPS	IN (H) FINANCE	02/18/77		330	02/18/77	DP06, DNP01.
HB 16	INSTRUCTIONAL UNITS-SCHOOL FOUNDATION MILLER	IN (H) FINANCE	01/25/77		127	01/25/77	DP06, DNP02.
HB 58	VILLAGE SAFE WATER ACT RULES GOVERNOR	IN (H) FINANCE	01/24/77		115	01/24/77	DP07, NR01.
HB 59	HANDICAPPED INDIVIDUALS RULES GOVERNOR	IN (S) FINANCE	02/07/77	* AM	77	01/19/77	DP(AM)08.
HB 60	COMPULSORY SCHOOL ATTENDANCE RULES GOVERNOR	CHAPTER 0010 SLA 77	03/23/77	CS *	77	01/19/77	DP07.
HB 63	GUARDIANS FOR INCAPACITATED PERSONS RULES GOVERNOR	IN (H) JUDICIARY	01/31/77		170	01/31/77	DP(AM)07, NR01.
HB 65	ADOPTING INTERSTATE CORRECTIONS COMPACT RULES GOVERNOR	IN (H) JUDICIARY	02/14/77		288	02/14/77	CS06.
HB 74	CHILD CARE CENTERS IN STATE OFFICE BUILDINGS DUNCAN	IN (H) FINANCE	02/11/77	SS *	271	02/11/77	DP01, DNP04, NR02.
HB 78	APPROPRIATION; SEWARD SKILL CENTER; DEPT OF EDUCATION SPECKING	IN (H) RULES	03/01/77		113	01/26/77	DP04, NR04.
HB 89	STATE AID FOR SCHOOL CONSTRUCTION, & EFF. DATE COTTEN	IN (H) FINANCE	03/01/77		419	03/01/77	DP(AM)02, CS05.
HB 99	HOSPITALIZATION OF MENTALLY ILL, LIAB. FOR EXPENSE OF RULES GOVERNOR	IN (H) FINANCE	02/28/77		407	02/28/77	DP01, DNP01, NR06.
HB 125	AK NATIVE EDUC ADMIN INTERNSHIP PROGRAM DUNCAN	IN (H) FINANCE	03/18/77	SS *	580	03/18/77	DNP02, CS04.
HB 126	APPROP AK COM ON POSTSECONDARY ED DUNCAN	IN (H) FINANCE	03/18/77	SS *	580	03/16/77	DP02, DNP01, DP(AM)01, NR02.
HB 132	ESTAB STATE EDUCATIONAL INCENTIVE GRANT PROGRAM PARR	IN (H) FINANCE	02/28/77		407	02/28/77	CS08.
HB 135	APPROP-DEPT H&SS SENIOR CITIZEN NUTRITION FACILITY FBKS PARR	IN (H) FINANCE	02/11/77		272	02/11/77	DP07.
HB 136	WICHE STUDENT EXCHANGE PROGRAM PARR	CONF COMM APPOINTED	03/21/77	* AM S	240	02/09/77	DP(AM)05, NR01.
HB 146	SCHOLARSHIP LOAN PROGRAM PARR	IN (H) RULES	02/23/77		372	02/23/77	DP04, DNP04.
HB 152	MENTAL HEALTH ADVISORY COUNCIL RULES GOVERNOR	IN (S) FINANCE	03/08/77		289	02/14/77	DP05, NR01.
HB 161	TEACHERS RETIREMENT CREDIT IN US MERCHANT MARINES PARR	IN (H) FINANCE	02/15/77		297	02/15/77	DP04, DNP04, NR01.
HB 179	APPROP DEPT EDUC - COMMUNITY SCHOOLS DUNCAN	IN (S) HESS	03/10/77		309	02/16/77	DP07.
HB 224	POSTSECONDARY EDUCATION RULES GOVERNOR	IN (H) FINANCE	03/17/77		570	03/17/77	CS08.
HB 251	APPROP: PUBLIC WORKS; RECONSTRUCTION OF TWIN HILLS SCH SEVERSEN	IN (H) FINANCE	03/07/77		462	03/07/77	DP05.

HOUSE HESS

NUMBER	ABBREVIATED TITLE	SPONSOR	REQUESTER	CURRENT STATUS	STATUS DATE	BILL ID.	JOURNAL PAGE	JOURNAL DATE	COMMITTEE RECOMMENDATIONS
HB 312	POSTSECONDARY EDUCATION	HESS		IN (S) HESS	03/25/77		556	03/16/77	DP06.
HCR 7	PRISON SYSTEM INVESTIGATION BY JUDICIAL COUNCIL	BRADLEY,R.		IN (H) JUDICIARY	01/27/77		143	01/27/77	DP04, DNP04, OTHER01.
HCR 35	HEALTH CARE FACILITIES IN KING SALMON	SEVERSEN		IN (S) HESS	03/16/77		530	03/14/77	DP09.
HJR 9	NATIONAL HEALTH INSURANCE	BRADLEY,R.		IN (H) JUDICIARY	02/20/77		407	02/28/.7	DNP04, CS04.
HJR 17	SOCIAL SECURITY ACT; PUBLIC HEARINGS	MALONE		IN (H) RULES	03/11/77		516	03/11/77	DP07.
SB 46	STUDENT REGENT, UNIV. OF ALASKA	CROFT		TRANSM TO GOVERNOR	03/17/77	CS *	470	03/08/77	DP07.
SB 51	HOSPITALS	RULES	GOVERNOR	IN (H) RULES	03/17/77		569	03/17/77	DP(AM)04, NR04.
SB 54	ADOPTION ASSISTANCE -- FOSTER HOMES, AND EFF. DATE	RULES	GOVERNOR	IN (H) JUDICIARY	03/07/77		448	03/04/77	DP06, NR01.

NUMBER	ABBREVIATED TITLE	CURRENT STATUS	STATUS DATE	REQUESTER	AMENDED NAME
	PRIME SPONSOR: HESS				
HB 130	PUBLIC EMPLOYMENT RELATIONS ACT	IN (H) HESS	01/28/77		
HB 312	POSTSECONDARY EDUCATION	IN (S) HESS	03/25/77		

Charlie - I ran this off while playing with the computer terminal - if you don't have any use for it, bag it - it's current thru Friday -

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BILL #	ABBREVIATED TITLE	CURRENT STATUS	DATE
HB 75	MUNICIPAL TAX ON NET INCOME	IN (H) C&RA	1/19/77
HB 76	ADULTRY & FORNICATION, REPEALING STATUTORY	IN (H) RULES	1/31/77
HB 108	THIRD-PARTY BENEFICIARIES, WARRANTIES	FAILD (S) ON RECONS	5/06/77
HB 131	FREEDOM OF PUBLIC INFORNATION	IN (S) JUDICIARY	4/15/77
HB 132	ESTAB STATE EDUCATIONAL INCENTIVE GRANT PRO	POSTPND 5/13/77(H)	5/12/77
HB 133	STATE LAND SELECTION BY MUNICIPALITIES	IN (H) FINANCE	5/04/77
HB 134	PENALTIES FOR MUNICIPAL ORDINANCE VIOLATION	IN (S) C&RA	3/03/77
HB 135	APPROP-DEPT H&SS SENIOR CITIZEN NUTRITION F	IN (H) FINANCE	2/11/77
HB 136	WICHE STUDENT EXCHANGE PROGRAM	CONF COMM APPOINTED	3/21/77
HB 146	SCHOLARSHIP LOAN PROGRAM	IN (H) RULES	2/23/77
HB 160	FALSE CERTIFICATE OF RESIDENCY	IN (H) L&M	2/03/77
HB 161	TEACHERS RETIREMENT CREDIT IN US MERCHANT M	IN (H) FINANCE	2/15/77
HB 174	RIGHT TO CRIMINAL ACCUSATION BEFORE GRAND J	IN (H) JUDICIARY	2/04/77
HB 182	TAX CREDITS UNDER AK NET INCOME TAX	CHAPTER 0020 SLA 77	5/06/77
HB 202	ASSESSMENT & TAXATION ON DEVELOPED LAND	IN (H) C&RA	2/10/77
HB 219	SHORE FACILITIES FOR OFFSHORE RESOURCE EXTR	IN (H) C&RA	2/15/77
HB 273	THIRD CLASS BOROUGHS	IN (S) C&RA	4/28/77
HB 465	EQUAL TREATMENT OF PERSONS; REGULATIONS OF	IN (S) HESS	4/29/77
HB 471	DECENTRALIZATION OF EXECUTIVE BRANCH OF STA	IN (H) STATE AFF.	4/14/77
HB 472	SERVICES FOR MENTALLY ILL PERSONS	IN (H) HESS	4/14/77

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BILL #	ABBREVIATED TITLE	CURRENT STATUS	DATE
HB 481	PROHIBITED USE OF SOCIAL SECURITY ACCOUNT N	IN (H) JUDICIARY	4/21/77

HB 91	EMERGENCY RESIDENTIAL RENT, REGULATION & CO	IN (S) COMMERCE	3/17/77
HB 125	AK NATIVE EDUC ADMIN INTERNSHIP PROGRAM	IN (S) HESS	4/29/77
HB 178	NEW CAPITAL SITE AT WILLOW - PLANNING & DEV	IN (H) STATE AFF.	2/09/77
HB 179	APPROP DEPT EDUC - COMMUNITY SCHOOLS	IN (S) FINANCE	4/28/77
HB 198	BOARD OF GOVERNORS - AK BAR	IN (S) JUDICIARY	3/31/77
HB 220	SUPPL APPROP TO NAT RESOURCES DEPT: IDITAROD	CHAPTER 0011 SLA 77	3/28/77
HB 228	TEACHERS ENGAGED IN COLLECTIVE BARGAINING	IN (S) HESS	5/05/77
HB 239	STATE ELECTION CAMPAIGNS	IN (H) STATE AFF.	2/21/77
HB 290	HOSPITAL & HEALTH CARE CENTER FUND	IN (H) HESS	3/01/77
HB 291	BONDS FOR CONSTRUCTION OF HOSPITALS & HEALT	IN (H) HESS	3/01/77
HB 316	SALE OF ALCOHOL - CLUB LICENSES	CHAPTER 0032 SLA 77	5/11/77
HB 333	FOSTER CARE FOR NATIVE CHILDREN	IN (H) RULES	4/27/77
HB 343	TEACHERS RETIREMENT SYSTEM	IN (S) HESS	5/07/77

***** PRINTED FROM PB2V**** DATE IS 0077133 TIME EQUAL 1646098 *****

BILL #	ABBREVIATED TITLE	CURRENT STATUS	DATE
HB 351	SCHOOL OF JUSTICE & AMEND THE AK BAR RULES	IN (S) FINANCE	5/03/77
HB 352	STATE LAND FOR AGRICULTURAL HOMESITES	IN (S) STATE AFF.	4/22/77
HB 353	AGRICULTURAL DEVELOPMENT PROJECTS	IN (S) STATE AFF.	4/22/77
HB 371	FIRE INSURANCE RATES	TRANSM TO GOVERNOR	5/11/77
HB 373	TAX DEDUCTION FOR CHILD ADOPTION	IN (H) FINANCE	3/18/77
HB 480	TRADE ASSOC NEGOTIATE WORKMENS COMP PLANS	IN (H) L&M	4/15/77
HB 511	AK HORSE RACING COMMISSION	IN (H) STATE AFF.	4/27/77
HB 512	COMPETITIVE BIDDING-FISCAL PROCEDURES ACT	IN (H) STATE AFF.	4/28/77
HB 523	REDUCING TAX RATES - AK NET INCOME TAX ACT	IN (H) FINANCE	5/04/77
HCR 17	EVENING BUSINESS IN THE DISTRICT COURTS	READ BY GOVERNOR	3/31/77
HCR 30	NORTH SLOPE HAUL RD	IN (S) FINANCE	4/18/77
HJR 9	NATIONAL HEALTH INSURANCE	IN (H) JUDICIARY	2/28/77
HJR 10	PUBLIC LAND FOR HOMESTEADING	IN (S) FINANCE	3/07/77

HB 91 EMERGENCY RESIDENTIAL RENT, REGULATION & CO	IN (S) COMMERCE	3/17/77
HB 125 AK NATIVE EDUC ADMIN INTERNSHIP PROGRAM	IN (S) HESS	4/29/77
HB 178 NEW CAPITAL SITE AT WILLOW - PLANNING & DEV	IN (H) STATE AFF.	2/09/77
HB 179 APPROP DEPT EDUC - COMMUNITY SCHOOLS	IN (S) FINANCE	4/28/77
HB 198 BOARD OF GOVERNORS - AK BAR	IN (S) JUDICIARY	3/31/77
HB 220 SUPPL APPROP TO NAT RESOURCES DEPT: IDITAROD	CHAPTER 0011 SLA 77	3/28/77
HB 228 TEACHERS ENGAGED IN COLLECTIVE BARGAINING	IN (S) HESS	5/05/77
HB 239 STATE ELECTION CAMPAIGNS	IN (H) STATE AFF.	2/21/77
HB 290 HOSPITAL & HEALTH CARE CENTER FUND	IN (H) HESS	3/01/77
HB 291 BONDS FOR CONSTRUCTION OF HOSPITALS & HEALT	IN (H) HESS	3/01/77
HB 316 SALE OF ALCOHOL - CLUB LICENSES	CHAPTER 0032 SLA 77	5/11/77
HB 333 FOSTER CARE FOR NATIVE CHILDREN	IN (H) RULES	4/27/77
HB 343 TEACHERS RETIREMENT SYSTEM	IN (S) HESS	5/07/77

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BILL #	ABBREVIATED TITLE	CURRENT STATUS	DATE
HB 351	SCHOOL OF JUSTICE & AMEND THE AK BAR RULES	IN (S) FINANCE	5/03/77
HB 352	STATE LAND FOR AGRICULTURAL HOMESITES	IN (S) STATE AFF.	4/22/77
HB 353	AGRICULTURAL DEVELOPMENT PROJECTS	IN (S) STATE AFF.	4/22/77
HB 371	FIRE INSURANCE RATES	TRANSM TO GOVERNOR	5/11/77
HB 373	TAX DEDUCTION FOR CHILD ADOPTION	IN (H) FINANCE	3/18/77
HB 480	TRADE ASSOC NEGOTIATE WORKMENS COMP PLANS	IN (H) L&M	4/15/77
HB 511	AK HORSE RACING COMMISSION	IN (H) STATE AFF.	4/27/77
HB 512	COMPETITIVE BIDDING-FISCAL PROCEDURES ACT	IN (H) STATE AFF.	4/28/77
HB 523	REDUCING TAX RATES - AK NET INCOME TAX ACT	IN (H) FINANCE	5/04/77
HCR 17	EVENING BUSINESS IN THE DISTRICT COURTS	READ BY GOVERNOR	3/31/77
HCR 30	NORTH SLOPE HAUL RD	IN (S) FINANCE	4/18/77
HJR 9	NATIONAL HEALTH INSURANCE	IN (H) JUDICIARY	2/28/77
HJR 10	PUBLIC LAND FOR HOMESTEADING	IN (S) FINANCE	3/07/77
HR 9	AK RAILROAD EXTEND TO CANADIAN BORDER	READ BY GOVERNOR	3/23/77

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HB 492 ARBITRATION IN TEACHER NEGOTIATIONS	IN (H) HESS	4/21/77
HB 493 ORGANIZATION OF THE U OF A	IN (H) HESS	4/20/77
HCR 15 COMMENDING ATTORNEYS; VIOLENT CRIMES COMPEN	READ BY GOVENOR	2/11/77
HCR 16 AK AMER REVOLUTION BICENTENNIAL COMMISSION	READ BY GOVENOR	2/11/77
HCR 53 ALASKA SPECIAL OLYMPICS	READ BY GOVENOR	5/02/77
HJR 18 AMEND AK CONST - ELECTION DISTRICTS & STATE	IN (H) STATE AFF.	2/14/77
HJR 36 WELFARE REFORM STUDY BY US PRESIDENT	READ BY GOVENOR	5/11/77
HR 6 NORTH SLOPE HAUL ROAD	READ BY GOVENOR	2/11/77

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PARR CO-SPONSOR SUMMARY 16:45 5/13/ AGE 3 OF 4

BILL #	ABBREVIATED TITLE	CURRENT ST	DATE
HB 2	HOMESITE LAND AVAILABLE FROM STATE	IN (S) RESOU	4/27/77
HB 47	UTILITY CORRIDOR - RAILROAD	IN (S) STATE	3/17/77
HB 48	AK RAILROAD-APPROP HIGHWAYS - RIGHT-OF-WAY	IN (S) STATE	3/17/77
HB 49	STATE EMPLOYMENT CONTROL COMM - NUMBER OF E	IN (H) STATE	1/13/77
HB 51	VETERANS' LOANS	IN (H) FINAN	4/12/77
HB 72	HISTORICAL DISTRICTS WITHIN MUNICIPALITIES	IN (S) FINAN	4/22/77

NUMBER	ABBREVIATED TITLE	CURRENT STATUS	STATUS DATE	REQUESTER	AMENDED NAME
	PRIME SPONSOR: PARR				
HB 75	MUNICIPAL TAX ON NET INCOME	IN (H) C&RA	01/19/77		SEE BILL HISTORY
HB 76	ADULTRY & FORNICATION, REPEALING STATUTORY REFERENCES	IN (H) RULES	01/31/77		
HB 108	THIRD-PARTY BENEFICIARIES, WARRANTIES	FAILD (S) ON RECONS	05/06/77		SCS *
HB 131	FREEDOM OF PUBLIC INFORMATION	IN (S) JUDICIARY	04/15/77		CS * (JUD)
HB 132	ESTAB STATE EDUCATIONAL INCENTIVE GRANT PROGRAM	PASSD (H) ON RECONS	05/13/77		CS *
HB 133	STATE LAND SELECTION BY MUNICIPALITIES	IN (H) FINANCE	05/04/77		
HB 134	PENALTIES FOR MUNICIPAL ORDINANCE VIOLATIONS	IN (S) C&RA	03/03/77		CS *
HB 135	APPROP-DEPT H&SS SENIOR CITIZEN NUTRITION FACILITY FBKS	IN (H) FINANCE	02/11/77		
HB 136	WICHE STUDENT EXCHANGE PROGRAM	CONF COMM APPOINTED	03/21/77		* AM S
HB 146	SCHOLARSHIP LOAN PROGRAM	IN (H) RULES	02/23/77		
HB 160	FALSE CERTIFICATE OF RESIDENCY	IN (H) L&M	02/03/77		
HB 161	TEACHERS RETIREMENT CREDIT IN US MERCHANT MARINES	IN (H) FINANCE	02/15/77		
HB 174	RIGHT TO CRIMINAL ACCUSATION BEFORE GRAND JURY	IN (H) JUDICIARY	02/04/77		
HB 182	TAX CREDITS UNDER AK NET INCOME TAX	CHAPTER 0028 SLA 77	05/06/77		FCCS CS *
HB 202	ASSESSMENT & TAXATION ON DEVELOPED LAND	IN (H) C&RA	02/10/77		
HB 219	SHORE FACILITIES FOR OFFSHORE RESOURCE EXTRACTION	IN (H) C&RA	02/15/77		
HB 273	THIRD CLASS BOROUGHS	IN (S) RULES	05/13/77		CS * AM
HB 465	EQUAL TREATMENT OF PERSONS; REGULATIONS OF H&SS DEPT	IN (S) HESS	04/29/77		CS * AM
HB 471	DECENTRALIZATION OF EXECUTIVE BRANCH OF STATE GOVERNMNT	IN (H) STATE AFF.	04/14/77		
HB 472	SERVICES FOR MENTALLY ILL PERSONS	IN (H) HESS	04/14/77		
HB 491	PROHIBITED USE OF SOCIAL SECURITY ACCOUNT NUMBERS	IN (H) JUDICIARY	04/21/77		
HB 492	ARBITRATION IN TEACHER NEGOTIATIONS	IN (H) HESS	04/21/77		
HB 493	ORGANIZATION OF THE U OF A	IN (H) HESS	04/20/77		
HCR 15	COMMENDING ATTORNEYS; VIOLENT CRIMES COMPENSATION BOARD	READ BY GOVERNOR	02/11/77		
HCR 16	AK AMER REVOLUTION BICENTENNIAL COMMISSION	READ BY GOVERNOR	02/11/77		
HCR 53	ALASKA SPECIAL OLYMPICS	READ BY GOVERNOR	05/02/77		
HJR 18	AMEND AK CONST - ELECTION DISTRICTS & STATE SENATORS	IN (H) STATE AFF.	02/14/77		
HJR 36	WELFARE REFORM STUDY BY US PRESIDENT	READ BY GOVERNOR	05/11/77		* AM
HR 6	NORTH SLOPE HAUL ROAD	READ BY GOVERNOR	02/11/77		* AM
	CO-SPONSOR: PARR				
HB 2	HOMESITE LAND AVAILABLE FROM STATE	IN (S) RESOURCES	04/27/77		CS * AM
HB 47	UTILITY CORRIDOR - RAILROAD	IN (S) STATE AFF.	03/17/77		
HB 48	AK RAILROAD-APPROP HIGHWAYS - RIGHT-OF-WAY	IN (S) STATE AFF.	03/17/77		* AM
HB 49	STATE EMPLOYMENT CONTROL COMM - NUMBER OF EMPLOYEES	IN (H) STATE AFF.	01/13/77		
HB 51	VETERANS' LOANS	IN (H) FINANCE	04/12/77		
HB 72	HISTORICAL DISTRICTS WITHIN MUNICIPALITIES	IN (S) FINANCE	04/22/77		CS *
HB 89	STATE AID FOR SCHOOL CONSTRUCTION, & EFF. DATE	IN (S) FINANCE	05/04/77		CS * (FIN)
HB 91	EMERGENCY RESIDENTIAL RENT, REGULATION & CONTROL	IN (S) COMMERCE	03/17/77		
HB 125	AK NATIVE EDUC ADMIN INTERNSHIP PROGRAM	IN (S) HESS	04/29/77		CS SS *
HB 178	NEW CAPITAL SITE AT WILLOW - PLANNING & DEVELOPMENT	IN (H) STATE AFF.	02/09/77		
HB 179	APPROP DEPT EDUC - COMMUNITY SCHOOLS	IN (S) FINANCE	04/28/77		
HB 198	BOARD OF GOVERNORS - AK BAR	IN (S) JUDICIARY	03/31/77		CS *
HB 220	SUPPL APPROP TO NAT RESOURCES DEPT: IDITAROD TRAIL RACE	CHAPTER 0011 SLA 77	03/28/77		CS *
HB 228	TEACHERS ENGAGED IN COLLECTIVE BARGAINING	IN (S) HESS	05/05/77		CS * (FIN) AM
HB 239	STATE ELECTION CAMPAIGNS	IN (H) STATE AFF.	02/21/77		
HB 290	HOSPITAL & HEALTH CARE CENTER FUND	IN (H) HESS	03/01/77		
HB 291	BONDS FOR CONSTRUCTION OF HOSPITALS & HEALTH CARE CENTR	IN (H) HESS	03/01/77		
HB 316	SALE OF ALCOHOL - CLUB LICENSES	CHAPTER 0032 SLA 77	05/11/77		* AM S
HB 333	FOSTER CARE FOR NATIVE CHILDREN	IN (H) RULES	04/27/77		
HB 343	TEACHERS RETIREMENT SYSTEM	IN (S) HESS	05/07/77		CS *
HB 351	SCHOOL OF JUSTICE & AMEND THE AK BAR RULES	IN (S) FINANCE	05/03/77		CS *
HB 352	STATE LAND FOR AGRICULTURAL HOMESITES	IN (S) STATE AFF.	04/22/77		CS * AM
HB 353	AGRICULTURAL DEVELOPMENT PROJECTS	IN (S) STATE AFF.	04/22/77		CS *
HB 371	FIRE INSURANCE RATES	TRANSM TO GOVERNOR	05/11/77		CS *
HB 373	TAX DEDUCTION FOR CHILD ADOPTION	IN (H) FINANCE	03/18/77		
HB 480	TRADE ASSOC NEGOTIATE WORKMENS COMP PLANS	IN (H) L&M	04/15/77		
HB 511	AK HORSE RACING COMMISSION	IN (H) STATE AFF.	04/27/77		
HB 512	COMPETITIVE BIDDING-FISCAL PROCEDURES ACT	IN (H) STATE AFF.	04/28/77		
HB 523	REDUCING TAX RATES - AK NET INCOME TAX ACT	IN (H) FINANCE	05/04/77		
HCR 1	HONORING RALPH J. RIVERS	READ BY GOVERNOR	01/24/77		
HCR 3	FAREWELL TO RICHARD A. GUTHRIE	READ BY GOVERNOR	01/24/77		
HCR 4	HUNORING VIDE G. BARTLETT	READ BY GOVERNOR	01/24/77		
HCR 14	HONORING LANGHORNE A "TONY" MOTLEY	READ BY GOVERNOR	02/03/77		* AM S
HCR 17	EVENING BUSINESS IN THE DISTRICT COURTS	READ BY GOVERNOR	03/31/77		CS *
HCR 30	NORTH SLOPE HAUL RD	IN (S) FINANCE	04/18/77		
HCR 49	CONGRATULATING RICK SWENSON	READ BY GOVERNOR	04/14/77		
HCR 61	HONORING KEITH SPECKING	READ BY GOVERNOR	05/02/77		
HCR 64	HONORING RICHARD W. FREER	READ BY GOVERNOR	05/11/77		
HCR 71	HONORING JAMES DALTON	IN (H) RULES	05/13/77		

NUMBER	ABBBEVIATED TITLE	CURRENT STATUS	STATUS DATE	REQUESTER	AMENDED NAME
	CO-SPONSOR: PARR (CONTINUED)				
HJR 8	PRES OF US TO ADDRESS AK LEGISLATURE	READ BY GOVERNOR	02/03/77		
HJR 9	NATIONAL HEALTH INSURANCE	IN (H) JUDICIARY	02/28/77		
HJR 10	PUBLIC LAND FOR HOMESTEADING	IN (S) FINANCE	03/07/77		CS *
HR 1	SUSITNA VALLEY BAND TO INAUGURATION	READ BY GOVERNOR	01/20/77		
HR 2	SENATOR TED STEVENS - CONGRATULATIONS	READ BY GOVERNOR	01/28/77		
HR 8	COMMENDING WARREN BUD WOODS	READ BY GOVERNOR	02/24/77		
HR 9	AK RAILROAD EXTEND TO CANADIAN BORDER	READ BY GOVERNOR	03/23/77		
HR 11	HONORING MARTIN SEVERSEN	READ BY GOVERNOR	03/23/77		

FORESTRY

UNITED STATES DEPARTMENT OF AGRICULTURE
FOREST SERVICE
P.O. Box 1628, Juneau, Alaska 99802

1870

January 19, 1978

Senator Kay Poland
Alaska Senate
Pouch V
Juneau, Alaska 99811

Dear Ms. Poland:

The Forest Service currently has 137 enrollees working in Alaska in the nonresidential part of the Young Adult Conservation Corps Program. We plan to have 588 young people between the ages of 16 and 23 gainfully employed in the YACC Program by September 30, 1978. Additional YACC jobs in Alaska will be provided by U.S. Department of the Interior agencies, and by the Alaska Department of Natural Resources with Federal grant funds.

By location, the number of nonresidential enrollees (those who live at home) that we now have hired are:

Anchorage	53
Angoon	2
Cordova	6
Hoonah	3
Hydaburg	4
Juneau	12
Kake	3
Ketchikan	11
Metlakatla	5
Klawock	3
Palmer	7
Seward	10
Sitka	6
Wasilla	10
Yakutat	2
Total	137

Residential YACC camps, where enrollees live in Government housing, will be operated by the Forest Service in Wrangell, Cordova, Seward, and Kenai. The Wrangell camp is being activated this week with the arrival of the first 20 enrollees. We plan to open the Cordova camp in April, and the

Seward and Kenai camps in June. When fully activated, we will have 120-150 enrollees at Wrangell, and 50 enrollees each at Cordova, Seward, and Kenai.

Assistance with publicity and recruitment for the Program has been given to us by the Alaska Department of Labor, the Governor's Manpower Division, the Tlingit-Haida Central Council, the Tanana Chiefs, and the Southeastern and Rural Alaska Community Action Programs. Their cooperation has been most helpful in getting the Program on its way.

Once our residential YACC camps are in operation, we hope that you will be able to visit one of the centers. Our camp personnel will be available to explain the Program to you, and show you some of the project accomplishments.

During your stay in Juneau, while the current legislature is in session, you are welcome to stop by my office to discuss this or other Forest Service programs with me, or members of my staff.

Sincerely,

JOHN A. SANDOR
Regional Forester

FIDC

DR. WILLIAM R. WOOD
EXECUTIVE VICE PRESIDENT

FAIRBANKS INDUSTRIAL DEVELOPMENT CORPORATION
Phone 907 452-5400 619 Eleventh Avenue Fairbanks, Alaska 99701

March 14, 1977

Senator Kay Poland
Chairman, Resources Committee
Pouch "V", State Capitol Building
Juneau, Alaska 99811

Dear Senator Poland:

Here are the materials concerning Alaska's Interior Forests which I mentioned to you. For the best run down on this, I suggest conferring with Mr. John Galea of the U. S. Forestry Service. His office is located in Anchorage and his address is: 121 West Fireweed Lane, Suite 205, Anchorage, Alaska, 99503.

We are just now beginning to learn some of the facts about the Alaska's Interior Forests. The article by Hutchison and Schumann, which I marked with a paper clip is quite revealing. It appears that the Interior Forests can produce 634 cubic feet per acre as compared with that of Minnesota at 574 cubic feet per acre. This is on a sustained yield basis. The total volume potential is greater than that of Wisconsin, Michigan, and Minnesota combined.

The Fairbanks Industrial Development Corporation has spent some $20,000.00 this year through the office of the USDA regional forestry service of Portland for a market feasibility study for a "Structural Particleboard Plant" to be located somewhere in the rail belt area. Since the target selected was the rim of the Pacific countries, the study indicated we may be five or more years away from a sound project. This week, we are having a meeting for score or more of sawmill operators in Interior Alaska. Other forestry specialists will also participate in this meeting.

The prospects for making wise use of Interior Alaska Forests were never better. Harvesting and processing may be developing slowly, but the future is bright. Incidentally, agriculture and timber development work very well together in the Interior Valleys. The situation is somewhat like the old New England farms where the woodlot provides seasonal employment and income that dovetails with that of the crop lands.

Sincerely yours,

Bill Wood

William R. Wood
Executive Vice President

Alaska State Legislature

SENATOR
KAY POLAND
DISTRICT L
P.O. BOX 45
KODIAK, ALASKA 99615

Senate

KODIAK-ALEUTIAN
DISTRICT

WHILE IN JUNEAU
POUCH V
JUNEAU, ALASKA 99811

March 21, 1977

Dr. William R. Wood
Executive Vice President
Fairbanks Industrial Development
Corporation
619 Eleventh Avenue
Fairbanks, Alaska 99701

Dear Dr. Wood:

Thank you very much for sending me the material on Alaska's Interior Forests which we had discussed. Yesterday at a meeting for the Logger's Convention, I had the privilege of hearing Mr. John Galea speak, and he gave a slide show which was most interesting.

It is my belief Alaska's timber industry will really be reaching the important place it should in our economical development within the next ten years, and hopefully, the legislature will be able to communicate with and assist the industry as it grows.

I would greatly appreciate your keeping me advised in matters that you feel are pertinent.

Sincerely

Kay Poland

Kay Poland
State Senator
Kodiak-Aleutian District

KP:ss

WESTERN STATES LEGISLATIVE FORESTRY TASK FORCE

1107 - 9th Street

Sacramento, California
95814

February 10, 1977

The Honorable Hugh Malone
President of the Senate
Pouch "Y"
Juneau, Alaska 99811

Dear Mr. President:

This letter is to acquaint you with and to invite your participation in the Western States Legislative Forestry Task Force. This bipartisan Task Force was formed in 1974 and consists of four state legislators appointed from each of the states of California, Oregon, Washington, Idaho and Montana. It is charged with monitoring federal and state forestry issues and with advocating the interests of the member states in forest policy.

Policy resolutions are adopted after public testimony is taken at Task Force meetings, which are held about six times a year. Resolutions are then sent to federal agencies having jurisdiction over public forest lands and to Congressmen from the five western states. They are followed up in whatever manner promotes action.

For example, frequent contact was made last year with members of Congress to promote increased federal payments to local governments for services rendered to users of public timber lands within their jurisdictions. In this manner, the Task Force, along with other groups, helped to bring an estimated $86 million to local governments in the member states.

An explanation of this and other Task Force actions are summarized in our Annual Report, a copy of which is enclosed for your review. An agenda and minutes for the latest meeting, together with enabling legislation for Task Force participation from the state of Idaho, are also included.

contd.

Task Force operations are funded entirely by the legislatures of the five states. Shares of the total budget have been determined for the coming biennium on the basis of a formula that emphasizes equally benefits received and ability to pay. This formula is explained on page 17 of the annual report. Should legislators from Alaska decide to participate in the Task Force, an adaptation of the formula suggests that Alaska's cost would be about 7.6% of the budget adopted for support of Task Force staff, or about $5800 for the coming biennium. Travel expenses of members would be additional.

The Legislatures of the member states have found the benefits of the Task Force have far outweighed the small supporting cost. For this reason we urge you to consider joining with your fellow legislators from major timber producing states to form a stronger voice to speak for our states in matters of forest policy.

With your membership the Task Force would represent states containing about 70% of the soft wood growing stock in the United States. We would have access to a sizeable block of votes in Congress that would be a force to be reckoned with both in Congress and by federal agencies.

Sincerely,

J. Wilson Steen

J. Wilson Steen
Chairman

JWS/ha
cc: Senator Kay Polland
Chairman-Resources Committee
enc:

LAW OFFICES
JOE P. JOSEPHSON
1526 F STREET
ANCHORAGE, ALASKA 99501

(907) 272-8531

June 7, 1976

OF COUNSEL
GEORGE KAUFMANN, ESQ.
(D.C. BAR ONLY)

HOWARD TRICKEY, ESQ.
(D.C. BAR ONLY)

Port Graham Timber Sales

Mr. Michael C.T. Smith
Director
State Division of Lands
323 E. Fourth Avenue
Anchorage, Alaska 99501

Dear ~~Mr. Smith~~ Mike:

As you know, I was very disappointed by the failure of the Legislature to act favorably on S.B. 545. The communication from Mr. Tubbs certainly played a part in the failure of the Legislature to enact this measure. Genuine uncertainty about the effect of the bill as precedent for other situations besides Port Graham was another factor.

In your letter of May 18 to Senator Poland, you indicated that passage of S.B. 545 could involve as much as $918,000 of State receipts received between December 18, 1971 and April 15, 1976.

One element that requires research before the 1977 session is that there is a great difference, from a policy standpoint, in my judgment, between revenues obtained from the State through the extraction or removal of valuable resources, and revenues received as permits or rental recipts which do not diminish the present or future value of the Native patentee's equity interest or fee simple estate.

I believe we agree that Port Graham is the outstanding case where some legislative relief, or judicial relief, should be provided. Without attempting to recite all of the reasons again, I do point out that the primary resource value at Port Graham is timber; that the State under the contract with Southcentral Timber Co., Inc. received stumpage fees from and after 1967 until 1976; that the timber was not reappraised in 1972 by the State, and that a reappraisal would have resulted in a higher stumpage fee; that the lands were applied for in 1974 after the passage of the 1971 Claims Act; and the delay of the interim conveyances until December, 1975, was through no fault of the village corporation.

Obviously, if no timber had been taken, the value of the lands conveyed to Port Graham would be much higher than is the actual case today. Under the actual circumstances that prevail at Port Graham, the stockholders of the village corporation may have to wait several generations before the timber stands, where cutting has occurred by Southcentral Timber Development Company, can be again developed commercially. Even this hope for future development generations ahead assumes that State management was not inimical to the area and to the health of the forest in particular, from an

environmental point of view.

My judgment is that the Senate Resources Committee, including its chairperson, Senator Poland, Senator Chancy Croft, and others, gave fair consideration to S.B. 545, but were handicapped by lack of timely information. I only hope that the matter can be rectified for 1977 based on the research done to date and additional research which should distinguish between revenues derived from activities that diminished the value of the equity interest or fee simple estate and, on the other hand, revenues derived from activities which are not damaging to land values.

Sincerely,

Joe P. Josephson

Joe P. Josephson

bcc: Senators Croft, Poland + Sackett
Fort Graham Corp.

UNITED STATES DEPARTMENT OF AGRICULTURE
FOREST SERVICE

Forestry
inc.
- Lands

1560

January 19, 1977

The Honorable Kay Poland
Pouch V
State Capitol Building
Juneau, Alaska 99811

Dear Senator Poland:

I hope you will find the enclosed Smokey Bear pocket planner useful. Although forest fire prevention is not a problem in Southeast, it is a very large problem in the Interior. I share with you the feeling of loss over the many millions of acres of valuable forest and range lands burned over in past years by wildfire.

We are entering the third century of our Nation, and greater demands than ever before will be placed on our valuable renewable resources. Alaska has been and is steadily moving forward to take its rightful place as a storehouse and supplier of these natural resources for the United States and the Pacific Rim countries. The wilderness, scenic and recreation values are unsurpassed and there is a rapidly increasing influx of visitors to Alaska. The National Forests of Alaska had nearly 2 million visitor days of recreation use this past year.

The Forest Service in Alaska is actively working with the State on numerous cooperative programs. The most important cooperative effort to be undertaken in 1977-1978 is the assessment of the Renewable Resources of the State. This is part of the National Assessment authorized by the Resources Planning Act (PL 93-378). A complete assessment of Forest, Range, and related renewable resources is to be completed by December 1979.

Cooperative land-use planning efforts are underway and we recently signed a cooperative agreement with the State to implement the Sikes Act which provides for intensive cooperative wildlife habitat improvement programs. Various resource studies are ongoing in cooperation with the University of Alaska and other State agencies. Our research facilities at Juneau and Fairbanks are currently conducting inventory and research projects in the Interior and Southeast. Through our State and Private Forestry program, we provide technical advice and assistance to forest landowners. This program will be especially important as Native land selections are consummated.

The Forest Service is already engaged in several cooperative forestry assistance programs with Native corporations and villages. If we can aid you in securing background information and natural resource data, please do not hesitate to call on us.

My best wishes as you commence your deliberations and for the New Year. Hopefully, every Alaskan will help make 1977 safe from wildfire.

Sincerely,

JOHN A. SANDOR
Regional Forester

Enclosure

Alaska Loggers Association, Inc.

Forestry

M Stedman
Ketchikan, Alaska 99901
Phone 225-6114

RESOLUTION IN SUPPORT OF MULTIPLE-USE
LAND CLASSIFICATION OF NATIONAL INTERST
LANDS IN INTERIOR ALASKA

The Alaska Loggers Associations represents the Forest Industry in Alaska. Its membership is represented in the Southeastern, Southcentral and Interior forested areas of our State.

ALA is very interested, and vitally concerned, about upcoming congressional land classification decisions affecting national interest lands in Alaska, brought about by the Alaska Native Claims Settlement Act.

Commercial forest land in Interior Alaska includes over 22.5 million acres. Tree species, size and growing conditions compare favorably with, and in some areas exceed, commercial forests managed in our own Lake States, Western Manitoba and Ontario Canada and the Scandinavian counties of Norway, Finland and Sweden. Successful forest products industries as well as other wildland and recreation activities have co-existed, on these lands mentioned, for hundreds of years. The State of Minnesota, with a smaller forest land base than what is found in interior Alaska has over 60,000 people employed in its timber and forest products industry and maintains many high quality outdoor activities.

The Alaska Loggers Association is on record in support of multiple-use land management. ALA strongly favors public lands in interior Alaska be classified for their multiple use values and placed under the jurisdiction of an established land management agency dedicated for this purpose

Dated: October 23, 1976

By: Donald A. Bell
Donald A. Bell
Secretary
ALASKA LOGGERS ASSOCIATION

Alaska State Legislature

SENATOR
W. I. "BOB" PALMER
P. O. BOX 131
NINILCHIK, ALASKA 99639

WHILE IN JUNEAU
POUCH V
JUNEAU, ALASKA 99801

Senate

July 10, 1973

Memorandum

To: Sen. W.I. Palmer, Chairman
Special Senate Committee on Fisheries

From: Michael M. Whitehead
Administrative Assistant

Re: Forestry Section, State Division of Lands

During the past legislative session, one of the charges to this Committee was a review of the impact of logging on salmon habitat and production. In conducting this review, priority was placed on logging practices on State lands as correspondence and reports from individuals indicated that serious abuses of adequate management practices were taking place. Having inspected most of timber sales in the Haines area and the Windy Bay-Rocky Bay sale on the Kenai Peninsula, it is fortunate that the majority of these sales have not involved salmon producing waters, for the management practices have been less than adequate. The majority of the sales have involved upland areas. Poor timber management practice on these upland areas could ultimately effect salmon habitat and production, though this would be very difficult to document.

Based on field inspections, interviews with the District Foresters involved, and with administrative personnel in the State Forester

office, there is a need for legislative review of all phases of forest management and administration on State lands.

There are three major factors which are contributing to less than adequate forest management. Much of the following information will require further documentation prior to formal review because it has been outside of the present charge to this Committee. Until such time as a formal review is initiated, I would recommend that this information be kept confidential to facilitate access to documentation.

Disposal Orientation

The majority of past and present inadequacies in the management program are a function of the disposal orientation of the Division of Lands. I am attaching a copy of a memorandum written in 1968 which requests the Area Managers to "undertake an agressive program in your area with emphasis on disposal." The State Forester has indicated that he does not feel that his section is disposal oriented at this time. It may be more appropriate to say that there is not as much emphasis on disposal as in the past. The past emphasis is a current causative factor in that the District Foresters can not adequately administer the sales within their areas. The foresters which I've dealt with feel that movement from a disposal orientation which dominated all other considerations has taken place. However, it appears that the most recent large sale (SC-275, West Side Salvage) was a rush job resulting in inadequate layout, planning or inventory work being accomplished

prior to the sale. This typifies most of the sales in previous years, especially those involving large acreages. Many of the problems in the Haines area have resulted from the disposal philosophy and resulting rush sales. The number of sales completed was greater than the available staff could properly administer which has led to poor road layout and construction, poor cutting practices, and inadequate supervision of contractual requirements.

Another problem resulting from the disposal orientation in the Haines area is that of exceeding the allowable cut. The annual allowable cut figure of 20 million board feet (MBF) was established as early as 1964 and yet during the period 1961-1971 there was an over-cut of approximately 40 MBF. During the peak period of timber harvest in 1967-1970, the annual commercial harvest varied between 28.7 MBF and 45.3 MBF. The annual allowable cut has been reduced to 19.5 MBF to amortize the overcut over the remaining 89 years in the estimated 100 year rotation. The Haines District Forester has indicated that an annual allowable cut of 19.5 MBF is still in excess of that which should be cut to maintain sustained yield management. This is because all commercial timber stands are used as an inventory base upon which the allowable cut is determined without regard for lands which will be disposed of in the future, buffer zones, intensive management areas, recreational or other multiple-use areas. Also, cottonwood is included in the forest inventory and accounts for approximately 9% of the commercial timber. During the 1961-1971 period,

cottonwood accounted for about 1.4% of the harvest, allowing for an over-cut of 7.6% on spruce and hemlock. This practice is still in effect. The Haines District Forester feels that an annual allowable cut of approximately 13 MBF would be more realistic and this has been substanciated by the Timber Management Forester.

It would appear that a disposal philosophy has over-shadowed the Constitutional requirement for sustained yield management. It should be noted that requests for timber sales from the industry are often the determining factor in the decision to make a sale. This has been verified for several of the Haines timber sales and Mr. Sundt's allegation regarding the Icy Cape (White River) sale is correct according to a District Forester. It is somewhat ironical that the industry, who encouraged this type of management, will most likely be adversely impacted, especially in the Haines area. Approximately one-half of the annual production from this area is from National Forest. It has been indicated that the Forest Service does not anticipate increasing timber production in the area, and there will be a delay in planned sales because of the preparation of environmental impact statements on lands in roadless areas. In all probability, the industry will be requesting additional sales on State lands at a time when the State is attempting to reduce the annual allowable cut.

In 1971, an analysis of the forestry organization and programs of the State was conducted at the request of Charles F. Herbert, Commissioner of the Department of Natural Resources. The study

team consisted of personnel from the U.S. Forest Service and the Montana and Minnesota Forestry Departments. Their recommendations, and the lack of implementation by the State Foresters office, point out another area of apparent inadequacy--that of poor administration and lack of leadership.

Land-Use Planning

The study report states:

> "It also became immediately apparent that the sound plans for forest protection and management could not be established and quantified until it was known what the long-range land use plans would be for state lands.... Again, the basis for beginning the management of this resource is to establish with reasonable accuracy through land use planning, the forest lands that may logically be expected to be managed on a sustained yield basis. Any forest industry seeking to harvest timber and manufacture forest products in the state must be assured a continuous predictable supply of raw materials." (emphasis added)

The State Forester has indicated that the classification of lands is not far enough along as far as management is concerned. The Timber Management Forester stated that there is little support from "up the line" for land-use planning, which would allow for revised, dependable allowable cut figures. He felt the State, and especially his department, was far behind in this regard. He indicated that his present work load was a factor, but it would seem that land-use planning should receive a much higher priority. The study report continues:

> "...The lack of classification or determination of the lands to be hald (sic) under State Administration is posing many problems to the District Managers.
>
> Lacking this basic information on land retention and overall use plans has forced them to adopt a "policy of accommodation". Although they all have a good knowledge of the lands under their administration and the long-range use that they feel is desirable, they are frequently

> placed in an indefensible position when requested to make timber sales, long-term leases, or outright sales of ther property. Further, management of this type leads to special interest classifications, which will prohibit or make difficult the multiple-use of lands in the future...
>
> The purposes of this recommendation were in essence provided for in Division Order #112 dated October 19,1966, but to date have not been carried through."

It should be noted "this recommendation" was for land-use planning and "to date" was April 1971.

Policy and Guidelines

The study report states:

> "The general guides for District Managers are given in Division Order #112 dated October 19, 1966. These are very broad and give the District Managers a wide latitude for independent action. While they enjoy this autonomy, this review indicated they would welcome more positive management direction. This will, in part, be met by the preceeding land use planning recommended..., but they also desire to be more informed on current thinking in the central office with a better understanding of how well they are performing."

I am enclosing the results of this recommendation which were requested from the Timber Management Forester. He indicated that these policies and guidelines were initiated on his own and were worked on as "time allowed". The emphasis is on general administrative considerations rather than positive management direction.

In addition, both the study report and/or District Foresters indicated a great need for developing contractual cutting standards, specifications for road construction, standards for timber harvesting, guidelines for contract administration, and guidelines for sales preparations. The lack of these guidelines has contributed significantly to the current situation.

Memorandum
Sen. W.I. Palmer

As a result of discussions with the forestry staff, there are additional concerns which should be reviewed:

(1) Research: Is the research base adequate to support the management practice? At this point, it appers that Mr. Sundt's allegation regarding regeneration rates on the Windy Bay-Rocky Bay sale is accurate and may be indicative of a broader problem.

(2) Utilization: Are the present contractual requirements for utilization of timber adequate? Forestry personnel feel that requiring greater utilization may be appropriate.

(3) Illegal removal of timber for State lands as alleged in Mr. Sundt's letter. Information received from staff members indicate little or no check scaling is done to ensure proper payment to the State.

(4) Adequacy of the present staffing level in relation to the volume of timber being cut.

I have attempted to outline broad areas of concern rather than deal with problems on specific sales. I do have some specific details, but as indicated, additional documentation should be obtained.

Enclosures (8)

Alaska Conservation Society

Box 5-192 College, Alaska 99701

February 7, 1972

Senator Bob Palmer, Chairman
Senate Resources Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99801

Dear Bob:

An informant - apparently an authoritative one - recently discussed a situation with me that might merit your investigation. It concerns the Division of Lands Branch of Forestry, and amounts to a pretty solid roundhouse swing at the whole operation. The criticisms were

a) That the Branch, concerned for years almost exclusively with timber sales, has used very questionable economics to rationalize many of its contracts. The Yakataga sale was cited.
b) That the basic inventory data used to establish allowable cuts (timber cruise volumes, site index, growth rates) are poor and unprofessionally collected.
c) That actual logging shows under state contracts are not well supervised, resulting in shoddy logging, erosion, cut timber left in the woods, etc. Haines and Yakataga shows were mentioned specifically

I know nothing about this first-hand. If you think your Committee would want to question Keenan or Sachek, it might be well to contact Branch people like Tom Wade (forester stationed in Haines) and Ray Settles (forest protection man in Anchorage) as well. Reportedly they have not been happy with some of the state's forest management. Further investigation could indicate these criticisms are not substantiated, of course.

I understand Jack Hession, Dave Hickock, and other Anchorage people have looked into this a bit.

Sincerely yours,

Bob

Robert B. Weeden

RBW/cmh

P. O. Box 1054
Eagle River, Alaska 99577

March 7, 1972

Senator W. I. "Bob" Palmer
Pouch V
Juneau, Alaska 99801

Dear Senator Palmer:

Please excuse my delay in replying to your inquiry regarding mismanagement of State forest lands. I have been busy with other matters and wished to give my reply to you the thought and attention it deserves.

The problem is not so simple as a few cases of logging abuse, although such cases do exist. The basic problem is in the organization of State forestry personnell and in the philosophy of the State Forester.

You may remember that shortly after statehood, in the initial organization of the Division of Lands, Roscoe Bell hired Earl Plourde as State Forester. It's pretty well agreed within the forestry profession that Plourde was a visionary, and perhaps ahead of his time in some respects. He predicted a rapid development of Alaskan Forests and he worked diligently to bring this about within the framework of good forest practices. It soon became evident that forestry could go nowhere without land to manage on a long term basis, and thus began the conflict between Forestry, which was management oriented and championed by Plourde, and Lands, which was disposal oriented and run by Joe Keenan. There was constant bickering and jockeying for position, and Roscoe Bell would neither settle anything in favor of one side or the other, nor step in and firmly tell them to quit fighting.

Plourde's two main assistants were Ted Smith in charge of Parks and Recreation, and Bill Sacheck, in charge of Management and Protection. Plourde could never see the tremendous importance that parks were to achieve, and as a consequence Smith succeeded in divorcing his section from forestry and proceeding on his own. Parks and Recreation has since achieved the Division status which it deserves, although it can still be argued that the split should never have taken place since there are certain management and protection functions which must be duplicated with Parks and Forestry as separate sections.

Sacheck was unhappy working under Plourde. I believe it was a personal thing but it manifested itself in attempts to obstruct and undermine the program. For example Sacheck once hired a forester whom he despised "as a joke on Plourde". That forester is still with the State and in my opinion is a good man, but

Sacheck's motive in hiring him could certainly not be considered in the best interests of the organization he was supposed to be working for.

Once in an argument with Sacheck I was espousing forest management and he stated that no forests in the state outside of Southeastern were worth managing. The talk then swung to fire protection and he gave the opinion that we should protect nothing, and let it all burn. I told him then that he was certainly the only Management and Protection Officer who believed in neither management nor protection ! This man is now our State Forester.

Roscoe Bell was aware of the strong frictions within his Division and began to think of some type of reorganization as the solution. Sacheck became his Special Assistant and campaigned successfully for a plan which would leave Plourde and all other branch chiefs as mere staff advisors with no line authority. Meantime we had a change of administration and commissioners. Tom Kelly knew nothing about timber but was pleased at the prospect of officiating at the forthcoming Shuyak timber sale, which could not hope to rival his later oil lease sale but was at that time to be the largest State sale to date. Our timber didn't sell, happily as later events were to prove, but Kelly apparently felt he had lost stature, and in a fit of pique he transferred Plourde to an untenable position which forced his resignation.

Sacheck was made State Forester, his main qualification being that he was anti-Plourde, and ironically he inherited the crippled organization structure he had been instrumental in creating.

I hope I have not bored you with this long discourse, a good share of which was petty "office politics", but I wished to make clear how a potentially vital forestry program fell into the hands of a second-rate administrator and lost its momentum. Sacheck never had creative plans but made his way by being negative. He is firmly ensconsed and has the typical bureaucratic attitude that "if you don't stick your neck out, your head is safe". There are no forestry programs initiated except as reactions to outside pressure. For example, no attempt was made to discover whether Rocky-Windy Bay was regenerating itself, until last year when I understand some outside inquiries were instituted, possibly by yourself. At that time a token effort was made to assess the situation but no satisfactory conclusion was reached, at least from what I have been able to discover. That is a huge cutover area and deserves more attention, but a Division forester told me the other day "All we do now is fill out forms".

I have worked as a logger and from my contacts within the industry I believe there are areas within the state from which millions of feet of timber have been illegally removed. I won't go into any more detail on this matter but will simply state that under a strong forestry organization with proper leadership this wouldn't have happened.

In my opinion the Icy Bay sale was also badly mishandled. It began with a request from the Japanese for a sale of 100MM feet

in White River. The State cruised it and was preparing to offer it but got some rumbles from other large timber firms who, as you may know, constitute a sort of monopoly in Southeastern and didn't think they wanted any competition in the Icy Bay area. The State Forester immediately scrapped his plans for White River and "entertained proposals" from the industry at large. The original Japanese firm submitted their White River plan but someone else asked for twice the amount in Icy Bay. Naturally the larger proposal was accepted, in spite of very limited inventory statistics for the area upon which to base an allowable cut. A new cruise was made, somewhat lengthy due to the fact that the cruise party, led by the Forest Management Officer, spent a whole week cruising in the wrong place and didn't realize it until their pilot picked them up and apologized for setting them down at the wrong river.

When the auction was held nobody showed up except the original Japanese group who didn't want 200 MM feet in Icy Bay but wanted 100 MM feet at White River. They bid the appraised price and were eventually awarded the sale after some unexplained hesitation on the part of Commissioner Kelly. I should think that at that point, in the interests of conservative forest management, the original 100 MM feet in White River should have been offered as an alternative, since that's what the Japanese wanted in the first place. To my knowledge this was not done, and the 200 MM foot sale is now being logged with as little supervision as Rocky-Windy Bay has received.

I am aware that my criticism of the Division of Lands can be construed as "sour grapes". Prior to Plourde's resignation I was his chief assistant and bumped heads constantly with Sacheck. One of Sacheck's first official acts as State Forester was to remove me completely from all contact with forestry work and have me placed in a position for which I was eminently unqualified. An attempt was then made to discredit me on the basis of poor attitude and performance but that backfired and I eventually worked my way back into forestry. I survived the pressures placed upon me and resigned voluntarily in disgust at the aimlessness of the Division of Lands and its Forestry section. I have been much happier doing constructive work than I ever was simply filling out forms.

To summarize my recommendations I shall quote from the termination interview form which I completed when I resigned from the Division 2½ years ago. Under the heading "Suggestions on how to improve the unit..." I wrote, "Remove forestry from the Division of Lands and place it under the leadership of a strong, competent State Forester who has as his goal the creation, protection, and management of a system of State Forests, and make it possible for land to be evaluated and classified for that purpose".

We need first of all a leader of stature, vision, and principles. I believe such a person could be enticed from one of the other states that already possesses a good forest program.

Beyond that Forestry needs the power to classify and manage land. Not just for timber but for watershed, recreation, etc..

The total need for public land cannot be satisfied simply by a system of parks, which are very limited, single-use withdrawals. I have long held the view that on all State highway construction projects we should reserve large stretches of frontage and the land behind for public use. One mile out of every ten or perhaps every five could be so reserved and posted as "State Forest-Open to Public Use", but instead the Division of Lands consistently sells every available foot and we have strip private ownership with no public access to vast areas on either side. Drive the new highway from Anchorage to Talkeetna and you'll see what I mean. I've seen people from "outside" aghast at this but the practice continues.

I apologize again for perhaps being too lengthy and I can only hope you will take the time to read and digest my remarks and will realize their validity. It has long been my wish that someone in a position to change the system would take an interest in what has become an orphan profession in this State. I believe you are sincere in your interest and I wish you success. I would be happy to talk with you at any time and to answer any further questions which might arise.

Sincerely,

Art Sundt

Arthur A. Sundt

STATE OF ALASKA

WILLIAM A. EGAN, GOVERNOR

DEPARTMENT OF NATURAL RESOURCES

DIVISION OF LANDS / 323 E. 4TH AVENUE
ANCHORAGE 99501

February 18, 1972

Senator W. I. Palmer
Senate Resources Committee
Alaska Legislature
Pouch V
Juneau, Alaska 99801

Re: Management of State Timber

Dear Senator Palmer:

This office has received three questions from Commissioner Herbert which you have raised, with instructions to reply directly to you.

First Question: That the branch, concerned for years almost exclusively for (with) timber sales, has used questionable economics to rationalize many of its contracts? Reference was made to the Yakataga sale.

Answer: The State has a sale in the Yakataga area, specifically the Icy Cape No. 1 timber sale, Contract No. SC-182. Before we can answer the question, however, we need clarification as to what is meant specifically by the term "questionable economics".

Second Question: That the basic inventory data, (site index, growth rates) used to establish allowable cut are poor and unprofessionally called?

Answer: The individuals on our staff involved with allowable cut computations and who make decisions concerning allowable cuts are all graduate foresters from forestry schools and colleges recognized as some of the best such schools in the nation. These individuals have considerable training and experience in resource inventory procedures and apply modern concepts of field plot sampling, aerial photo interpretation, statistical analysis, and automatic data processing (computer programs) in making allowable cut determinations.

In most of our resource inventory projects, which supply the data used in allowable cut determinations, we have joined with the U.S. Forest Service, Institute of Northern Forestry, Forest Survey of Alaska, to collect and analyze the data obtained. This is done in either of two ways: 1) a cooperative project is set up where the State and the Forest Service work together in undertaking and completing all phases of the project or 2) the State undertakes the project alone and compares the results with Forest Survey data for similar timber in adjacent stands or stands in close proximity. By working cooperatively with other forest management agencies, such as the U.S. Forest Service, we establish a system of checks and balances, thereby avoiding serious errors in our computations.

We feel that the Forest Service personnel in Forest Survey are highly competent in the field of resource inventory. They are specialists in that field who do this type of work exclusively. They are all graduate foresters with many years of experience represented on their staff.

For your information, several of our published inventory reports are enclosed together with other reports and related memorandum showing allowable cut determinations. If you have questions about allowable cut as determined for any specific area, we would be pleased to answer them and to explain the procedures and techniques used.

Third Question: That the actual logging shows under State contracts are not very well supervised, resulting in shoddy logging, erosion, cut timber left in the woods, etc. Reference was made to Haines and Yakataga.

Answer: State personnel concerned with the development and disposal of State timber sales and the administration of such sales are again, all graduate foresters, many of whom have years of experience in the management and sale of timber. It is our practice to enforce the State's timber sale contracts and to supervise these contracts in the field. Our district and field forester make frequent visits to the State's sales and submit periodic inspection reports. Whenever contract violations or poor logging practices are observed corrective action is taken. Such action is frequently initiated by written notice which is followed up when necessary with suspension and possibly termination of the contract if compliance is not obtained.

Much of the State's timber, particularly in the areas cited, is overmature. The timber contains a large amount of defect and is adding very little if any volume. In many stands the volume of new growth each year may be less than the volume lost by decay resulting in a net loss of volume. The total yield is being reduced, not only because of volume loses in the existing stands, but also because it will take longer to establish new healthy stands for the next cutting cycle. Prolonging the harvest of these overmature stands is poor resource management.

The cutting of overmature timber usually results in large amounts of defective, unmerchantable, timber left on the ground. To the "uneducated" and "inexperience" this timber left after cutting out the merchantable wood often has the appearance of a log and the cry is "waste". It is however, unreasonable to expect a logger or purchaser to remove and attempt to utilize a piece of wood that is not merchantable by any recognized standard. A similarity would be our inability to utilize waste material from fish canneries for useable products such as pet food or fertlizer.

Contracts for the sale of State timber specify utilization standards established by the Puget Sound Log Scaling and Grading Bureau of Tacoma, Washington. These standards are recognized and accepted by both

industry and the U.S. Forest Service in Alaska. State contracts specify that all No. 3 logs, the lowest sawlog grade established by the Bureau, be utilized. For both spruce and hemlock a No. 3 log may be six (6) inches in diameter on the small end and may contain as much as sixty-six and one-third (66 1/3) percent defect.

The State does not require the utilization of so called pulpwood, logs or timber which contain more than 66 1/3 percent defect. The main reason is due to labor and transportation costs which make the utilization of such wood uneconomical. As with U.S. Forest Service sales, the utilization of pulpwood is optional.

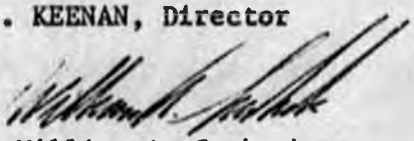
The State's contracts and regulations contain numerous provisions for collecting penalties and damages resulting from "shoddy" logging practices or utilization. Loggers will not leave much merchantable timber in the woods when they know they will have to pay for it twice if they leave it and only once if they take it. Our contracts also contain numerous provisions for the protection of streams, construction and use of roads, prevention of and control of fire, and prevention of erosion. A copy of a sample contract from one of our recent sales is enclosed with significant sections bracketed.

Also enclosed is a copy of our MEMORANDUM OF UNDERSTANDING with the Department of Fish and Game. This memorandum was initiated in 1968 by field personnel from both departments who felt the need for mutual cooperation in the administration of State timber sales for the protection of the fish and wildlife habitat. This was the first such memorandum between the two departments.

Poor logging practices are a matter of degree. We admit that some loggers do a better logging job than others. We maintain, however, that we know of no State timber sale where logging practices do not comply with contract specifications or where corrective action has not been taken. We know of no State timber sale where the timber has not been utilized as specified in the contract or where corrective action has not been taken. We have no erosion problems on State timber sales where corrective action has not been taken.

Sincerely,

F. J. KEENAN, Director



By: William A. Sacheck
State Forester

cc: Commissioner Herbert

LAW OFFICE OF
RICHARD C. FOLTA
POST OFFICE BOX 37
HAINES, ALASKA 99827

Gateway Building
Haines, Alaska
766-3333

Skagway, Alaska
983-2219

February 24, 1972

Honorable Robert Palmer
Chairman, Senate Resources Committee,
Alaska State Legislature,
Capitol Building,
Juneau, Alaska 99801

Dear Senator Palmer:

I have received a letter from your staff concerning information concerning alleged mismanagement of State forest lands and abuses in logging practices. One of the reasons that Lynn Canal Conservation, Inc., was formed was to gather facts on management of State forests and logging practices in this area. We are presently taking pictures and cataloging information on this subject.

I believe if you confronted Mr. Sacheck, Forestry Director in the State Division of Lands with questions concerning the actual harvesting of timber with the allowable annual cut you will find a substantial overcut, in the State forests. In the Haines area the annual allowable cut was determined to be 20 mbf, which included the cottonwood, not harvested at this time, and areas which should be excluded as recreational sites. This determination was made in 1964 and remains as the basis of the State's timber cut. When the actual act is added, it exceeds the allowable by a substantial amount, each year. Assuming the 20 mbf is a reasonable estimate for an allowable cut, it goes without saying that the State is overharvesting the timber in the Haines area. At the present time, the State Divison of Lands is not bound to multiple use concepts like the Department of Agriculture, so it is felt that other uses of the State forests other than harvesting, are not properly considered. The State administration is industry oriented because they are in dire need of income. As a result conservation matters have second priority.

LAW OFFICE OF
RICHARD C. FOLTA
POST OFFICE BOX 37
HAINES, ALASKA 99827

Gateway Building
Haines, Alaska
766-5555

Skagway, Alaska
983-2219

The reason that the forests are being overcut is to maintain the production of the sawmills. The question that needs to be answered is whether our forests can support the present mills. From what information that I now have, I seriously question whether the Haines-Skagway area can continuously support two mills that Haines now has. Yet I think the majority of the Haines residents would rather have the jobs than worry about the overharvesting, especially when the physical evidence of overcutting is not yet evident.

The forestry people have adopted the policy of clear cutting from the Forest Service without any independant study to see if in fact the idea is feasible for State forests, which are different from Forest Service forests areas in certain respects. I would like to see a requirement for public hearings for State policies such as the Forest Service has, so that the public is aware of what is going on. Upon our request, the Forestry Department has indicated that they will have hearings this spring on the proposed land use plans designed for this area.

At this time I don't have pictures of logging practices, however when the snow is off the ground, they can be obtained.

Last night a public hearing was held on H. B. #614 in Haines, with Representative Morgan Reed, Fred Robards of the Fish and Wildlife Service and State Fish and Game people. The persons in attendance opposed the bill because they feel it will hinder development, that enough laws are on the books now and they questioned the motives of Reed in authoring this legislation. The upshot of it all was that Reed admitted that the bill was "window dressing" to stop Federal legislation that might be forecoming and that due to the opposition, he would sit on the bill or withdraw it. Mr. Robards point was the passage or non-passage of a bill would show to the people of the south 48 the concern or non-concern for a national bird and that he was felt that existing laws do not protect the perch trees by the river. Perhaps by administrative code action, this regulation could be implemented without going through the bill procedure.

I think the difficulty lies in the listing of priorities. A small minority of us here feel that the Chilkat concentration of eagles, reportedly the largest in the world, is a uniqueness that needs protection as a long run asset of the area and for the people in the lower "49". Apparently a majority feel that the jobs now appeal of the logging and ore development of a shorter term are number one. Perhaps they can all co-exist

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RICHARD C. FOLTA
POST OFFICE BOX 37
HAINES, ALASKA 99827

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Haines, Alaska
766-5555

Skagway, Alaska
983-2219

if assurances can be made that the developments will not impair the scenic and fish and wildlife of the area. One of those assurances would be a surface stripping law similar to what West Germany and the State of Pennsylvania have. The companies are required to replace the countours of the land and replant the area or areas concerned. Unfortunately this law would be considered uneconimical most likely for the Klukwan iron ore proposal.

Unfortunately the word conservation has a bad connotation for many in Alaska including Haines. For voicing my opinions, I have had economic sanctions imposed upon me by persons in Haines. Haines, as well as other southeast towns are heavily reliant on the lumber or pulp industry, and those who claim that not all is well in the industry from an environmental standpoint, are considered threats to the community.

Very truly yours,

Richard C. Folta

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6440
JUNEAU, ALASKA 99801

1976 MAY 7 PM 1 30

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'PMAFUB AHG

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SUSPECTED DUPLICATE

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PMS KAY POLAND

ALASKA STATE SENATE 0861 TOUCH V

JUNEAU ALASKA 99811

MY OVERRIDING CONCERN IN THE WHOLE TIMBER ISSUE IS THAT NO JOBS BE LOST. AS YOU KNOW THERE HAS BEEN A CONTROVERSY FOR YEARS OVER THE BEST USE OF CERTAIN AREAS OF THE TONGASS NATIONAL FOREST. I HAVE BEEN AWARE OF THIS CONTROVERSY SINCE I FIRST BEGAN SERVING IN PUBLIC OFFICE. MY PURPOSE IN GETTING INVOLVED AT THIS TIME IS TO SEEK A FINAL SOLUTION TO END LITIGATION OVER TIMBER SALES THAT IS COSTLY AND HURTS EVERYONE.

MY VIEW IS THAT THERE IS SUFFICIENT LAND AND RESOURCES IN THE TONGASS TO SATISFY REASONABLE DEMANDS OF ALL THE THE COMPETING RESOURCE-INTERESTS. I RECOGNIZE THAT THE FISHING INTERESTS, THE TIMBER INDUSTRY, THE MINING INDUSTRY, THE CONSERVATIONISTS AND THE NATIVES HAVE LIGITIMATE CONCERNS. I HAVE BEEN WEEKING AN ACCOM-MODATION WITH THE VARIOUS GROUPS TO SEE IF WE CAN GET AN AGREEMENT ON THE AREAS IN THE TONGASS THAT SHOULD BE REVIEWED FOR POSSIBLE INCLUSION IN THE WILDERNESS SYSTEM. THERE HAVE BEEN STUDIES IN THE PAST, BUT NONE HAVE BEEN COMPREHENSIVE ENOUGH TO PROVIDE ADEQUATE, UNBIASED DATA ON WHICH TO MAKE SUCH JUDGMENTS. ONCE WE GET A

STUDY OF THESE AREAS AND EVERYONE HAS AN INFORMATION BASE FROM WHICH TO OPERATE WE WILL BE ABLE TO MAKE A DETERMINATION OF THEIR FUTURE BEST USES.

THE AMENDMENT THAT I PROPOSED EXCLUDED ALL AREAS CURRENTLY BEING LOGGED AND ALL AREAS SCHEDULED FOR LOGGING IN THE FORTHCOMING SEASON. THIS ASSURES THAT LOGGING OPERATIONS WILL NOT BE JOEPARDIZED AND THAT NO JOBS WILL BE LOST.

MY GOAL IN SEEKING THE STUDY OF CERTAIN AREAS IN QUESTION IN THE TONGASS IS TO PROVIDE THE NECESSARY INFORMATION TO MAKE AN INTELLIGENT DECISION ON THE BEST USE OF THE RESOURCES. WITH THIS APPROACH I FEEL CONFIDENT WE CAN END THE CONSTANT CONFRONTATION WITH EVERY INDUSTRY ACTIVITY IN THE FOREST.

I WAS EXTREMELY ENCOURAGED BY THE WILLINGNESS OF THE REPRESENTATIVES OF THE VARIOUS INTERESTS GROUPS, ALASKA LUMBER AND PULP, ALASKA FISH AND GAME DEPARTMENT, CONSERVATIONISTS, AND SEALASKA, TO SIT DOWN AND DISCUSS THE WHOLE ISSUE.

THE REASON FOR HASTE, WHICH CONTRIBUTED TO THE PUBLIC MISUNDERSTANDING THAT HAS OCCURRED, WAS THAT THE SENATE AGRICULTURE AND FORESTRY COMMITTEE AND THE SENATE INTERIOR COMMITTEE WERE HOLDING THE FINAL MEETINGS TO COMPLETE ACTION ON THE BILL TO REFORM FOREST MANAGEMENT PRACTICES. IT BECAME CLEAR THAT, AS THE LEGISLATION WAS DEVELOPING, ALASKAS PROBLEMS WOULD BE LEFT UNRESOLVED. I MET WITH THE REPRESENTATIVES OF THE INTERESTS GROUPS LATE MONDAY ON MY RETURN FROM ALASKA SO I COULD ATTEMPT TO GET THIS STUDY IN THE TIMBER BILL WHICH I COSPONSORED. I REGRET THAT BECAUSE OF THE SPEED OF THE ACTION ON THE BILL, WHICH WAS APPROVED BY THE COMMITTEE THE NEXT DAY, I DID NOT HAVE THE OPPORTUNITY TO FULLY INFORM YOU OF THE SITUATION.

WHILE I FELT THE TIMBER BILL MIGHT SERVE AS A VEHICLE TO RESOLVE THE CONFLICT OVER RESOURCE USES IN THE TONGASS, I WAS ADVISED THAT IT SHOULD INSTEAD BE CONSIDERED IN OTHER LEGISLATION BEFORE THE INTERIOR COMMITTEE. I INTEND TO PURSUE THAT COURSE AND

HAVE BEEN ASSURED THAT A HEARING WILL BE HELD IN THE EARLY SUMMER ON MY PROPOSAL TO RESOLVE THIS CONFLICT. BASED ON THE DISCUSSIONS THAT I HAVE HAD WITH THE REPRESENTATIVES OF THE USER

GROUPS OF THE TONGASS, IM CONVINCED A COMPROMISE CAN BE REACHED

AND THERE WILL BE NO ECONOMIC DISLOCATION.

WHILE THERE WAS HASTE IN INTRODUCING MY AMENDMENT FOR A STUDY OF CERTAIN AREAS IN THE TONGASS, THERE WAS EQUAL HASTE BY THE DETRACTORS OF MY PROPOSAL IN SCREAMING ABOUT THE DAMAGE IT WOULD CAUSE WHEN THAT IS NOT THE CASE. THE CONFUSION ABOUT MY POSITION ON THIS ISSUE HAS RESULTED FROM A MISSREPRESENTATION BY A FEW IRRESPONSIBLE ELEMENTS OF THE TIMBER INDUSTRY, BOTH IN THEIR CONVERSATIONS AND THROUGH NEWSPAPER INTERVIEWS.

I WANT TO CLEAR UP THE FALSE IMPRESSION THAT MY AMENDMENT WOULD SEAL OFF AREAS OF THE TONGASS AND FORCE THE CLOSING OF LOGGING CAMPS. THIS KIND OF FEAR-MONGERING SERVES NO USEFUL PURPOSE AND FAILS TO SOLVE THE PROBLEMS. I BELIEVE WE HAVE AN OPPORTUNITY TO WORK OUT A

COMPROMISE THAT WILL PROVIDE A LASTING SOLUTION TO THE CONFLICT OVER

THE BEST USE OF THE TONGASS NATIONAL FOREST. I WILL BE WORKING TOWARD THIS END. I AM SENSITIVE TO YOUR CONCERNS AND WOULD WELCOME YOUR THOUGHTS ON THIS MATTER.

MIKE GRAVEL

(GRAVEL M/NA/NA/NU/GWA 088394/350/X/GRAVEL).

1502 EST

IPMAFUB AHG

UNITED STATES DEPARTMENT OF AGRICULTURE
FOREST SERVICE
P.O. Box 1628, Juneau, Alaska 99802

March 12, 1976

Dear Friend: Senator Kay

After 42 years of association with the Forest Service, I have decided to hang up my "float coat" and head back to the Lower 48 on March 30, 1976, and retire from my present job as Regional Forester.

The 5 years spent in Alaska have been enjoyable. There have been some real challenges and real opportunities during this time. There have been some battles won and lost, but all in all the experience has been gratifying and I wouldn't have missed it for the world.

During this time, the Forest Service has adopted some environmental changes in management, too many say some, not enough say others. This leads us to believe we are not too far off of where we should be. We know we can't satisfy everyone when we work with a fixed or reducing land base but an expanding public demand for its goods and services.

It has been stimulating to work with the people of this great State, with your openness, frankness, "can do" attitude, optimistic outlook, and drive to make your State better than your counterparts down below. You have the individualism and optimism of youth, a trait that is fast disappearing in "old world" circles.

I want to thank you for all the assistance and support you have given the Forest Service over the years and both of us during the last five. You have made Patty's and my stay in Alaska memorable, a time we will always remember with a warm feeling.

My successor will be John Sandor, no stranger to Alaska. John had two previous tours, one as District Ranger in Ketchikan and one on the Regional Forester's staff in Juneau. I hope you will continue the same close working relationships with him that you have with me.

After April 5, 1976, my new address will be 32 Manzano Court, Novato, California 94947. I will keep up on Alaska affairs and wish you well in your future endeavors.

Sincerely, We really appreciate the support you have given us.

Charley

C. A. YATES
Regional Forester

6200-11 (1/68)

Evelyn Sears, USFS, Box 1628
Rm 549 Fed Bldg.
586-7263

Alaska's Timber Resource

A Summary

The State of Alaska has 16 percent of the forest land in the United States, or 119 million acres. These forest lands include over 28 million acres of commercial timber lands that, along with the remaining 91 million acres of forest lands provides important interrelationships with wildlife habitat, recreation, watersheds and the utilization of timber and mineral resources. This mixture of renewable natural resources provides a sound basis for land use planning and management opportunities under the principals of Multiple Use.

Recognized regional economic and geographic differences have essentially resulted in the identification of two distinct forest areas in Alaska. These are separated into the coastal and interior regions.

Coastal Region: This region makes up all of the Southcentral and Southeastern coastal portion of Alaska. Commercial forest lands comprise up to 5.3 million acres of this region's 13 million acres of forest land. Productive timber growing site qualities are similar to those of the Pacific Northwest forests.

Coastal commercial forests presently contain a total net volume of 135 billion board feet of predominately over mature forests.

Timber processing mills located in the Coastal Region include two pulp mills with a combined capacity of processing over 450,000 tons of pulp annually. A third pulp mill is being considered that will increase the pulp producing capacity of the Coastal Region by 50 percent.

In addition, there exists over 12 major active sawmills that annually produce over 440 million board feet of lumber. The lumber and cant production level reported during the period 1967-1974 has increased on an average of 16% per year.

Research shows that areas now being harvested, can under management, provide twice as much recoverable volume in the next rotation. One may then project that under multiple-use management, the coastal forests of Alaska should sustain twice the industry being planned for, in the present old growth stands.

Interior Region: Alaska's Interior commercial forest lands have received little recognition. Yet, this region's 106 million acres of forest lands include 22.5 million acres of commercial timber lands.

If the commercial forest area could be sustained and managed for timber production on a pulpwood economy, the estimated allowable annual cut, on a 100 year rotation, would amount to about 4.5 million cords of pulpwood annually. By comparison, the Lake States Region (Michigan, Minnesota and Wisconsin) in 1963 cut about 3.7 million cords of pulpwood.

The interior forests of Alaska are analogous both in species composition and properties to those of the Lake States. The physiographic and climatic conditions are also quite similar. It is reasonable to assume that the Interior forests of Alaska could sustain a forest products industry comparable to that of the Lake States. Parallels could also be drawn between Finland, Norway, Sweden and interior Alaska. All three of these boreal countries support a thriving forest products industry under like conditions.

These interior commercial forest areas have the productive capability of sustaining at least 10 pulpmills of the 500-tons-per-day class.

The equivalent annual allowable cut of sawtimber amounts to 900 million board feet. The interior wood-using economy, if developed, will provide an excellent opportunity for integrated lumber and pulp production.

The total recoverable timber volumes found in Alaska's interior can be greatly increased under intensive management through shorter rotations and periodic removal of suppressed and inferior trees.

The interior's 83.3 million acres of non-commercial forest land under present classification can provide an additional 4.6 million acres of forests that suppor' a total growing stock of 1.1 billion cubic feet. Included in this growing stock are 2.8 billion board feet of sawtimber.

Six interior sawmills reported processing 13 million board feet of lumber and cants in 1974.

New concepts of converting logs and wood fibre into lumber, particle board and sheeting panels along with advanced logging systems and equipment development, presently in use, will enhance the attractiveness of the forest products industry in Interior Alaska.

Projecting the productive potential of Alaska's commercial forest land will show substantial increases in the job economy. Existing lumbering and pulping activities result in the employment of five employees for every million board feet of logs processed. Introducing dry lumber processing and remanufacturing of lumber products can add an additional 20 employees for every million board feet of logs processed. The present wood industry in Washington and Oregon employs 28 people for every million board feet processed.

Throughout the history of Alaska, the forest has played a key and important role in this State's development. Coastal forests provided timber and planks for ships built by early Russian explorers. Native trees provided pilings and float logs for canneries and fish traps.

Interior forests provided real economic benefits in supplying fuel for river steamers, logs for cabins and crossties for the State's railroad system. Recent oil exploration in the Arctic region made use of interior forest logs for pilings, support pads for drilling operations and blocking for the oil pipeline.

Substantial information is available that describes scenic beauty, the abundant wildlife and pristine wilderness that abounds in Alaska. The need to identify and maintain a balance of these natural quality ecosystems is without question.

The identity of the forest biome in interior Alaska should not be taken lightly. The economic climate in this State is changing rapidly. Oil development activities have and will continue to make other resources more readily available. Development and use of resources from private, Native and State lands will follow. The Road to the North Slope has made the timber of the Yukon and Porcupine valleys accessible. The need for core National Forest is essential to help insure orderly management and development of the total interior Forest resource, through principals of Multiple-Use. National Forest have historically, through cooperation with neighboring land owners, provided land management assistance and valuable research contributions that resulted in orderly development on local and national levels.

As our Nation's need for energy, goods and services continues to increase, Alaska's total forest land will be looked upon to provide, not only recreational amenities, but also critical renewable, raw materials. Alaska's interior forests stand today much like our mid-eastern and western forests stood in the 1800's. Not yet reachable, but available for use, provided they are recognized for their multiple use characteristics and opportunities.

COOK INLET CHAPTER
JUNEAU CHAPTER
KETCHIKAN CHAPTER
YUKON RIVER CHAPTER
SITKA CHAPTER

SOCIETY OF AMERICAN FORESTERS

Alaska Section

P.O. Box 432
Douglas, Alaska 99834

May 15, 1975

Honorable Jay S. Hammond
Governor of Alaska
Pouch A
State Capitol Building
Juneau, Alaska 99811

Dear Governor Hammond:

We wish to reconfirm a position by the Alaska Section of the Society of American Foresters, in encouraging establishment of a Division of Forestry within the Department of Natural Resources.

In 1967 we stated our concern in the form of the enclosed resolution. Governor Hickel responded in a letter dated June 28, 1967, which mentioned such a move was not justified at that time because of a rather modest forestry workload. We were pleased, though, that the Administration intended to keep it in mind for future action.

Significant new events have occurred since 1967 to strengthen this direction. The enclosed summary of recent developments exemplifies an accelerated and growing forestry program in Alaska. More jobs are being provided through new industrial operations throughout the state, and the forest economy has a stable future outlook.

Alaska's 375 million acres are one-third forest covered and over one-half forest or forest related land. Much of the selected 44 million acres of new private land under the Alaska Native Claims Settlement Act will fall into this category. Also, additional selections under the Statehood Act will add substantial new forest land acreage to the current significant changing land ownership pattern.

Environmental concerns and movements have reached Alaska in full force. To many, Alaska is the great environmental battle of the century. Pressures will be strong to preserve large blocks of wilderness and to demonstrate the best possible management practices on the land base that is left to provide economic growth.

The State Forester plays a key role in demonstrating sound management practices on state lands administered for protection and utilization of forest resources. He is also responsible for extending forest management leadership and technical assistance to private landowners throughout the state. Much of this public service is accomplished through cooperative

forestry programs with the U.S. Forest Service. The State Forester's organization should be commensurate with these important land management responsibilities. It should also be capable of meeting the demands of a fast-growing forestry industry and profession in Alaska.

Consistent with our professional interest in this matter, are the findings of a 1970 "Study of the Alaska Forestry Organization and Programs" by Ross L. Stump, Earl J. Adams, and Robert B. Griffes. You may be familiar with the management report which was presented April 13, 1971 to Commissioner Charles F. Herbert. Specifically, Recommendation A.2. deals with Division status for Forest Management and Protection. Analysis rationale for the four recommendations pertaining to Organization is given on pages 7-11 of the report. This quote from the report seems pertinent: "In view of the potential timber production programs, the need for better management guidance, and the pending transfer of the fire protection from the Bureau of Land Management to the state, the Study Team feels Forest Management and Protection warrants Divisional status."

We believe the time is definitely here to justify Forestry being raised to the level of Division status in the State. We urge you to have the organizational change implemented this year.

Sincerely,

ROBERT C. JANES
Chairman, Alaska Section

Enclosure

cc: Guy Martin, Commissioner, Department of Natural Resources
Kay Poland, Chairman, Senate Resources Committee
Nels A. Anderson, Jr. Chairman, House Resources Committee

RCJ:tw

FACT SHEET

FORESTRY GROWTH IN ALASKA

1967-1975

1. Twelve major Native regional corporations and over 200 Native village corporations presently are in the process of selecting 44 million acres of new private land. The Natives face a major problem in gearing up to provide the needed natural resource management skills at both technical and professional levels. The State Forester's organization is extremely important for technical assistance at this particular point in time.

2. In 1967, the volume of State timber under timber sale contract was 258.6 mm bfm. Today it's 850.0 mm bfm - an increase of 229% in seven years.

3. In 1967, the volume of timber cut from State timber sales was 46 mm bfm. At $3.60/mbm payment for all species, this yielded $165,600 receipts to the State. Volume cut in 1974 was 51 mm bfm. At $7.34/mbm payments, receipts were $374,340. This is an increase in value of 126% in seven years.

4. Bug-killed timber has a considerable impact on the volume of timber under contract. The State's Westside Salvage Timber Sale, near Cook Inlet, was sold in 1975. This spruce beetle infested area covers 223,000 acres. A 10-year contract provides for the salvage of 285 mm bfm white spruce and 140 mm bfm other species. In 1975 the volume cut will approximate 30-40 mm bfm, increasing substantially

the cut of 51 mm bfm in 1974. Current insect detection surveys indicate active infestations to the north near Beluga Lake, and it is quite possible another sale will take place to help prevent another major spruce beetle epidemic. Industrial activity in the area has resulted in a new sawmill and dock facilities at Tyonek.

5. Timber sale activity in the interior has been developing rapidly. In 1973, the Louisiana Pacific Corporation purchased Kenai Lumber Company of Seward. This company has been purchasing cants from sawmills located along the rail belt as far north as Fairbanks. An increased demand for State timber has resulted, and a corresponding increase in the Cook Inlet, Matanuska-Susitna Valley, and Tanana Valley areas.

6. Timber inventory work has been steadily increasing since 1968, and the State has been cooperating with the U.S. Forest Service in the State-wide Forest Survey Program. During 1975, 13,000,000 acres of forest land in the Tanana Valley will be completed, providing a sound base for timber management plans and allowable annual cut determinations for a sustained yield of the timber resource. In the Susitna Valley area, 2,500,000 acres have been completed. Forest Survey plans for the next 2-3 years call for 243,000 acres in the Yakataga area and a re-survey of State land in the Haines-Skagway locality.

7. In 1967, State fire control presuppression costs were $145,000 and suppression costs were $188,000. In 1974 presuppression costs were $425,000 and suppression costs approximately $500,000. This

178% increase of expenditures in seven years shows there is a critical wildland fire problem in the State. And as the Bureau of Land Management phases out their fire protection coverage in the interior, the State will have a substantially larger responsibility to meet.

8. Federal grants for cooperative forestry programs have increased from $97,800 for 1967 to $432,400 for fiscal year 1976. This growth of 342% was mostly for cooperative fire control; however, cooperative forest management programs have also grown. A tree seedling distribution program now exists, providing 10,000-15,000 seedlings annually to landowners in the southcentral region of the State.

9. Establishment of a State tree nursery is underway at the Palmer Plant Materials Center. The objective is to develop a containerized seedling greenhouse and nursery, with an initial capacity of producing 50,000-60,000 seedlings per year. These will be purchased by private and Federal landowners for conservation practices, as well as a source for State projects. The facility will also provide for tree cone collection, seed processing, and seed storage.

10. The U.S. Forest Service budget for the Alaska Region has experienced a growth of 215% in eight years. For fiscal year 1967, it was $5,430,000; for fiscal year 1975, it is $17,121,000. Permanent full-time personnel have increased from 266 to 394 at present.

11. The Forestry Incentives Program, administered by the U.S. Agricultural Stabilization and Conservation Service, provides new

opportunities to Alaska landowners. Cost-sharing projects are on the move for forestry practices such as planting trees and improving a stand of forest trees. The State Forester plays an important role in promoting practices by eligible landowners. With regional and village Native corporations becoming eligible, the current grant level of $5,000 for Alaska is expected to make a significant jump.

12. The Alaska Section of the Society of American Foresters has increased from 125 members in 1967 to 236 at present. This 12-13% annual increase reflects a growing profession in Alaska which exceeds the national average growth of the Society's 19,000 members. New opportunities in Alaska will continue to attract foresters to the State. A new Chapter has been formed at Sitka. Other Chapters exist at Ketchikan, Juneau, Anchorage and Fairbanks.

WALTER J. HICKEL
GOVERNOR

STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

June 28, 1967

Mr. Robert C. Janes
Secretary-Treasurer
Society of American Foresters
Alaska Section
Box 1628
Juneau, Alaska

Dear Mr. Janes:

I appreciate your sending me the resolution passed by the Alaska Section of the Society of American Foresters, which I have received with great interest.

A preliminary approach to the establishing of a Division of Forestry within the Department of Natural Resources has recently been taken. The area offices of the Division of Lands in Juneau and Anchorage are now under the management of Foresters.

The four trained Foresters on the staff seem adequate to handle the problems in view of the present status of the industry. The future growth of the timber industry will no doubt, demand a reorganizing of the present setup into a division. A District Forestry Office near Wasilla was abandoned because of complete lack of work for the District Forester. It is difficult in some areas to stimulate enough interest for the State Forester to conduct a timber workshop.

I assure you that this subject is of concern to me and until such time as some of the present problems in the timber industry are solved, the present organization appears to be the most economically feasible.

With warm personal regards.

Sincerely yours,

Walter J. Hickel

Walter J. Hickel
Governor

KETCHIKAN AREA
JUNEAU AREA
YUKON AREA
ANCHORAGE AREA

SOCIETY OF AMERICAN FORESTERS

Alaska Section

June 9, 1967

Honorable Walter J. Hickel
Governor of Alaska
Pouch A, State Capitol
Juneau, Alaska

Dear Governor Hickel:

Enclosed is a copy of a resolution unanimously passed by the Alaska Section of the Society of American Foresters at their annual statewide meeting in Petersburg on June 2, 1967.

We feel the situation is serious enough to warrant your immediate attention. Our 125 members in Alaska hope you see fit to implement the organizational change expressed in our resolution.

Sincerely yours,

R. C. Janes

Robert C. Janes
Secretary-Treasurer

enclosure

RESOLUTION ADOPTED BY

SOCIETY OF AMERICAN FORESTERS, ALASKA SECTION

ANNUAL MEETING, PETERSBURG, ALASKA JUNE 2, 1967

BE IT RESOLVED BY THE ALASKA SECTION OF THE SOCIETY OF AMERICAN FORESTERS:

WHEREAS the Interior part of Alaska has about 22½ million acres of commercial timber land supporting about 14 billion cubic feet of merchantable timber; and

WHEREAS a large portion of these resources are in private ownership for which the State is obligated to furnish technical assistance; and

WHEREAS the manufacturing capacity for both hardwoods and softwoods is on the threshold of expansion at an accelerated rate; and

WHEREAS the problems of establishing new industry within the State are of a complex and technical nature that require a workable organization of professional Foresters; and

WHEREAS the forested areas acquired by the State furnish the habitat for a large portion of our wildlife within Alaska and needs wise management; and

WHEREAS the State is responsible for the fire protection on State and private lands within the State which will eventually require an expanded fire organization; and

WHEREAS each acre of forested land is a potential recreation area in some form and should not be ignored; and

WHEREAS the constitution of the State of Alaska stated under article 8, section 4 that". . . Forests. . . and all other replenishable resources belonging to the State shall be utilized, developed and maintained on the sustained yield principle,. . .";

NOW, THEREFORE, BE IT RESOLVED that the Alaska Section of the Society of American Foresters recommends that the State of Alaska raise the present Branch of Forestry in the Division of Lands, Department of Natural Resources to at least full Division status; and

BE IT FURTHER RESOLVED that the proposed new Division of Forestry be adequately staffed and financed to accomplish the afore mentioned responsibilities; and

BE IT FURTHER RESOLVED that the Secretary of this section of the Society of American Foresters be instructed that copies of this resolution be sent to the Governor of Alaska, and the Commissioner of Natural Resources.

R. C. Janes

Robert C. Janes
Secretary-Treasurer

Alaska Section, Society
of American Foresters

ALASKA LUMBERMEN'S ASSOCIATION

P.O. Box 979 Ketchikan, Alaska 99901

February 15, 1974

The Honorable Kathryn Poland
State of Alaska Senate
P. O. Box 45
Kodiak, Alaska 99615

Re: Independent Timber Sale Shortage
Tongass National Forest

Dear Senator Poland:

The Alaska Lumbermen's Association has received many questions from throughout Alaska on the highly publicized independent timber sale shortage in the Tongass National Forest, which the Association has stated threatens the future of the timber industry in Southeast Alaska unless early solutions to the shortage are found.

Enclosed for your information are the most commonly raised questions, together with our answers.

We hope this information is helpful to your understanding of the timber sale shortage problems presently confronting the timber industry in Southeast Alaska.

Sincerely

ALASKA LUMBERMEN'S ASSOCIATION

By
C. L. Cloudy, Counsel

CLC:bh
enc.

QUESTION: Has there been a recent increase in the productivity of the sawmill industry in the Tongass National Forest and, if so, is not this circumstance the real cause of the current timber supply shortage?

ANSWER: Yes, there has been a recent increase in sawmill productivity. In fact, assuming the availability of timber, 1974 sawmill production is expected to exceed 1972 production in excess of fifty percent. In terms of the increased timber harvest demand, however, the 666 million board feet annual harvest required by the entire timber industry exceeds its 1972 requirements by only eighteen percent. Consequently, whatever effect sawmill productivity increases may have on timber supply, the effect must be analyzed in the light of an eighteen percent harvest demand increase, rather than a fifty percent production increase.

The real cause of the current timber supply shortage, however, is not the increase in sawmill productivity--rather, it is the almost total collapse of the Forest Service independent sales program which took place over the three year period 1971-1973. Until 1971, the Forest Service had been pursuing an ongoing independent sales program of at least seven years' duration which, if it had continued, would have been more than capable of supporting the sawmill expansion which took place during 1972-1973. In point of fact, the expansion of 1972-1973 was the result of advance industry planning which was based upon that historically proven seven year capability of the Forest Service sales program to support such an expansion. During the seven year period, 1964-1970, the Forest Service sold 2 billion 213 million feet in independent timber sales, which averages out to the equivalent of 316 million feet per year. During the three year period 1971-1973, however, they sold only 192 million feet, which averages out to the equivalent of 64 million feet per year. In order for industry to survive under this reduced program, it not only would have had to forego the sawmill expansion in question, but it would have had to reduce its annual harvest by almost 150 million board feet under what it needed in any event without any sawmill expansion. By way of further contrast, industry's harvest demands of 666 million board feet per year could have been met by simply increasing the nual volume averages formerly available under the 1964-1970 pro-, am by less than five percent.

QUESTION: Since 1970, three new export sawmills specializing in the sawing of hemlock lumber for the Japanese market have been brought into production in Southeast Alaska. Was the Forest Service aware, or made aware, of the plans for this expansion before it took place?

ANSWER: Yes. In fact, all during the 1960's the Forest Service, both on the Regional level in Juneau, and the Chief's level in Washington, D.C., repeatedly urged industry to develop a market in Japan for Alaska hemlock lumber. Although this market was slow to develop, industry kept the Forest Service fully advised of its progress and its expectations at all times. Industry assumed (mistakenly, as it turned out) that inasmuch as the Forest Service had recommended the development of these markets, the Forest Service would have maintained the ongoing sales program necessary to supply the sawmills in question.

QUESTION: Is the timber sale shortage in any way related to the fact that both Ketchikan Pulp Company and Alaska Lumber and Pulp Co., Inc. have increased the daily capacity of their respec-

tive pulp mills?

ANSWER: No. Both mills were required to construct pulp plants with a minimum design capacity of 525 tons per day. Through 1973, both mills have produced less pulp since they commenced initial operation than this initial design capacity was capable of producing. Daily capacity has been increased in each mill, with the result they will undoubtedly produce more pulp over the next ten years than they did over the previous ten years. However, most, if not all, of this increased capacity will be supplied by technological improvements which give a higher volume of pulp recovery per thousand board feet of raw material than the mills were originally capable of obtaining. Consequently, neither pulp mill has increased its raw material demands to such an extent as to create a timber shortage.

QUESTION: The Forest Service has stated that the timber industry in Southeast Alaska has suddenly increased its processing capacity to such an extent that they are now capable of processing 900 million board feet of logs per year, which capacity exceeds the annual allowable cut of the Tongass National Forest by 90 million feet. What is the present processing capacity of the Southeast Alaska timber industry?

ANSWER: It is not 900 million board feet. It does approximate 666 million board feet. The Forest Service statement is based upon their "observation" that the ability of industry to "triple shift" the processing mills creates this capacity. The fact of the matter is that the two pulp mills have been on triple shift since they commenced operations: their product requires a continuous process of manufacture, and consequently, they must remain in constant operation so long as they are producing pulp. The ability of the pulp mills to triple shift, therefore, has nothing to do with whatever increase in capacity the timber industry has achieved. As to the sawmills, of the eight export mills in operation, only one of them is capable of triple shifting its operation, and this is the new cull and defect sawmill located at Ketchikan Pulp Company's pulp mill at Ward Cove, Alaska. This latter sawmill operates in conjunction with the pulp mill, and seeks to recover whatever marketable lumber may be found in the pulp logs, and necessarily operates on the same work shifting as the pulp mill.

QUESTION: How much timber needs to be harvested each year to meet the present capacity demands of the Southeast Alaska timber industry, and is the Tongass National Forest capable of supplying these demands?

ANSWER: Industry requires an annual harvest of 666 million board feet per year. 336 million board feet per year are available from the long-term allotment sales held by Ketchikan Pulp Company, Alaska Lumber and Pulp Co., Inc., and Alaska Wood Products, Inc., and 330 million per year must come from independent sales outside of these allotments. The annual allowable cut in the Tongass National Forest is 820 million board feet per year. It is obvious, therefore, that the industry presently requires less than the harvest capacity of the Tongass National Forest.

QUESTION: The Forest Service now hopes to sell 298 million board feet of independent timber sales in fiscal 1975, and 461 million board feet in fiscal 1976. These plans represent an increase over original plans of 130 million board feet in 1975, and 224 million board feet in 1976. Will these sales wipe out the

shortage and avoid production cutbacks?

ANSWER: No. Despite these increases, the volume of independent sale timber ready to harvest will continue its decline into 1975, and will commence a slow ascent in 1976 (88 million board feet will be available in 1975: a shortage of 242 million feet; 130 million board feet will be available in 1976: a shortage of 200 million feet; 222 million board feet will be available in 1977: a shortage of 118 million feet). These shortages will occur despite the fact that the opening inventories of uncut independent sales in the years 1974, 1976, and 1977 will exceed the harvest requirement of 330 million board feet by a substantial margin.

The reason for this seeming paradox is the fact that merely because timber has been sold, and therefore becomes part of the inventory available for harvest, does not mean that the timber can be harvested. One and one-half to two years elapse from the date a timber sale is purchased to the date the purchaser can start logging. This delay is caused by the time required by the purchaser to obtain as many as twelve Federal and State permits, to constuct roads, to lay out camp sites, to meet initial environmental safeguard requirements, to construct log dumps, etc. None of these activities can take place until after the timber has been purchased, and no logging can commence until after all of these activities have been completed.

Consequently, neither the independent sales scheduled for 1975 and 1976, nor the hoped for increases announced by the Forest Service, will be ready to log in time to head off the shortages forecasted for 1975, 1976, and 1977. Even during 1974, despite the fact that on paper at least, industry has 330 million feet of independent sales ready to harvest, it is most unlikely that this harvest can be attained, due to the logistical complexities involved in attempting to maintain the 1974 logging activity on independent sales at the 330 million board feet level while, at the same time, getting ready to face the realities of reducing such activity to the 1975 level of 88 million board feet. As a result, mill operations have already been curtailed in 1974, and more will follow.

QUESTION: If there is such a timber sales shortage, why are logs exported from Southeast Alaska instead of being processed locally?

ANSWER: There are three sources of logs from which logs may legally be exported from Southeast Alaska without being processed locally, namely, (1) Annette Island Indian Reserve, (2) privately owned lands, and (3) National Forest lands. The timber on Annette Island is administered by the Bureau of Indian Affairs, and the Bureau permits this timber to be exported without processing, despite the long and vigorous opposition of this policy by the Alaska Lumbermen's Association and the Alaska Loggers Association, Inc. The timber on privately owned lands is subject to disposal at the pleasure of the land owner. The timber industry, as such, and contrary to the situation in Washington and other states, owns very little private land of any significance. Timber on National Forest lands may not be exported without processing, unless there is no local processing demand.

The only National Forest export in Southeast Alaska is cedar, for which there is an extremely limited local processing demand. Export of this specie is limited to that which exceeds the local demand. The local processing demand for this timber is limited,

due to the fact that the timber is of extremely poor quality, and there simply is no great market for the lumber, either inside or outside of Alaska. Aside from cedar, the timber from Metlakatla and private lands is exported simply because the owner will not sell this timber at a price low enough to enable the local mills to process the timber at a profit. In order to acquire the cutting rights to this timber, the mills would have to compete with a log export market price which equals or exceeds the market price of the finished local product. As a result, industry has little effective voice in making these logs available for local use.

QUESTION: Industry has complained about the increased cost of logging in Southeast Alaska brought on by new environmental standards being imposed by the Forest Service. Aside from the fact that increased costs mean decreased profits for industry, what effect does this have upon the general economy of Southeast Alaska?

ANSWER: Two major areas of economic concern to Southeast Alaska are involved. In the first place, the imposition of the new standards further extends the time required for the Forest Service to ready a prospective timber sale area for sale, and at the same time further extends the time it takes the purchaser to get to the actual business of logging after he purchases the sale. As a result, the timber sale shortage will extend over a longer period of time than originally anticipated, with extended adverse economic impact upon Southeast Alaska. In the second place, the cost of meeting the new standards has to come out of the value of the trees being harvested. Twenty-five percent of whatever the purchaser pays the Federal Government for these trees is returned to Alaska for local government use in the area within which the harvest took place. As environmental costs increase, the value of the tree decreases under what it would have been without these costs, thus reducing the return to the State and local governments.

QUESTION: What is industry's understanding as to why the Forest Service did not maintain its independent sale program to keep pace with industry expansion?

ANSWER: Several factors combined to produce this result. In 1972 the Sierra Club sued the Forest Service, charging them with failure to comply with the Environmental Protection Act on new timber sales. Although this suit did not directly include Alaska, the Forest Service was made aware that Alaska would be included unless the Forest Service terminated its sale activity pending the outcome of the suit. Consequently, sale activity in 1971 and 1972 dwindled into insignificance. The suit was settled by compromise in late 1972, with the understanding that the Forest Service would develop new environmental standards and apply them to each sale. Unfortunately, for Alaska, the funding and manpower required to overcome this slowdown in 1971-1972, and the funding and manpower required to implement the new standards, far exceeded the assignment of funds for Alaska. In addition, prior to the onset of environmental standards, the Forest Service was geared to providing a two or three year backlog of independent sales at the most. As a result, even a temporary disruption in sale activity had a sudden and adverse consequence.

QUESTION: Has the Forest Service offered sales within the past several years which have not been purchased, and if so, how can industry justify this in view of the sale shortage now claimed?

ANSWER: Yes. In June of 1972, the Forest Service offered four sales totalling 106.3 million feet, for which there were no bids received. These were salvage sales hurriedly put together, and assigned stumpage values in excess of what the economics of the sale could afford, and involved unrealistic and uneconomical conditions of sale. These matters were pointed out to the Forest Service, with the result that one of the sales was dropped by the Forest Service as being totally unloggable, and two others were completely redesigned and sold under different terms than the original offering. Industry takes little comfort in the suggestion that the shortages can be avoided if industry is willing to operate at a loss.

QUESTION: It has been pointed out by the Ketchikan Area Offices of the Forest Service on numerous occasions, in response to the industry requests for increased sale activity, that the Ketchikan area annual harvest is at maximum levels now, and cannot be increased, and that the capacity of the Ketchikan area mills far exceeds the harvest capacity of the Ketchikan area. What does this have to do with the shortage?

ANSWER: Nothing. The capacity of the Ketchikan area mills does in fact exceed the harvest capacity of the Ketchikan area; however, this poses no threat to the Ketchikan area harvest, nor does it establish that the industry is guilty of over expansion. Mills in Southeast Alaska are capable of utilizing the raw material of the Tongass National Forest without regard to the location of either the mill or the logging operation. The Tongass National Forest, as a whole, has the harvest capacity to support the existing mills. The mere fact that the harvest capacity of a local area has been exceeded by the mill capacity of the mills located within that area does not mean that the Tongass National Forest lacks the capacity to supply those mills.

QUESTION: The Forest Service has related the current timber sale shortage in part to recent expansion of the sawmill industry, and the sawmill expansion in turn to the desire of industry to capitalize on the sudden increase in the demands of the Japanese market in 1973. What is the connection between the 1973 Japanese market and the current sale shortage?

ANSWER: None. Japan has been short of timber ever since the end of World War II. Their need to import timber is not a new or recent circumstance. Alaska lumber competes for its share of the Japanese market, and when purchased by the Japanese replaces a source previously looked to for supplying the specific use to which the Alaska lumber is placed. This market has been slowly developed over the past eighteen years. Market acceptance of this product was completed before 1973, and before the "sudden" housing boom in Japan. With or without the curtailment of exports from the Pacific Northwest to Japan, and with or without the housing boom of 1973 in Japan, the sawmills which went into production in 1973 would have gone into production in any event (short of a market collapse). Industry intends, and has long intended, to develop markets for its products up to the full allowable cut of the Tongass National Forest. The mill expansion of 1973 is nothing more or less than the natural progression toward that goal.

QUESTION: Why does not the Southeast Alaska timber industry sell its lumber product in the domestic United States instead of in Japan?

ANSWER: Simply because the domestic United States markets

do not consider the product worth enough money to enable the processors to operate at a profit. This situation has existed for over forty years, and until such time as the domestic United States becomes a net importer of timber (as is Japan), the situation is not likely to change. It has often been incorrectly stated that if the Jones Act was repealed, our timber products would find a profitable United States domestic market. This, however, is not the case. Our competitive disadvantage arises out of many other factors than shipping rates, which include higher logging costs, higher costs of accommodating to environmental standards, higher processing costs, and higher percentage of defect in the raw material. Often overlooked in this regard, is the fact that the United States imports fifty percent to seventy percent more lumber from Canada in any given calendar month than Southeast Alaska exports to Japan in an entire calendar year. Almost all of this import is used East of the Mississippi River. The reason for this import is that Canadian mills can produce and deliver the end product for less money than can the mills in Oregon, Washington, and California. If the mills in the Western United States cannot compete with Canada, it is most obvious that Alaska has no chance of entering the domestic United States market in the foreseeable future.

QUESTION: Are the other areas of the United States faced with the same timber sale shortage problem as Southeast Alaska?

ANSWER: No. Despite the fact that, as everyone generally is aware, a severe domestic lumber supply shortage developed in the United States during 1972-1973, this shortage is unrelated to Alaska's problem. In the United States, only fifty-two percent of the soft wood saw log volume is in National Forest ownership. In Washington and Oregon, only thirty-two percent and forty-seven percent respectively is in National Forest ownership. To whatever extent the domestic United States lumber supply shortage of 1972-1973 may have been related to a timber sale shortage, it is obvious that many other factors than who owned the raw material were involved. In Southeast Alaska, however, over ninety percent of Southeast Alaska's soft wood saw log volume is in National Forest ownership. If there is a timber sale shortage in Alaska, therefore, the only significant factor involved is National Forest ownership. So long as the ownership in question has the harvest capacity to meet the shortage, the problem becomes one of forest management by the Forest Service.

QUESTION: How does the Tongass National Forest rank generally in relation to other National Forests?

ANSWER: The Tongass National Forest is the largest National Forest in the United States, and is within the administrative area of Region 10 of the Forest Service headquartered in Juneau. Bearing in mind that there are nine such Regions throughout the United States, the other eight of which contain from fourteen to nineteen separate National Forests, it is noteworthy that the annual harvest in the Tongass National Forest alone exceeds the total annual harvest in five out of those eight Regions. Despite this fact, Alaska's Region 10 ranks last in Federal fundi (in 1971, for example, the closest Region on the ladder above Alaska received $18,000,000.00 more than A'a a).

QUESTION: What is mea the term "independent timber sale"?

ANSWER: The term refers to the sales of timber made by the

Forest Service in the Tongass National Forest which are independent of the existing long-term allotment contracts (that is, other than, the long-term contracts held by Alaska Lumber & Pulp Co., Inc. for its pulp mill, Ketchikan Pulp Company for its pulp mill, and Alaska Wood Products, Inc. for its sawmill). With regard to the long-term allotment contracts, the Forest Service releases for cutting each year a maximum of 336 million board feet. Inasmuch as industry requires 666 million board feet of harvest per year, the additional 330 million board feet must come from short-term sales independent of the allotment contracts.

QUESTION: Why can't industry merely shut down its sawmills for several years and allow the Forest Service time to catch up on its sales program?

ANSWER: There are a number of reasons which make this solution totally unrealistic as opposed to industry's proposed solution of an immediate large scale increase in sales.

First and foremost is the fact that the high cost of logging and processing in Alaska makes it absolutely mandatory that industry sell the end product for the highest possible price. At present, approximately fifty percent of the fiber volume in the Southeast Alaska timber harvest can be sawn into export lumber and sold for a much higher return than if the entire volume was converted into pulp. If the sawmills are shut down, the entire harvest will have to be converted into pulp. If this takes place, the pulp mills will not be able to operate at a profit, and loss operations will sooner or later force a closure of these mills.

Secondly, assuming the pulp mills can weather out the storm until the sawmills are able to resume operations, there is absolutely no assurance that the sawmills will still have a market for their product at such time as they have logs available to process. It seems rather obvious that the Japanese market will not stand around waiting for the sawmills to get back into operation. The Japanese will be forced to look to other raw material sources and, in so doing, as they did in Alaska, will be required to make long-range commitments to these other sources. Once this takes place, the reentry into the Japanese market by Southeast Alaska lumber will be extremely difficult, time consuming, and expensive. This will further delay a return to full saw/pulp integrated use of the timber harvest, and further increase the risk of a complete industry collapse.

Finally sawmill shutdown will cause a dissipation of the skilled sawmill labor pool developed by the Southeast Alaska sawmill industry over the years, as well as a disruption of a significant portion of the skilled logging labor pool developed by the Southeast Alaska logging industry over the years. Loss of jobs will cause these skills to move elsewhere, either in pursuit of the oil pipeline opportunities, or in pursuit of such other opportunities as are available outside of Alaska. As and when logs become available in sufficient supply to warrant resumption of sawmill operations, and companion logging operations, the labor pool necessary to these operations will have to be again developed from scratch. This will further add to the delay of the return to full saw/pulp integrated use of the timber harvest, and further compound the risk of a complete industry collapse.

Almost all of this could be avoided if enough money and manpower were allotted to the administration of the Tongass National Forest. Industry frankly fails to see how anyone could seriously

consider shutdown and curtailments as an acceptable alternative.

QUESTION: If the timber industry in Southeast Alaska collapses as the industry has claimed it will unless an early solution of the timber sale shortage is found, what will be the effect upon the Southeast Alaska economy?

ANSWER: There are many ways of looking at the economic impact of an industry upon a given area. At the risk of over simplification, the loss to the Southeast area is probably most easily appreciated with reference to direct industry employment and indirect employment dependent upon industry payrolls. During 1972, out of a total Southeast Alaska census population of forty-two thousand five hundred sixty-five, approximately seventeen thousand five hundred people were gainfully employed. Of these, in excess of three thousand were directly employed by the timber industry, and an additional two thousand five hundred to three thousand five hundred people were dependent upon industry payrolls for their employment. Industry, therefore, foresees a job loss in excess of eight thousand employees in the event of an industry collapse.

UNITED STATES DEPARTMENT OF AGRICULTURE
FOREST SERVICE
P.O. Box 1628, Juneau, Alaska 99802

March 12, 1976

Dear Friend: Senator Kay

After 42 years of association with the Forest Service, I have decided to hang up my "float coat" and head back to the Lower 48 on March 30, 1976, and retire from my present job as Regional Forester.

The 5 years spent in Alaska have been enjoyable. There have been some real challenges and real opportunities during this time. There have been some battles won and lost, but all in all the experience has been gratifying and I wouldn't have missed it for the world.

During this time, the Forest Service has adopted some environmental changes in management, too many say some, not enough say others. This leads us to believe we are not too far off of where we should be. We know we can't satisfy everyone when we work with a fixed or reducing land base but an expanding public demand for its goods and services.

It has been stimulating to work with the people of this great State, with your openness, frankness, "can do" attitude, optimistic outlook, and drive to make your State better than your counterparts down below. You have the individualism and optimism of youth, a trait that is fast disappearing in "old world" circles.

I want to thank you for all the assistance and support you have given the Forest Service over the years and both of us during the last five. You have made Patty's and my stay in Alaska memorable, a time we will always remember with a warm feeling.

My successor will be John Sandor, no stranger to Alaska. John had two previous tours, one as District Ranger in Ketchikan and one on the Regional Forester's staff in Juneau. I hope you will continue the same close working relationships with him that you have with me.

After April 5, 1976, my new address will be 32 Manzano Court, Novato, California 94947. I will keep up on Alaska affairs and wish you well in your future endeavors.

Sincerely, We really appreciate the support you have given us.

Charley

C. A. YATES
Regional Forester

C.

6200-11 (1/66)

Evelyn Sears, USFS, Box 1628
Rm 549 Fed Bldg.
586-7263

Alaska's Timber Resource

A Summary

The State of Alaska has 16 percent of the forest land in the United States, or 119 million acres. These forest lands include over 28 million acres of co. ercial timber lands that, along with the remaining 91 million acres of forest lands provides important interrelationships with wildlife habitat, recreation, watersheds and the utilization of timber and mineral resources. This mixture of renewable natural resources provides a sound basis for land use planning and management opportunities under the principals of Multiple Use.

Recognized regional economic and geographic differences have essentially resulted in the identification of two distinct forest areas in Alaska. These are separated into the coastal and interior regions.

Coastal Region: This region makes up all of the Southcentral and Southeastern coastal portion of Alaska. Commercial forest lands comprise up to 5.3 million acres of this region's 13 million acres of forest land. Productive timber growing site qualities are similar to those of the Pacific Northwest forests.

Coastal commercial forests presently contain a total net volume of 135 billion board feet of predominately over mature forests.

Timber processing mills located in the Coastal Region include two pulp mills with a combined capacity of processing over 450,000 tons of pulp annually. A third pulp mill is being considered that will increase the pulp producing capacity of the Coastal Region by 50 percent.

In addition, there exists over 12 major active sawmills that annually produce over 440 million board feet of lumber. The lumber and cant production level reported during the period 1967-1974 has increased on an average of 16% per year.

Research shows that areas now being harvested, can under management, provide twice as much recoverable volume in the next rotation. One may then project that under multiple-use management, the coastal forests of Alaska should sustain twice the industry being planned for, in the present old growth stands.

Interior Region: Alaska's Interior commercial Forest lands have received little recognition. Yet, this region's 106 million acres of forest lands include 22.5 million acres of commercial timber lands.

If the commercial forest area could be sustained and managed for timber production on a pulpwood economy, the estimated allowable annual cut, on a 100 year rotation, would amount to about 4.5 million cords of pulpwood annually. By comparison, the Lake States Region (Michigan, Minnesota and Wisconsin) in 1963 cut about 3.7 million cords of pulpwood.

The interior forests of Alaska are analogous both in species composition and properties to those of the Lake States. The physiographic and climatic conditions are also quite similar. It is reasonable to assume that the Interior forests of Alaska could sustain a forest products industry comparable to that of the Lake States. Parallels could also be drawn between Finland, Norway, Sweden and interior Alaska. All three of these boreal countries support a thriving forest products industry under like conditions.

These interior commercial forest areas have the productive capability of sustaining at least 10 pulpmills of the 500-tons-per-day class.

The equivalent annual allowable cut of sawtimber amounts to 900 million board feet. The interior wood-using economy, if developed, will provide an excellent opportunity for integrated lumber and pulp production.

The total recoverable timber volumes found in Alaska's interior can be greatly increased under intensive management through shorter rotations and periodic removal of suppressed and inferior trees.

The interior's 83.3 million acres of non-commercial forest land under present classification can provide an additional 4.6 million acres of forests that support a total growing stock of 1.1 billion cubic feet. Included in this growing stock are 2.8 billion board feet of sawtimber.

Six interior sawmills reported processing 13 million board feet of lumber and cants in 1974.

New concepts of converting logs and wood fibre into lumber, particle board and sheeting panels along with advanced logging systems and equipment development, presently in use, will enhance the attractiveness of the forest products industry in Interior Alaska.

Projecting the productive potential of Alaska's commercial forest land will show substantial increases in the job economy. Existing lumbering and pulping activities result in the employment of five employees for every million board feet of logs processed. Introducing dry lumber processing and remanufacturing of lumber products can add an additional 20 employees for every million board feet of logs processed. The present wood industry in Washington and Oregon employs 28 people for every million board feet processed.

Throughout the history of Alaska, the forest has played a key and important role in this State's development. Coastal forests provided timber and planks for ships built by early Russian explorers. Native trees provided pilings and float logs for canneries and fish traps.

Interior forests provided real economic benefits in supplying fuel for river steamers, logs for cabins and crossties for the State's railroad system. Recent oil exploration in the Arctic region made use of interior forest logs for pilings, support pads for drilling operations and blocking for the oil pipeline.

Substantial information is available that describes scenic beauty, the abundant wildlife and pristine wilderness that abounds in Alaska. The need to identify and maintain a balance of these natural quality ecosystems is without question.

The identity of the forest biome in interior Alaska should not be taken lightly. The economic climate in this State is changing rapidly. Oil development activities have and will continue to make other resources more readily available. Development and use of resources from private, Native and State lands will follow. The Road to the North Slope has made the timber of the Yukon and Porcupine valleys accessible. The need for core National Forest is essential to help insure orderly management and development of the total interior Forest resource, through principals of Multiple-Use. National Forest have historically, through cooperation with neighboring land owners, provided land management assistance and valuable research contributions that resulted in orderly development on local and national levels.

As our Nation's need for energy, goods and services continues to increase, Alaska's total forest land will be looked upon to provide, not only recreational amenities, but also critical renewable, raw materials. Alaska's interior forests stand today much like our mid-eastern and western forests stood in the 1800's. Not yet reachable, but available for use, provided they are recognized for their multiple use characteristics and opportunities.

COOK INLET CHAPTER
JUNEAU CHAPTER
KETCHIKAN CHAPTER
YUKON RIVER CHAPTER
SITKA CHAPTER

SOCIETY OF AMERICAN FORESTERS

Alaska Section

P.O. Box 432
Douglas, Alaska 99834

May 15, 1975

Honorable Jay S. Hammond
Governor of Alaska
Pouch A
State Capitol Building
Juneau, Alaska 99811

Dear Governor Hammond:

We wish to reconfirm a position by the Alaska Section of the Society of American Foresters, in encouraging establishment of a Division of Forestry within the Department of Natural Resources.

In 1967 we stated our concern in the form of the enclosed resolution. Governor Hickel responded in a letter dated June 28, 1967, which mentioned such a move was not justified at that time because of a rather modest forestry workload. We were pleased, though, that the Administration intended to keep it in mind for future action.

Significant new events have occurred since 1967 to strengthen this direction. The enclosed summary of recent developments exemplifies an accelerated and growing forestry program in Alaska. More jobs are being provided through new industrial operations throughout the state, and the forest economy has a stable future outlook.

Alaska's 375 million acres are one-third forest covered and over one-half forest or forest related land. Much of the selected 44 million acres of new private land under the Alaska Native Claims Settlement Act will fall into this category. Also, additional selections under the Statehood Act will add substantial new forest land acreage to the current significant changing land ownership pattern.

Environmental concerns and movements have reached Alaska in full force. To many, Alaska is the great environmental battle of the century. Pressures will be strong to preserve large blocks of wilderness and to demonstrate the best possible management practices on the land base that is left to provide economic growth.

The State Forester plays a key role in demonstrating sound management practices on state lands administered for protection and utilization of forest resources. He is also responsible for extending forest management leadership and technical assistance to private landowners throughout the state. Much of this public service is accomplished through cooperative

forestry programs with the U.S. Forest Service. The State Forester's organization should be commensurate with these important land management responsibilities. It should also be capable of meeting the demands of a fast-growing forestry industry and profession in Alaska.

Consistent with our professional interest in this matter, are the findings of a 1970 "Study of the Alaska Forestry Organization and Programs" by Ross L. Stump, Earl J. Adams, and Robert B. Griffes. You may be familiar with the management report which was presented April 13, 1971 to Commissioner Charles F. Herbert. Specifically, Recommendation A.2. deals with Division status for Forest Management and Protection. Analysis rationale for the four recommendations pertaining to Organization is given on pages 7-11 of the report. This quote from the report seems pertinent: "In view of the potential timber production programs, the need for better management guidance, and the pending transfer of the fire protection from the Bureau of Land Management to the state, the Study Team feels Forest Management and Protection warrants Divisional status."

We believe the time is definitely here to justify Forestry being raised to the level of Division status in the State. We urge you to have the organizational change implemented this year.

Sincerely,

R. C. Janes

ROBERT C. JANES
Chairman, Alaska Section

Enclosure

cc: Guy Martin, Commissioner, Department of Natural Resources
Kay Poland, Chairman, Senate Resources Committee
Nels A. Anderson, Jr. Chairman, House Resources Committee

RCJ:tw

FACT SHEET

FORESTRY GROWTH IN ALASKA

1967-1975

1. Twelve major Native regional corporations and over 200 Native village corporations presently are in the process of selecting 44 million acres of new private land. The Natives face a major problem in gearing up to provide the needed natural resource management skills at both technical and professional levels. The State Forester's organization is extremely important for technical assistance at this particular point in time.

2. In 1967, the volume of State timber under timber sale contract was 258.6 mm bfm. Today it's 850.0 mm bfm - an increase of 229% in seven years.

3. In 1967, the volume of timber cut from State timber sales was 46 mm bfm. At $3.60/mbm payment for all species, this yielded $165,600 receipts to the State. Volume cut in 1974 was 51 mm bfm. At $7.34/mbm payments, receipts were $374,340. This is an increase in value of 126% in seven years.

4. Bug-killed timber has a considerable impact on the volume of timber under contract. The State's Westside Salvage Timber Sale, near Cook Inlet, was sold in 1975. This spruce beetle infested area covers 223,000 acres. A 10-year contract provides for the salvage of 285 mm bfm white spruce and 140 mm bfm other species. In 1975 the volume cut will approximate 30-40 mm bfm, increasing substantially

the cut of 51 mm bfm in 1974. Current insect detection surveys indicate active infestations to the north near Beluga Lake, and it is quite possible another sale will take place to help prevent another major spruce beetle epidemic. Industrial activity in the area has resulted in a new sawmill and dock facilities at Tyonek.

5. Timber sale activity in the interior has been developing rapidly. In 1973, the Louisiana Pacific Corporation purchased Kenai Lumber Company of Seward. This company has been purchasing cants from sawmills located along the rail belt as far north as Fairbanks. An increased demand for State timber has resulted, and a corresponding increase in the Cook Inlet, Matanuska-Susitna Valley, and Tanana Valley areas.

6. Timber inventory work has been steadily increasing since 1968, and the State has been cooperating with the U.S. Forest Service in the State-wide Forest Survey Program. During 1975, 13,000,000 acres of forest land in the Tanana Valley will be completed, providing a sound base for timber management plans and allowable annual cut determinations for a sustained yield of the timber resource. In the Susitna Valley area, 2,500,000 acres have been completed. Forest Survey plans for the next 2-3 years call for 243,000 acres in the Yakataga area and a re-survey of State land in the Haines-Skagway locality.

7. In 1967, State fire control presuppression costs were $145,000 and suppression costs were $188,000. In 1974 presuppression costs were $425,000 and suppression costs approximately $500,000. This

178% increase of expenditures in seven years shows there is a critical wildland fire problem in the State. And as the Bureau of Land Management phases out their fire protection coverage in the interior, the State will have a substantially larger responsibility to meet.

8. Federal grants for cooperative forestry programs have increased from $97,800 for 1967 to $432,400 for fiscal year 1976. This growth of 342% was mostly for cooperative fire control; however, cooperative forest management programs have also grown. A tree seedling distribution program now exists, providing 10,000-15,000 seedlings annually to landowners in the southcentral region of the State.

9. Establishment of a State tree nursery is underway at the Palmer Plant Materials Center. The objective is to develop a containerized seedling greenhouse and nursery, with an initial capacity of producing 50,000-60,000 seedlings per year. These will be purchased by private and Federal landowners for conservation practices, as well as a source for State projects. The facility will also provide for tree cone collection, seed processing, and seed storage.

10. The U.S. Forest Service budget for the Alaska Region has experienced a growth of 215% in eight years. For fiscal year 1967, it was $5,430,000; for fiscal year 1975, it is $17,121,000. Permanent full-time personnel have increased from 266 to 394 at present.

11. The Forestry Incentives Program, administered by the U.S. Agricultural Stabilization and Conservation Service, provides new

opportunities to Alaska landowners. Cost-sharing projects are on the move for forestry practices such as planting trees and improving a stand of forest trees. The State Forester plays an important role in promoting practices by eligible landowners. With regional and village Native corporations becoming eligible, the current grant level of $5,000 for Alaska is expected to make a significant jump.

12. The Alaska Section of the Society of American Foresters has increased from 125 members in 1967 to 236 at present. This 12-13% annual increase reflects a growing profession in Alaska which exceeds the national average growth of the Society's 19,000 members. New opportunities in Alaska will continue to attract foresters to the State. A new Chapter has been formed at Sitka. Other Chapters exist at Ketchikan, Juneau, Anchorage and Fairbanks.

WALTER J. HICKEL
GOVERNOR

STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

June 28, 1967

Mr. Robert C. Janes
Secretary-Treasurer
Society of American Foresters
Alaska Section
Box 1628
Juneau, Alaska

Dear Mr. Janes:

I appreciate your sending me the resolution passed by the Alaska Section of the Society of American Foresters, which I have received with great interest.

A preliminary approach to the establishing of a Division of Forestry within the Department of Natural Resources has recently been taken. The area offices of the Division of Lands in Juneau and Anchorage are now under the management of Foresters.

The four trained Foresters on the staff seem adequate to handle the problems in view of the present status of the industry. The future growth of the timber industry will no doubt, demand a reorganizing of the present setup into a division. A District Forestry Office near Wasilla was abandoned because of complete lack of work for the District Forester. It is difficult in some areas to stimulate enough interest for the State Forester to conduct a timber workshop.

I assure you that this subject is of concern to me and until such time as some of the present problems in the timber industry are solved, the present organization appears to be the most economically feasible.

With warm personal regards.

Sincerely yours,

Walter J. Hickel

Walter J. Hickel
Governor

KETCHIKAN AREA
JUNEAU AREA
YUKON AREA
ANCHORAGE AREA

SOCIETY OF AMERICAN FORESTERS

Alaska Section

June 9, 1967

Honorable Walter J. Hickel
Governor of Alaska
Pouch A, State Capitol
Juneau, Alaska

Dear Governor Hickel:

Enclosed is a copy of a resolution unanimously passed by the Alaska Section of the Society of American Foresters at their annual statewide meeting in Petersburg on June 2, 1967.

We feel the situation is serious enough to warrant your immediate attention. Our 125 members in Alaska hope you see fit to implement the organizational change expressed in our resolution.

Sincerely yours,

R. C. Janes

Robert C. Janes
Secretary-Treasurer

enclosure

RESOLUTION ADOPTED BY

SOCIETY OF AMERICAN FORESTERS, ALASKA SECTION

ANNUAL MEETING, PETERSBURG, ALASKA JUNE 2, 1967

BE IT RESOLVED BY THE ALASKA SECTION OF THE SOCIETY OF AMERICAN FORESTERS:

WHEREAS the Interior part of Alaska has about 22½ million acres of commercial timber land supporting about 14 billion cubic feet of merchantable timber; and

WHEREAS a large portion of these resources are in private ownership for which the State is obligated to furnish technical assistance; and

WHEREAS the manufacturing capacity for both hardwoods and softwoods is on the threshold of expansion at an accelerated rate; and

WHEREAS the problems of establishing new industry within the State are of a complex and technical nature that require a workable organization of professional Foresters; and

WHEREAS the forested areas acquired by the State furnish the habitat for a large portion of our wildlife within Alaska and needs wise management; and

WHEREAS the State is responsible for the fire protection on State and private lands within the State which will eventually require an expanded fire organization; and

WHEREAS each acre of forested land is a potential recreation area in some form and should not be ignored; and

WHEREAS the constitution of the State of Alaska stated under article 8, section 4 that". . . Forests. . . and all other replenishable resources belonging to the State shall be utilized, developed and maintained on the sustained yield principle,. . .";

NOW, THEREFORE, BE IT RESOLVED that the Alaska Section of the Society of American Foresters recommends that the State of Alaska raise the present Branch of Forestry in the Division of Lands, Department of Natural Resources to at least full Division status; and

BE IT FURTHER RESOLVED that the proposed new Division of Forestry be adequately staffed and financed to accomplish the afore mentioned responsibilities; and

BE IT FURTHER RESOLVED that the Secretary of this section of the Society of American Foresters be instructed that copies of this resolution be sent to the Governor of Alaska, and the Commissioner of Natural Resources.

R. C. Janes

Robert C. Janes
Secretary-Treasurer

Alaska Section, Society
of American Foresters

ALASKA LUMBERMEN'S ASSOCIATION

P.O. Box 979 Ketchikan, Alaska 99901

February 15, 1974

The Honorable Kathryn Poland
State of Alaska Senate
P. O. Box 45
Kodiak, Alaska 99615

Re: Independent Timber Sale Shortage
Tongass National Forest

Dear Senator Poland:

The Alaska Lumbermen's Association has received many questions from throughout Alaska on the highly publicized independent timber sale shortage in the Tongass National Forest, which the Association has stated threatens the future of the timber industry in Southeast Alaska unless early solutions to the shortage are found.

Enclosed for your information are the most commonly raised questions, together with our answers.

We hope this information is helpful to your understanding of the timber sale shortage problems presently confronting the timber industry in Southeast Alaska.

Sincerely

ALASKA LUMBERMEN'S ASSOCIATION

By C. L. Cloudy, Counsel

CLC:bh
enc.

QUESTION: Has there been a recent increase in the productivity of the sawmill industry in the Tongass National Forest and, if so, is not this circumstance the real cause of the current timber supply shortage?

ANSWER: Yes, there has been a recent increase in sawmill productivity. In fact, assuming the availability of timber, 1974 sawmill production is expected to exceed 1972 production in excess of fifty percent. In terms of the increased timber harvest demand, however, the 666 million board feet annual harvest required by the entire timber industry exceeds its 1972 requirements by only eighteen percent. Consequently, whatever effect sawmill productivity increases may have on timber supply, the effect must be analyzed in the light of an eighteen percent harvest demand increase, rather than a fifty percent production increase.

The real cause of the current timber supply shortage, however, is not the increase in sawmill productivity--rather, it is the almost total collapse of the Forest Service independent sales program which took place over the three year period 1971-1973. Until 1971, the Forest Service had been pursuing an ongoing independent sales program of at least seven years' duration which, if it had continued, would have been more than capable of supporting the sawmill expansion which took place during 1972-1973. In point of fact, the expansion of 1972-1973 was the result of advance industry planning which was based upon that historically proven seven year capability of the Forest Service sales program to support such an expansion. During the seven year period, 1964-1970, the Forest Service sold 2 billion 213 million feet in independent timber sales, which averages out to the equivalent of 316 million feet per year. During the three year period 1971-1973, however, they sold only 192 million feet, which averages out to the equivalent of 64 million feet per year. In order for industry to survive under this reduced program, it not only would have had to forego the sawmill expansion in question, but it would have had to reduce its annual harvest by almost 150 million board feet under what it needed in any event without any sawmill expansion. By way of further contrast, industry's harvest demands of 666 million board feet per year could have been met by simply increasing the annual volume averages formerly available under the 1964-1970 program by less than five percent.

QUESTION: Since 1970, three new export sawmills specializing in the sawing of hemlock lumber for the Japanese market have been brought into production in Southeast Alaska. Was the Forest Service aware, or made aware, of the plans for this expansion before it took place?

ANSWER: Yes. In fact, all during the 1960's the Forest Service, both on the Regional level in Juneau, and the Chief's level in Washington, D.C., repeatedly urged industry to develop a market in Japan for Alaska hemlock lumber. Although this market was slow to develop, industry kept the Forest Service fully advised of its progress and its expectations at all times. Industry assumed (mistakenly, as it turned out) that inasmuch as the Forest Service had recommended the development of these markets, the Forest Service would have maintained the ongoing sales program necessary to supply the sawmills in question.

QUESTION: Is the timber sale shortage in any way related to the fact that both Ketchikan Pulp Company and Alaska Lumber and Pulp Co., Inc. have increased the daily capacity of their respec-

tive pulp mills?

ANSWER: No. Both mills were required to construct pulp plants with a minimum design capacity of 525 tons per day. Through 1973, both mills have produced less pulp since they commenced initial operation than this initial design capacity was capable of producing. Daily capacity has been increased in each mill, with the result they will undoubtedly produce more pulp over the next ten years than they did over the previous ten years. However, most, if not all, of this increased capacity will be supplied by technological improvements which give a higher volume of pulp recovery per thousand board feet of raw material than the mills were originally capable of obtaining. Consequently, neither pulp mill has increased its raw material demands to such an extent as to create a timber shortage.

QUESTION: The Forest Service has stated that the timber industry in Southeast Alaska has suddenly increased its processing capacity to such an extent that they are now capable of processing 900 million board feet of logs per year, which capacity exceeds the annual allowable cut of the Tongass National Forest by 90 million feet. What is the present processing capacity of the Southeast Alaska timber industry?

ANSWER: It is not 900 million board feet. It does approximate 666 million board feet. The Forest Service statement is based upon their "observation" that the ability of industry to "triple shift" the processing mills creates this capacity. The fact of the matter is that the two pulp mills have been on triple shift since they commenced operations: their product requires a continuous process of manufacture, and consequently, they must remain in constant operation so long as they are producing pulp. The ability of the pulp mills to triple shift, therefore, has nothing to do with whatever increase in capacity the timber industry has achieved. As to the sawmills, of the eight export mills in operation, only one of them is capable of triple shifting its operation, and this is the new cull and defect sawmill located at Ketchikan Pulp Company's pulp mill at Ward Cove, Alaska. This latter sawmill operates in conjunction with the pulp mill, and seeks to recover whatever marketable lumber may be found in the pulp logs, and necessarily operates on the same work shifting as the pulp mill.

QUESTION: How much timber needs to be harvested each year to meet the present capacity demands of the Southeast Alaska timber industry, and is the Tongass National Forest capable of supplying these demands?

ANSWER: Industry requires an annual harvest of 666 million board feet per year. 336 million board feet per year are available from the long-term allotment sales held by Ketchikan Pulp Company, Alaska Lumber and Pulp Co., Inc., and Alaska Wood Products, Inc., and 330 million per year must come from independent sales outside of these allotments. The annual allowable cut in the Tongass National Forest is 820 million board feet per year. It is obvious, therefore, that the industry presently requires less than the harvest capacity of the Tongass National Forest.

QUESTION: The Forest Service now hopes to sell 298 million board feet of independent timber sales in fiscal 1975, and 461 million board feet in fiscal 1976. These plans represent an increase over original plans of 130 million board feet in 1975, and 224 million board feet in 1976. Will these sales wipe out the

shortage and avoid production cutbacks?

ANSWER: No. Despite these increases, the volume of independent sale timber ready to harvest will continue its decline into 1975, and will commence a slow ascent in 1976 (88 million board feet will be available in 1975: a shortage of 242 million feet; 130 million board feet will be available in 1976: a shortage of 200 million feet; 222 million board feet will be available in 1977: a shortage of 118 million feet). These shortages will occur despite the fact that the opening inventories of uncut independent sales in the years 1974, 1976, and 1977 will exceed the harvest requirement of 330 million board feet by a substantial margin.

The reason for this seeming paradox is the fact that merely because timber has been sold, and therefore becomes part of the inventory available for harvest, does not mean that the timber can be harvested. One and one-half to two years elapse from the date a timber sale is purchased to the date the purchaser can start logging. This delay is caused by the time required by the purchaser to obtain as many as twelve Federal and State permits, to constuct roads, to lay out camp sites, to meet initial environmental safeguard requirements, to construct log dumps, etc. None of these activities can take place until after the timber has been purchased, and no logging can commence until after all of these activities have been completed.

Consequently, neither the independent sales scheduled for 1975 and 1976, nor the hoped for increases announced by the Forest Service, will be ready to log in time to head off the shortages forecasted for 1975, 1976, and 1977. Even during 1974, despite the fact that on paper at least, industry has 330 million feet of independent sales ready to harvest, it is most unlikely that this harvest can be attained, due to the logistical complexities involved in attempting to maintain the 1974 logging activity on independent sales at the 330 million board feet level while, at the same time, getting ready to face the realities of reducing such activity to the 1975 level of 88 million board feet. As a result, mill operations have already been curtailed in 1974, and more will follow.

QUESTION: If there is such a timber sales shortage, why are logs exported from Southeast Alaska instead of being processed locally?

ANSWER: There are three sources of logs from which logs may legally be exported from Southeast Alaska without being processed locally, namely, (1) Annette Island Indian Reserve, (2) privately owned lands, and (3) National Forest lands. The timber on Annette Island is administered by the Bureau of Indian Affairs, and the Bureau permits this timber to be exported without processing, despite the long and vigorous opposition of this policy by the Alaska Lumbermen's Association and the Alaska Loggers Association, Inc. The timber on privately owned lands is subject to disposal at the pleasure of the land owner. The timber industry, as such, and contrary to the situation in Washington and other states, owns very little private land of any significance. Timber on National Forest lands may not be exported without processing, unless there is no local processing demand.

The only National Forest export in Southeast Alaska is cedar, for which there is an extremely limited local processing demand. Export of this specie is limited to that which exceeds the local demand. The local processing demand for this timber is limited,

due to the fact that the timber is of extremely poor quality, and there simply is no great market for the lumber, either inside or outside of Alaska. Aside from cedar, the timber from Metlakatla and private lands is exported simply because the owner will not sell this timber at a price low enough to enable the local mills to process the timber at a profit. In order to acquire the cutting rights to this timber, the mills would have to compete with a log export market price which equals or exceeds the market price of the finished local product. As a result, industry has little effective voice in making these logs available for local use.

QUESTION: Industry has complained about the increased cost of logging in Southeast Alaska brought on by new environmental standards being imposed by the Forest Service. Aside from the fact that increased costs mean decreased profits for industry, what effect does this have upon the general economy of Southeast Alaska?

ANSWER: Two major areas of economic concern to Southeast Alaska are involved. In the first place, the imposition of the new standards further extends the time required for the Forest Service to ready a prospective timber sale area for sale, and at the same time further extends the time it takes the purchaser to get to the actual business of logging after he purchases the sale. As a result, the timber sale shortage will extend over a longer period of time than originally anticipated, with extended adverse economic impact upon Southeast Alaska. In the second place, the cost of meeting the new standards has to come out of the value of the trees being harvested. Twenty-five percent of whatever the purchaser pays the Federal Government for these trees is returned to Alaska for local government use in the area within which the harvest took place. As environmental costs increase, the value of the tree decreases under what it would have been without these costs, thus reducing the return to the State and local governments.

QUESTION: What is industry's understanding as to why the Forest Service did not maintain its independent sale program to keep pace with industry expansion?

ANSWER: Several factors combined to produce this result. In 1972 the Sierra Club sued the Forest Service, charging them with failure to comply with the Environmental Protection Act on new timber sales. Although this suit did not directly include Alaska, the Forest Service was made aware that Alaska would be included unless the Forest Service terminated its sale activity pending the outcome of the suit. Consequently, sale activity in 1971 and 1972 dwindled into insignificance. The suit was settled by compromise in late 1972, with the understanding that the Forest Service would develop new environmental standards and apply them to each sale. Unfortunately, for Alaska, the funding and manpower required to overcome this slowdown in 1971-1972, and the funding and manpower required to implement the new standards, far exceeded the assignment of funds for Alaska. In addition, prior to the onset of environmental standards, the Forest Service was geared to providing a two or three year backlog of independent sales at the most. As a result, even a temporary disruption in sale activity had a sudden and adverse consequence.

QUESTION: Has the Forest Service offered sales within the past several years which have not been purchased, and if so, how can industry justify this in view of the sale shortage now claimed?

ANSWER: Yes. In June of 1972, the Forest Service offered four sales totalling 106.3 million feet, for which there were no bids received. These were salvage sales hurriedly put together, and assigned stumpage values in excess of what the economics of the sale could afford, and involved unrealistic and uneconomical conditions of sale. These matters were pointed out to the Forest Service, with the result that one of the sales was dropped by the Forest Service as being totally unloggable, and two others were completely redesigned and sold under different terms than the original offering. Industry takes little comfort in the suggestion that the shortages can be avoided if industry is willing to operate at a loss.

QUESTION: It has been pointed out by the Ketchikan Area Offices of the Forest Service on numerous occasions, in response to the industry requests for increased sale activity, that the Ketchikan area annual harvest is at maximum levels now, and cannot be increased, and that the capacity of the Ketchikan area mills far exceeds the harvest capacity of the Ketchikan area. What does this have to do with the shortage?

ANSWER: Nothing. The capacity of the Ketchikan area mills does in fact exceed the harvest capacity of the Ketchikan area; however, this poses no threat to the Ketchikan area harvest, nor does it establish that the industry is guilty of over expansion. Mills in Southeast Alaska are capable of utilizing the raw material of the Tongass National Forest without regard to the location of either the mill or the logging operation. The Tongass National Forest, as a whole, has the harvest capacity to support the existing mills. The mere fact that the harvest capacity of a local area has been exceeded by the mill capacity of the mills located within that area does not mean that the Tongass National Forest lacks the capacity to supply those mills.

QUESTION: The Forest Service has related the current timber sale shortage in part to recent expansion of the sawmill industry, and the sawmill expansion in turn to the desire of industry to capitalize on the sudden increase in the demands of the Japanese market in 1973. What is the connection between the 1973 Japanese market and the current sale shortage?

ANSWER: None. Japan has been short of timber ever since the end of World War II. Their need to import timber is not a new or recent circumstance. Alaska lumber competes for its share of the Japanese market, and when purchased by the Japanese replaces a source previously looked to for supplying the specific use to which the Alaska lumber is placed. This market has been slowly developed over the past eighteen years. Market acceptance of this product was completed before 1973, and before the "sudden" housing boom in Japan. With or without the curtailment of exports from the Pacific Northwest to Japan, and with or without the housing boom of 1973 in Japan, the sawmills which went into production in 1973 would have gone into production in any event (short of a market collapse). Industry intends, and has long intended, to develop markets for its products up to the full allowable cut of the Tongass National Forest. The mill expansion of 1973 is nothing more or less than the natural progression toward that goal.

QUESTION: Why does not the Southeast Alaska timber industry sell its lumber product in the domestic United States instead of in Japan?

ANSWER: Simply because the domestic United States markets

do not consider the product worth enough money to enable the processors to operate at a profit. This situation has existed for over forty years, and until such time as the domestic United States becomes a net importer of timber (as is Japan), the situation is not likely to change. It has often been incorrectly stated that if the Jones Act was repealed, our timber products would find a profitable United States domestic market. This, however, is not the case. Our competitive disadvantage arises out of many other factors than shipping rates, which include higher logging costs, higher costs of accommodating to environmental standards, higher processing costs, and higher percentage of defect in the raw material. Often overlooked in this regard, is the fact that the United States imports fifty percent to seventy percent more lumber from Canada in any given calendar month than Southeast Alaska exports to Japan in an entire calendar year. Almost all of this import is used East of the Mississippi River. The reason for this import is that Canadian mills can produce and deliver the end product for less money than can the mills in Oregon, Washington, and California. If the mills in the Western United States cannot compete with Canada, it is most obvious that Alaska has no chance of entering the domestic United States market in the foreseeable future.

QUESTION: Are the other areas of the United States faced with the same timber sale shortage problem as Southeast Alaska?

ANSWER: No. Despite the fact that, as everyone generally is aware, a severe domestic lumber supply shortage developed in the United States during 1972-1973, this shortage is unrelated to Alaska's problem. In the United States, only fifty-two percent of the soft wood saw log volume is in National Forest ownership. In Washington and Oregon, only thirty-two percent and forty-seven percent respectively is in National Forest ownership. To whatever extent the domestic United States lumber supply shortage of 1972-1973 may have been related to a timber sale shortage, it is obvious that many other factors than who owned the raw material were involved. In Southeast Alaska, however, over ninety percent of Southeast Alaska's soft wood saw log volume is in National Forest ownership. If there is a timber sale shortage in Alaska, therefore, the only significant factor involved is National Forest ownership. So long as the ownership in question has the harvest capacity to meet the shortage, the problem becomes one of forest management by the Forest Service.

QUESTION: How does the Tongass National Forest rank generally in relation to other National Forests?

ANSWER: The Tongass National Forest is the largest National Forest in the United States, and is within the administrative area of Region 10 of the Forest Service headquartered in Juneau. Bearing in mind that there are nine such Regions throughout the United States, the other eight of which contain from fourteen to nineteen separate National Forests, it is noteworthy that the annual harvest in the Tongass National Forest alone exceeds the total annual harvest in five out of those eight Regions. Despite this fact, Alaska's Region 10 ranks last in Federal funding (in 1971, for example, the closest Region on the ladder above Alaska received $18,000,000.00 more than Alaska).

QUESTION: What is meant by the term "independent timber sale"?

ANSWER: The term refers to the sales of timber made by the

Forest Service in the Tongass National Forest which are independent of the existing long-term allotment contracts (that is, other than, the long-term contracts held by Alaska Lumber & Pulp Co., Inc. for its pulp mill, Ketchikan Pulp Company for its pulp mill, and Alaska Wood Products, Inc. for its sawmill). With regard to the long-term allotment contracts, the Forest Service releases for cutting each year a maximum of 336 million board feet. Inasmuch as industry requires 666 million board feet of harvest per year, the additional 330 million board feet must come from short-term sales independent of the allotment contracts.

QUESTION: Why can't industry merely shut down its sawmills for several years and allow the Forest Service time to catch up on its sales program?

ANSWER: There are a number of reasons which make this solution totally unrealistic as opposed to industry's proposed solution of an immediate large scale increase in sales.

First and foremost is the fact that the high cost of logging and processing in Alaska makes it absolutely mandatory that industry sell the end product for the highest possible price. At present, approximately fifty percent of the fiber volume in the Southeast Alaska timber harvest can be sawn into export lumber and sold for a much higher return than if the entire volume was converted into pulp. If the sawmills are shut down, the entire harvest will have to be converted into pulp. If this takes place, the pulp mills will not be able to operate at a profit, and loss operations will sooner or later force a closure of these mills.

Secondly, assuming the pulp mills can weather out the storm until the sawmills are able to resume operations, there is absolutely no assurance that the sawmills will still have a market for their product at such time as they have logs available to process. It seems rather obvious that the Japanese market will not stand around waiting for the sawmills to get back into operation. The Japanese will be forced to look to other raw material sources and, in so doing, as they did in Alaska, will be required to make long-range commitments to these other sources. Once this takes place, the reentry into the Japanese market by Southeast Alaska lumber will be extremely difficult, time consuming, and expensive. This will further delay a return to full saw/pulp integrated use of the timber harvest, and further increase the risk of a complete industry collapse.

Finally sawmill shutdown will cause a dissipation of the skilled sawmill labor pool developed by the Southeast Alaska sawmill industry over the years, as well as a disruption of a significant portion of the skilled logging labor pool developed by the Southeast Alaska logging industry over the years. Loss of jobs will cause these skills to move elsewhere, either in pursuit of the oil pipeline opportunities, or in pursuit of such other opportunities as are available outside of Alaska. As and when logs become available in sufficient supply to warrant resumption of sawmill operations, and companion logging operations, the labor pool necessary to these operations will have to be again developed from scratch. This will further add to the delay of the return to full saw/pulp integrated use of the timber harvest, and further compound the risk of a complete industry collapse.

Almost all of this could be avoided if enough money and manpower were allotted to the administration of the Tongass National Forest. Industry frankly fails to see how anyone could seriously

consider shutdown and curtailments as an acceptable alternative.

QUESTION: If the timber industry in Southeast Alaska collapses as the industry has claimed it will unless an early solution of the timber sale shortage is found, what will be the effect upon the Southeast Alaska economy?

ANSWER: There are many ways of looking at the economic impact of an industry upon a given area. At the risk of over simplification, the loss to the Southeast area is probably most easily appreciated with reference to direct industry employment and indirect employment dependent upon industry payrolls. During 1972, out of a total Southeast Alaska census population of forty-two thousand five hundred sixty-five, approximately seventeen thousand five hundred people were gainfully employed. Of these, in excess of three thousand were directly employed by the timber industry, and an additional two thousand five hundred to three thousand five hundred people were dependent upon industry payrolls for their employment. Industry, therefore, foresees a job loss in excess of eight thousand employeees in the event of an industry collapse.

MUNICIPAL TAX COMP.

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

POUCH V · STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

MEMORANDUM

April 28, 1978

SUBJECT: Municipal Tax Comparisons (W.O. #5437)

TO: The Honorable Charles Parr

FROM: Deborah Behr (DB) and John Williams JW
Research Analyst Research Analyst

You have asked that we prepare information comparing some fiscal capacity, bonded indebtedness, and local effort indicators that will relate the municipalities of the Kodiak Island Borough, Dillingham, Nome, Petersburg, and Wrangell to equivalent municipalities in the state. Our analysis is divided into four portions: (1) comparisons of property values and property taxing rates; (2) sales taxing rates and revenues; (3) bonded indebtedness and tests to compare present indebtedness to debt capacity; and (4) a summary of local taxation, including a comparison of local tax liability to personal income.

Our data is primarily obtained from Alaska Taxable 1977, prepared by the state assessor, Department of Community and Regional Affairs (CRA). Sales tax revenues were obtained from the 1977 Municipal audits on file with the Dept. of CRA (when 1977 audits were not available, 1976 sales tax revenues were obtained from the 1976 audits and escalated by an appropriate percentage). Per capita income data was compiled from information available from the Bureau of the Census (1974 income data) and adjusted with income data purchased from the National Planning Data Corporation (1976 income data). Municipal populations are those used by the Local Government Assistance Division of the Department of CRA for the state aid to local governments program (revenue sharing).

The cities and boroughs which were selected to compare the five cities (listed above) against, are the Bristol Bay Borough, Haines Borough, City and Borough of Juneau, Ketchikan Gateway Borough, Mat-Su Borough, City and Borough of Sitka, Cordova, King Cove, Nenana, Pelican, Skagway, and Unalaska. This group contains all municipalities in the state with education responsibilities except those with oil and gas properties and cities that do not nave a property tax.

The 17 cities included in the analysis (including the five requesting additional educational support) are generally comparable. Remarkable externalities which should be considered when looking at the following tables are the considerable seafood industry properties and sales in Unalaska (the largest commercial fishing port in the U. S. in terms of value of catch); the railroad property located in Skagway; the seafood industries located in Kodiak, Petersburg, Ketchikan, Sitka, Cordova, King Cove, and Pelican; and the timber industries located in Wrangell, Ketchikan, and Sitka. Those locations will generally show a larger tax base because of the industrial concentration in the respective municipalities.

The sales taxation analysis is not as specific as the other data because of the significant variations used by municipalities in the application of a sales tax. It is additionally much more difficult to determine the residential contribution to municipal sales taxes (as compared to property taxes) since tourism, purchases by non-residents at regional trade centers, and the specific application of sales taxes to particular transactions will tend to diminish the out-of-pocket contribution of residents of a given municipality. Our analysis is concerned with local fiscal capacity and local effort. Non-resident contributions to a municipal sales tax will artificially escalate the local effort of those municipalities which receive significant sales tax revenues from non-residents unless a means could be developed to back out non-resident contributions to municipal sales taxes.

DB:JW:fc
Attachments

PROPERTY VALUES, TAXATION, AND REVENUE

PROPERTY VALUE, TAXATION, AND REVENUE

The two following charts present information on municipal property taxation, property values, and revenues. Assessed values are those determined and used by municipalities for property taxation purposes. Full and true values are determined by surveys conducted by the state assessor. Differences between assessed and full and true value are attributable to (1) optional exemptions utilized by municipalities, and (2) slight differences between assessed and market values of property.

Taxing rates shown are the area-wide rate only. Differential rates in service areas or tax zones are not shown. When determining revenues derived from property taxes, total liability was determined for all property taxes within a municipality (including city tax liability for cities within boroughs).

The chart entitled "Comparison of Property Value and Property Tax Revenue" presents information standardized to an average index value of 100. The average municipal per capita property value for the 17 municipalities is determined and assigned an index value of 100. The same computation is made for municipal per capita tax revenues. The index numbers are useful for demonstrating the relative degree of taxation each municipality imposes on the per capita property value in the municipality. For example, a municipality whose index number for per capita tax revenue is less than its index number for per capita property value is taxing a rate less than the average for the 17 cities included; and a municipality whose per capita tax revenue index number is greater than its property value index number is taxing at a rate greater than the average.

PROPERTY VALUE, TAXATION, AND REVENUE

	Population	Assessed Property Value ($Thousands)	Full & True Property Value ($Thousands)	Per Capita Assessed Value	Per Capita Full Value	Area-Wide 1/ Property Tax Rate (Assessed)	Area Wide Property Tax Rate (Full & True)	Property 2/ Tax Revenue	Per Capita 3/ Property Tax Revenue	Property Tax Revenue From 1 Mil (Full & True)
Kodiak Island Borough	7,901	$160,554.9	$174,701.5	$20,321	$22,111	7.23	6.664	$2,517,419.5	$318.62	$174,702
Dillingham	1,269	15,247.6	17,140.8	12,015	13,507	17.00	15.113	167,723.9	132.17	17,141
Nome	2,585	37,484.4	33,747.7	14,501	13,055	17.90	19.869	670,970.8	259.56	33,748
Petersburg	2,126	31,172.0	34,048.1	14,662	16,015	14.00	12.810	436,408.5	205.27	34,048
Wrangell	3,152	37,139.7	37,599.6	11,783	11,929	5.95	5.873	387,841.9	123.05	37,600
Bristol Bay Borough	1,311	29,302.8	29,748.8	22,351	22,692	10.05	9.899	478,332.0	364.86	29,749
Haines Borough	1,924	34,938.1	34,400.1	18,159	17,879	3.60	3.654	274,828.2	142.84	34,400
City & Borough of Juneau	20,465	378,954.7	364,558.9	18,517	17,814	15.42	16.021	6,692,620.5	327.00	364,559
Ketchikan Gateway Borough	11,490	247,655.4	270,955.7	21,554	23,582	7.00	6.398	3,244,751.4	282.46	270,956
Mat-Su Borough	16,724	487,802.8	552,600.7	29,168	33,042	10.50	9.272	5,896,893.5	352.60	552,601
City & Borough of Sitka	7,650	180,030.6	179,644.5	23,533	23,483	4.00	4.008	720,122.5	94.13	179,645
Cordova	2,406	20,585.7	30,047.6	8,556	12,489	22.00	13.684	452,885.5	188.23	30,048
King Cove	408	1,145.4	2,863.5	2,807	7,018	10.00	4.000	11,454.0	28.07	2,864
Nenana	521	4,922.7	5,374.0	9,449	10,315	10.00	9.160	49,226.7	94.48	5,374
Pelican	169	4,368.3	4,639.3	25,848	27,451	4.00	3.784	17,473.1	103.39	4,639
Skagway	854	30,300.0	29,850.2	35,480	34,953	10.50	10.658	318,150.0	372.54	29,850
Unalaska	510	16,571.5	16,571.5	32,493	32,493	17.50	17.500	290,001.8	568.63	16,571

1/ Area-wide rate is shown, differential rates within the city or borough are not shown.
2/ Total of all property taxes (area-wide, municipal, and service area).
3/ From all property taxes in the city or borough

Prepared by:
Legislative Affairs Agency
Research Division
28 April 1978

COMPARISON OF PROPERTY VALUE AND PROPERTY TAX REVENUE

	Full and True Per Capita Property Value	Index	Per Capita Property Tax Revenue	Index
AVERAGE	$19,990	100	$232.81	100
Kodiak Island Borough	22,111	111	318.62	137
Dillingham	13,507	68	132.17	57
Nome	13,055	65	259.56	111
Petersburg	16,015	80	205.27	88
Wrangell	11,929	60	123.05	53
Bristol Bay Borough	22,692	114	364.86	158
Haines Borough	17,879	89	142.84	61
City and Borough of Juneau	17,814	89	327.00	140
Ketchikan Gateway Borough	23,582	118	282.40	121
Mat-Su Borough	33,042	165	352.60	273
City and Borough of Sitka	23,483	117	94.13	40
Cordova	12,489	62	188.23	81
King Cove	7,018	35	28.07	12
Nenana	10,315	52	94.48	41
Pelican	27,451	137	103.39	44
Skagway	34,953	175	372.54	160
Unalaska	32,493	162	568.63	244

Prepared by:
Legislative Affairs Agency
Research Division
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SALES TAX RATES AND REVENUE

SALES TAX RATES AND REVENUE

Because of the tremendous variances in the imposition of sales tax ordinances (transactions covered by the tax, limits imposed on sales exceeding a ceiling level, exemptions from taxation, etc.), it is difficult to compare the relative effort that each municipality has undertaken. The fact that sales tax revenues are not derived solely from the pocketbooks of residents of the municipality further complicates the matter. The only conclusions that can generally be drawn from the table is that similar communities with dramatically different per capita revenues from similar taxing rates probably apply their sales taxes quite differently. A community which comparatively receives less than a similar community could <u>generally</u> be considered to have untapped potentials for incremental revenues from a sales tax.

SALES TAX RATES AND REVENUE

	Sales Tax Rate (%)	Sales Tax Revenue	Per Capita Sales Tax Revenue
Kodiak Island Borough	0 - 3	$ 862,599	$ 109.17
Dillingham	3	173,859	137.00
Nome	3	33[illegible],000	128.05
Petersburg	5	41,928	19.72
Wrangell	5	349,974	111.03
Bristol Bay Borough	3*	244,042	186.15
Haines Borough	1 - 4	109,269	56.79
City & Borough of Juneau	1 - 3	1,309,878	64.01
Ketchikan Gateway Borough	1.5 - 4	2,316,313	201.59
Mat-Su Borough	0 - 2	311,756	18.64
City & Borough of Sitka	4	694,624	90.80
Cordova	4	398,062	165.45
King Cove	1	8,355	20.48
Nenana	2	34,631	66.47
Pelican	3	46,000	272.19
Skagway	3	101,577	118.94
Unalaska	1	354,846	695.78

*On raw fish only.

Prepared by:
Legislative Affairs Agency
Research Division
28 April 1978

DEBT CAPACITY ANALYSIS WITH REGARD TO SCHOOL CONSTRUCTION NEEDS: INTERCOMMUNITY COMPARISON

DEBT CAPACITY ANALYSIS WITH REGARD TO SCHOOL CONSTRUCTION NEEDS: INTERCOMMUNITY COMPARISON

Debt capacity was analysized by utilizing Mr. David Rose's, executive director of the Alaska Municipal Bond Bank Authority, two "rules of thumb" as general guidelines for determining the debt capacity of a community. Those "rules of thumb" are:

Rule #1: The maximum general obligation bonded debt of a community should not exceed 15%.

Rule #2: Per capita general obligation debt should not exceed $2,000.

The chart entitled "Comparison of Debt Capacity of Selected Alaska Cities" analysizes the debt capacity (as estimated by the two rules of thumb) of the five selected communities with the debt capacity of 12 similar Alaska locations.

Using Rule #1

The average of the communities in the sample had debt up to 37.9% of its maximum recommended debt limit. A similar percentage was calculated for each community included in the review. Index numbers were also calculated to compare the relative position of each community's debt percentage to the sample average. If both are equal, the community had incurred debt at 37.9% of its maximum capacity and its index number would be listed a 1.00. Index numbers higher than 1.00 reveal debt incurring percentage higher than the average. Index numbers lower than 1.00 reveal debt percentage less than the average. Only Petersburg, Haines,

and King Cove have incurred debt in compairson to its maximum at a rate higher than the average of the communities included in the sample.

Using Rule #2

The average of the communities had debt up to 35.9% of the $2000 maximum per capita limit. Again percentage and index numbers were calculated for each community in the sample to make cross-community comparisons. Petersburg ranked first in all the communities included in the sample.

Debt Capacity Compared to School Needs

The final three charts attached list the debt capacity utilizing the two different methods of analysis. The charts then compare that maximum debt with the requests for school construction in each community. The analysis finds that with the current 50% local match requirement for schools construction, only Dillingham and Petersburg would require a state subsidy, if the remaining maximum capacity of each town was utilized for school construction. If the local match for school construction is reduced to 20%, only Petersburg would require a state subsidy, if its remaining maximum debt was utilized for school construction.

COMPARISON OF DEBT CAPACITY OF SELECTED ALASKA CITIES

If City In Sample	Selected Cities	Total Debt	Per Capita Debt	Debt Capacity Test #1 (Debt % of Assessed Valuation Standard)	Debt Capacity Test #1 Index	Debt Capacity Test #2 ($2000 Maximum Per Capita Debt Limit)	Debt Capacity Test #2 Index
*	Kodiak Borough	$ 8,585,000	$ 1,087	33.9%	89.4	54.3%	151.3
*	Dillingham	135,000	106	5.9	15.6	5.3	14.8
*	Nome	830,000	321	14.8	39.1	16.1	44.8
*	Petersburg	3,750,000	1,764	80.2	211.6	88.2	245.7
*	Wrangell	575,000	182	10.3	27.2	9.1	25.3
	Bristol Bay Borough	665,000	507	15.1	39.8	25.3	70.5
	Cordova	1,169,200	486	37.9	100.0	24.3	67.7
	Haines	2,302,448	1,197	43.9	115.8	59.9	166.9
	Juneau Borough	19,727,000	964	34.7	91.5	48.2	134.3
	Ketchikan Borough	10,262,000	893	27.6	72.8	44.7	124.5
	King Cove	393,860	965	229.2	604.7	48.2	134.3
	Mat-Su Borough	24,211,540	1,448	32.6	86.0	72.4	201.7
	Nenana	253,000	513	34.3	90.5	25.7	71.6
	Pelican	0	0	0	0	0	0
	Sitka Borough	7,948,100	1,039	29.4	77.8	51.9	70.5
	Skagway	627,000	734	13.8	36.4	36.7	102.3
	Unalaska	0		0	0	0	0
	AVERAGE		$ 718	37.9%	100.0	35.9%	100.0

Prepared by:
Legislative Affairs Agency
Research Division
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Rule #1:GO Bond Debt as Percentage of Assessed Valuation of Real and Personal Property of a Community

Chart A: School Financing Needs Beyond Maximum GO Bonded Debt Capacity (Rule #1)

Locations	Assessed Value of Real and Personal Property	Maximum GO Debt if Percentage Equals 15%	Less Existing GO Debt	Remaining Maximum GO Debt	School Needs Requests	School Needs Local Requirement 20%	School Needs Local Requirement 50%	Need State Aid? 20%	Need State Aid? 50%	School Needs Beyond Maximum Capacity 20%	School Needs Beyond Maximum Capacity 50%
Kodiak Island (Boro)	$169,078,481	$25,361,772.15	$8,585,000	$16,776,772.15	$4,300,000 current $5,800,000 projected	$ 860,000 current $1,160,000 projected	$2,150,000 current $2,900,000 projected	NO NO	NO NO	-	-
Dillingham	$ 15,247,624	$ 2,287,143.60	$ 135,000	$ 2,152,143.60	$7,000,000	$1,400,000	$3,500,000	NO	YES	-	$1,347,856.40
Nome	$ 37,484,402	$ 5,622,660.30	$ 830,000	$ 4,792,660.30	$4,300,000	$ 860,000	$2,150,000	NO	NO	-	-
Petersburg	$ 31,172,039	$ 4,675,805.85	$3,750,000	$ 925,805.85	$7,000,000	$1,400,000	$3,500,000	YES	YES	$474,194.15	$2,574,194.15
Wrangell	$ 37,139,665	$ 5,570,949.75	$ 575,000	$ 4,995,949.75	$7,000,000	$1,400,000	$3,500,000	NO	NO	-	-

Prepared by:

Legislative Affairs Agency
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Rule #2: Per Maximum Capita Debt should not exceed $2,000

CHART B

SCHOOL FINANCING NEEDS BEYOND MAXIMUM GO BONDED DEBT CAPACITY (Rule #2)

Locations	Civilian Population	Maximum GO Debt if Per Capita Debt = $2000	Less Existing GO Debt	Remaining Maximum Need GO Debt	School Needs Request	School Needs Local Requirement 20%	School Needs Local Requirement 50%	Needs State Aid? 20%	Needs State Aid? 50%	School Needs Beyond Maximum Capacity 20%	School Needs Beyond Maximum Capacity 50%
Kodiak Island (Boro)	7,501	$15,802,000	$8,585,000	$7,217,000	$4,300,000 current	$ 860,000 current	$2,150,000 current	NO	NO	-	-
					$5,800,000 projected	$1,160,000 projected	$2,900,000 projected	NO	NO	-	-
Dillingham	1,269	$ 2,538,000	$ 135,000	$2,403,000	$7,000,000	$1,400,000	$3,500,000	NO	YES	-	$1,097,000
Nome	2,585	$ 5,170,000	$ 830,000	$4,340,000	$4,300,000	$ 860,000	$2,150,000	NO	NO	-	-
Petersburg	2,126	$ 4,252,000	$3,750,000	$ 502,000	$7,000,000	$1,400,000	$3,500,000	YES	YES	$898,000	$2,998,000
Wrangell	3,152	$ 6,304,000	$ 575,000	$5,729,000	$7,000,000	$1,400,000	$3,500,000	NO	NO	-	-

Prepared by:

Legislative Affairs Agency
Research Division
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CHART C

COMPARISON OF SCHOOL NEEDS BEYOND MAXIMUM DEBT CAPACITY
USING TWO RULES OF EVALUATION

Location	Using Rule #1 — School Needs Beyond Maximum General Obligation Bonded Debt Capacity		Using Rule #2 — School Needs Beyond Maximum General Obligation Bonded Debt Capacity	
	20% Match	50% Match	20% Match	50% Match
Kodiak Island (Borough)	None	None	None	None
Dillingham	None	$1,347,856.40	None	$1,097,000
Nome	None	None	None	None
Petersburg	$474,194.15	$2,574,194.15	$898,000	$2,993,000
Wrangell	None	None	None	None

Prepared by:

Legislative Affairs Agency
Research Division
27, April 1978

SUMMARY OF MUNICIPAL TAXING EFFORT

SUMMARY OF MUNICIPAL TAXING EFFORT

The two charts summarize the capacity for taxation and how heavily the municipalities are drawing from their municipal capacity. Since taxes are paid from income, we have compared the average citizen's municipal tax liability in each municipality to the average citizen's income in the same municipality. The final column on the first chart shows local tax liability as a percentage of income.

The chart entitled "Local Effort Summary" uses index numbers to further compare the municipalities' taxing effort as measured by the percentage of resident income dedicated to local taxes. The average of the 17 communities' tax revenues (per capita) is determined and assigned an index value of 100. An average is also determined for the percentage of income that is consumed by local taxes for the 17 communities. The average (5.12%) is assigned an index value of 100.

SUMMARY OF MUNICIPAL TAXING EFFORT

	Total Local Tax Revenue ($ Thousands)	Per Capita Tax Revenue	Per Capita Income	Local Taxes as a % of Income
Kodiak Island Borough	$ 3,380.0	$ 427.80	$ 8,565	4.99
Dillingham	341.6	269.17	10,220	2.63
Nome	1,002.0	387.61	10,301	3.76
Petersburg	478.3	224.99	7,683	2.93
Wrangell	737.8	234.08	7,470	3.13
Bristol Bay Borough	722.4	551.01	8,189	6.73
Haines Borough	384.1	199.63	6,612	3.02
City & Borough of Juneau	8,001.9	391.00	9,436	4.14
Ketchikan Gateway Borough	5,561.1	483.99	6,658	7.27
Mat-Su Borough	6,208.6	371.24	5,661	6.56
City & Borough of Sitka	1,414.7	184.93	8,178	2.26
Cordova	850.9	353.68	7,629	4.64
King Cove	19.8	48.55	4,586	1.06
Nenana	83.9	160.96	5,477	2.94
Pelican	63.5	375.58	3,543	10.60
Skagway	419.7	491.48	8,834	5.56
Unalaska	644.8	1,264.41	8,491	14.89

Prepared by:
Legislative Affairs Agency
Research Division
28 April 1978

LOCAL EFFORT SUMMARY

	Per Capita Local Tax Revenue	Index	Local Taxes as a % of Income	Index
AVERAGE	377.65	100	5.12	100
Kodiak Island Borough	427.80	113	4.99	97
Dillingham	269.17	71	2.63	51
Nome	387.61	103	3.76	73
Petersburg	224.99	60	2.93	57
Wrangell	234.08	62	3.13	61
Bristol Bay Borough	551.01	146	6.73	131
Haines Borough	199.63	53	3.02	59
City and Borough of Juneau	391.00	104	4.14	81
Ketchikan Gateway Borough	483.99	128	7.27	142
Mat-Su Borough	371.24	98	6.56	128
City and Borough of Sitka	184.93	49	2.26	44
Cordova	353.68	94	4.64	91
King Cove	48.55	129	1.06	21
Nenana	160.96	43	2.94	57
Pelican	375.58	99	10.60	207
Skagway	491.48	130	5.56	109
Unalaska	1264.41	335	14.89	291

Prepared by:
Legislative Affairs Agency
Research Division
27 April 1978

HB
28

School bill

P.O. Box 700
Anchorage, Alaska
January 28,1977

Dear Editor:

Attached is the bill I wish you could run for us. The following information will give you some background on the problem.

BY SWANSON

HOUSE BILL NO. 28

Section 1. AS 14.03.080 is amended by adding a new subsection to read:

(f) If a public school is located within two miles of the residence of a pupil enrolled in a centralized correspondence program provided under AS 14.07.020(9) and transportation provided under AS 14.09.010 is available from that pupil's home to the school, the parents of the pupil shall remit to the regional educational attendance area or the city or borough school district the amount of money which that area or school district would have received had the pupil attended the public school. The commissioner shall determine the amount to be remitted to the area or district in accordance with AS 14.08.121 or AS 14.17.021, respectively.

Two years ago, a bill was passed by the Senate allowing all or any desiring student to enroll into the Correspondence Study Course as an alternative to the public school system even if the student lives in an urban area.

A large number of students, with parents' consent, have enrolled in the alternative program which, in some cases, have cause fund reduction to some schools.

Mr. Swanson, the sponsor of HB-28, is receiving pressure from five of his school board superintendants of his area. Their stated problems are, as an example, a school (that he refused to name) has a man living outside the school in a trailer giving POT to the students during their recess. A lot of these kids pass out upon returning into class to a warm temperature from the cold of the outside area. This caused a problem for that school, because some of the children enrolled into Correspondence Study. Of course the bill he is proposing does nothing to correct the school problem.

It appears he is trying to sacrifice the whole Correspondence program because of a few isolated problems.

All concerned parents should be urged to write their representatives immediately!

Luther L. Jones
Member of the Advisory
Committee for
Corr pondence Study

...want to say

AN Times FEB 3, 77

Home Pupils May Pay District

By DENNIS JOHNSON
Times Staff Writer

Most Anchorage students in the state's correspondence study program would pay $2,100 to $2,200 in lost state aid to the local school district under a bill set for introduction in the House next week.

It amends the funding section of the correspondence program to require students living within two miles of a school or school bus route and taking correspondence classes to pay their school district the equivalent of state aid which would go to the district if they attended regular public schools.

Rep. Leslie "Red" Swanson, D-Nenana, said yesterday he will introduce the legislation in the House early next week.

The state aid ranges from $2,100 to $2,200 per student in Anchorage and up to $3,500 per student elsewhere in the state.

"This is legalized blackmail," said M.Sgt. Luther Jones of Elmendorf Air Force Base, who has three children in the correspondence program. He said the majority of correspondence students in the Anchorage would be directly affected since they live within two miles of a school or school bus route.

Of the 441 students in the statewide program, 125 of them are in Anchorage, Jones said. And of the 125 students here, 115 live within the two-mile limit, he said.

Swanson said the bill is being introduced to get correspondence students living near schools back into them. "We can't ask the taxpayer to support two school systems," he said yesterday via telephone from Juneau.

The correspondence program goes back to territorial days, said program director Wanda Cooksey. However, in 1975 the state legislature amended the eligibility requirements to include all students, not just those in outlying areas, she said.

Correspondence study accommodates students who are continually traveling with their parents or who want an alternative to regular schools, Ms. Cooksey said.

"What I'm trying to do is go back to the original law," Swanson said. He said correspondence study is causing deterioration of the schools in his area, which includes Delta Junction, Ft. Yukon, Tok, Nenana and the Railbelt School District.

"I met with these regional superintendents last fall and correspondence study was one of the problems they discussed," Swanson said. He said students in the alternative program are influencing their friends to drop out of school and take correspondence study.

"Between 122 and 196 kids (in the program) could be going to bona fide schools," he said.

Nat Cole, state Department of Education deputy director, said he is familiar with Swanson's bill but he doubts if the bill's wording would solve the problems Swanson mentioned.

Cole said some method of controlling program entry is needed for students who have the option of attending a regular school. However, he did not give specific solutions. The Department of Education was opposed to the legislation opening the program to all students in 1975, he said.

Currently, the state cannot stop students from entering the program if they enroll by the end of the first quarter, said Ms. Cooksey. She said if a students want to enter after that, approval must be obtained from the commissioner of education.

The central program headquarters is in Juneau, although 18 of the 52 state school districts have local programs, she said. The Anchorage program is administered from Juneau.

The Department of Education also has requested $210,000 for additional correspondence program administrative costs, Swanson said. Cole said the request is to accommodate increased correspondence enrollment.

Swanson called the request unnecessary.

Parr

March 11, 1977

STATEMENT REGARDING CENTRALIZED CORRESPONDENCE PROGRAM FUNDING PROCEDURES

Prepared by the Parent Advisory Committee

Centralized Correspondence study students can not participate fully in many programs because they are, by definition, not enrolled in a district school. They especially do not qualify for funds such as local taxes or in lieu of local taxes, funds for students not on a public transportation route, PL 874 (Federal Impact) funds, distance equalization funds, etc. This discriminatory situation means that of all students in the State, only Centralized C/S students are funded at a bare foundation level. Students enrolled in a district C/S program have the same needs exactly, yet they are eligible for and do receive all of the special funds.

Possible to request info from DOE regarding these program areas?

HB 28

MINUTES OF HOUSE HESS COMMITTEE

April 5, 1977

The meeting was called to order by Chairman Parr at 3:05 p.m. Those present: Parr, Phillips, Chatterton, Bennett, Nakak, Cotten & Beirne with Mrs. Buchholdt coming in later.

Absent: Ose.

Mr. Parr announced to the committee that a group of correspondence students were present from various places in Alaska and asked Mrs. Wanda Cooksey from the Department of Education to introduce the students.

HB 390

Chairman Parr then announced that HB 390 would be first on the agenda and asked Representative Lethin to speak on the bill. Mr. Lethin said that he had introduced the legislation at the request and was supported by the Literacy Project and the money applied for would be spent for the project. Said he had wanted to make sure that this money was earmarked specifically for that Project. There was discussion as to what the program is and how it operates and the need for the money. Questions wereasked as to whether it is a non-profit organization, how it got started and how long it has been operating. Mr. Lethin said it has been going for several years, that it is a non-profit organization and is being done all over the nation.

Eula Ruby spoke from the sidelines stating that the project has been operating for 3 years, that it started out small with 3 volunteers and now it has grown to where they have had to turn students away. She stated they work with the most illiterate adults.

Action

Mr. Phillips moved to pass the bill out of committee. There being no objection, the motion carried.

HB 28

Swanson

Next on the agenda was HB 28 and Mr. Swanson spoke on the bill. Mr. Swanson said the program was originally initiated for students that had no way of going to school. He stated 3 years ago the statute was amended by the legislature so that it was open to anyone to take the courses, regardless of where they live. He stated he had been asked to introduce this legislation by some of the REAA's in his district. He stated after consulting with the Dept. of Education he had taken the information to the attorneys to draft the legislation. He said he felt the Area Boards or the Department of Ecucation should have some measure of control over the program. He stated there are about 441 students enrolled in the progam, 245 are in rural Alaska where there are no schools at all but the others could go to public schools.

Mr. Swanson stated in parts of his district there is a correspondence program where there is a director in the district and where some children live right on the school bus route and others live within half a mile of the school. He stated there were 7 on correspondence and felt they were being used to build a bureaucracy.

Questions were asked of Mr. Swanson as to how he came up with the figure in the bill of having to live 2 miles or more away from transportation or a school.

Questions were asked regarding the 2 types of studies, where the local school board in the REAA has to approve the one and if in a Centralized Program, the Commissioner of Education has to approve the applicant.

Next to testify was Dr. Cole from the Department of Education.

Cole

Dr. Cole stated that the law provides that a parent is not compelled to send a student to school who lives 2 miles from a school or 2 miles from a bus route. He stated 2 years ago the option was created by members of the legislature, wherein parents could put their children on correspondence courses no matter where they lived. Said the Department opposed it then and they still think there is a problem with this type of option.

Mr. Parr asked of Mr. Cole in the instance where the Commissioner determines the tuition rate, what "ball park" figure are we talking about? Mr. Cole stated it could cost somewhwere around $2750 per child. Mr. Cole said the Department had a hard time with the tuition portion of the bill, said this is letting someone buy an empty seat in the school house and he really had a hard time with this.

Discussion was had regarding the fact that a child can still take correspondence study if he doesn't qualify for the programs by paying tuition (under the bill). Mr. Cole felt the Dept. might be able to support the bill if the tuition portion were eliminated.

Mr. Parr said there appears to be more and more parents who are putting their children on correspondence study or sending them to private schools. Said there seems to be a rising dissatisfaction with the public schools and felt that there was a problem with the way the schools are being run or something. Wondered if we had the right to prevent them from this program.

Mrs. Wanda Cooksey, Administer of the Centralized Correspondence Study Program spoke to the amendements that were suggested by some of the parents of children presently on the program.

Cooksey

Mrs. Cooksey said it was the Advisory Committee's opinion that they would like to see the problems worked out through the Department of Education, if possible, and not through legislation. If legislation has to happen, then they recommended the amendments, but they would prefer to handle the problems in other ways.

There was discussion about wiping out the decentralized program all together.

Mrs. Cooksey was asked if she thought the amendments proposed were good ones and she stated the bill would be better with the amendments than without them.

There was discussion as to whether a school district received money for children on correspondence study programs.

Mrs. Cooksey was asked if academically, evidence showed that correspondence students profited as much as regular school students from public schools. Mrs. Cooksey said she would say "yes" because there was no way a correspondence student could make it if they couldn't read. She also said the children that go through the correspondence study program prove to be real responsible. There was discussion as to whether the courses were now mostly on casette tapes and it was brought out that the potential to do this was there but still are mostly written.

Ranney

Next to testify on HB 28 was Steven Ranney from Taku Harbor. Mr. Ranney said that he is in 10th grade this year and taking a correspondence course. Stated that last year he went to highschool and felt he learned much more from the correspondence study program than he had in high school. Said he was in the centralized program, felt it was much more demanding than high school was. Stated he is taking an English course and there are more than 50 written assignments. Questions were asked of Mr. Ranney as to how far he lives from an available school, how he got his assignments, through the mail, etc. and whether he required help from his parents. Said he had required very little help from his parents.

Geraghty

Next to testify was Mr. Jim Geraghty from Tokeen. Mr. Geraghty questioned if this bill were passed, if the handicapped students who are unable to go to schools would then be unable to take the correspondence study program. He further asked about schools such as Craig where the schools are non-accredited and wondered if the students who wished to take accredited study courses would be unable to do so.

McKinnon

Next to testidy was Margaret McKinnon, Registrar for the Centralized Correspondence Study Program. She stated they do have quite a few secondary students who are old enough to not go to school but who do choose to take the correspondence study program and finish their high school education. She felt a school board may not tend to approve this type of situation

and felt if a student was determined enough to take a correspondence study program and finish his education he should have the opportunity to do so.

HB 28 was held over for further consideration.

Chairman Parr told the Committee HB 212 was next and asked the committee's pleasure on it as to whether they wanted to hear testimony or wanted to wait on it due to the lateness of the day. Mr. Nakak asked if Mr. Cole could perhaps go over the breakdown on the fiscal note. Mr. Cole was asked to walk the committee through each section of the fiscal note which he did.

There was much discussion as to the cost differential, the isolation factor.

Mr. Nakak proposed an amendement to the Committee Substitute which would put the 5% differential back in. Mr. Cotten said he was not prepared to do anything with the bill and Mr. Nakak asked that the bill be held over.

Mr. Cole was asked to give the committee figures for putting the 5% back in.

The meeting adjourned at 5:30. p.m.

Copper River School District

School Board
Box 108
Glennallen, Alaska 99588
(907) 822-3234

March 25, 1977

Honorable Charles H. Parr
Alaska House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Sir:

The Copper River School District would like your cooperation in opposing HB 28 in the original and amended version. We still feel that this bill would:

1. Eliminate parent's right of choice for the education of their children.

2. Increase the number of drop-outs in the 15-18 year old students.

3. Impose an extra financial burden on religious and minority groups.

Thank you for taking the time to read our expressions.

Very sincerely,

Paul Weir

Paul Weir, Legislative Chairman
Copper River School District Board
P.O. Box 275
Glennallen, Alaska 99588

PW:pm

cc: Bill Overstreet

TO: House HESS Committee Members

FROM: Wanda J. Cooksey
Administrator
Correspondence Study Programs
Department of Education

February 17, 1977

9 copies

Write SB members

1. Centralize CS
2. Under what conditions should kids be on CS when schools are available?
3. Oversight by Cooksey
4. Who makes decisions? Appeals procedure?

HB

41

Alaska State Legislature

SENATOR
ROBERT H. ZIEGLER, SR.
307 BAWDEN STREET
KETCHIKAN, ALASKA 99901

POUCH V
JUNEAU, ALASKA 99811

Senate

CHAIRMAN
RULES

VICE CHAIRMAN
JUDICIARY
LEGISLATIVE COUNCIL
COMMITTEE ON COMMITTEES

January 12, 1978

Mrs. Cheryle Wolf
Executive Director
Gateway Council on Aging
Box 7751
Ketchikan, Alaska 99901

Dear Cheryle:

Representative Charlie Parr from Fairbanks, who chairs the House Health, Education and Social Services committee, intends to hold a one-day public meeting in Ketchikan on Saturday, January 21st, starting at 9:00 AM in the City Council Chambers. He was courteous enough to advise me of his intention the other day. He indicated that, time permitting, he would like to have a brief presentation from local citizens concerning the necessity and/or desirability of constructing a Pioneers Home in Ketchikan.

Because his time is limited, I think the presentation should be short, hard-hitting and factual. Testimony should be limited to brief presentations by those people who are knowledgeable on the subject. I have in mind such individuals as yourself, Pat Teague, Bob Gore, Lew Williams and perhaps one or two others of your choice.

If you can get together with these individuals and come to a consensus, then it would be my thought you should write immediately to Representative Parr and advise him that you are ready, willing and able to testify and that you would appreciate a brief amount of his committee's time on the day in question.

Best regards,

Robert H. Ziegler, Sr.

RHZ/pkz

cc - Representative Parr
Mr. Pat Teague
Mr. Lew Williams, Jr.
Mr. Bob Gore
Mrs. Junia Love

I. REQUEST
Bill/Resolution No. HB 41/SB 17
Title An Act to construct a Pioneers' Home in Ketchikan
Requested by _____ Date 1/18/78

II. FISCAL DETAIL
Agency Affected Department of Administration
Program Category Affected Social Services
Budget Request Unit(s) Affected Pioneers' Benefits

EXPENDITURES (Thousands of Dollars)

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES					941.8	1,017.1
200 TRAVEL					4.0	4.3
300 CONTRACTUAL					75.4	81.4
400 COMMODITIES					87.5	94.5
500 EQUIPMENT					6.3	6.8
600 LAND & STRUCTURES			117.2	251.5	435.9	435.9
700 GRANTS, CLAIMS, ETC.					4.6	5.0
TOTAL			117.2	251.5	1,555.5	1,645.0

FUNDING (Thousands of Dollars)

GENERAL FUND			117.2	251.5	1,555.5	1,645.0
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME					35	35
PART TIME					1	1
TEMPORARY					3	3

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)
The Division of General Construction, Department of Transportation estimates $1,265.0 will be needed for furnishings, design, Public Works and contingency fees (see attached estimates). The City has indicated land is available at no cost. We have assumed costs will parallel those of the Anchorage Home ($54,000 per bed x 15% inflation for 5 years = $108,613 per bed; $3,735,000 ÷ $108,613 = 34 beds). Costs for FY 78 generated using data from other homes staffing criteria and operational experience. Assumes average annual rate of inflation at 8%.

	FY 78	FY 82	FY 83
100 Personal Services	713.5	941.8	1,017.1
200 Travel	3.0	4.0	4.3
300 Contractual Services	57.1	75.4	81.4
400 Commodities	66.3	87.5	94.5
500 Equipment	4.8	6.3	6.8
600 Structures	-	435.9	435.9
700 Grants	3.5	4.6	5.0
	1,555.5		1,645.0

IV. DATE 1/18/78 PREPARED BY Karl Clark
AGENCY Department of Administration

EXPENDITURES (Thousands of Dollars)

		FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100	PERSONAL SERVICES					941.8	1,017.1
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400	COMMODITIES					87.5	94.5
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FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME					35	35
PART TIME					1	1
TEMPORARY					3	3

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

The Division of General Construction, Department of Transportation estimates $1,265.0 will be needed for furnishings, design, Public Works and contingency fees (see attached estimates). The City has indicated land is available at no cost. We have assumed costs will parallel those of the Anchorage Home ($54,000 per bed x 15% inflation for 5 years = $103,613 per bed; $3,735,000 ÷ $108,613 = 34 beds). Costs for FY 78 generated using data from other homes staffing criteria and operational experience. Assumes average annual rate of inflation at 8%.

	FY 78	FY 82	FY 83
100 Personal Services	713.5	941.8	1,017.1
200 Travel	3.0	4.0	4.3
300 Contractual Services	57.1	75.4	81.4
400 Commodities	66.3	87.5	94.5
500 Equipment	4.8	6.3	6.8
600 Structures	-	435.9	435.9
700 Grants	3.5	4.6	5.0
	1,555.5		1,645.0

IV. DATE 1/18/78 PREPARED BY Russell Clark

AGENCY Department of Administration

PHONE 465-2293

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named) Ziegler/Gardiner

Office of the Governor (Keith Specking)

Vernon Perry (Pioneers' Benefits)

33-001 (Rev. 12/77)

KETCHIKAN PIONEERS' HOME STAFF

NO. POSITION	TITLE	W/BENEFITS
1	Manager	$ 34,578
1	Admin. Assistant	19,473
1	Clerk Typist III	15,135
1	Superv. Nurse	27,741
1	Nurse II	20,753
2	Nurse I	38,945
2	Practical Nurses	34,246
4	Nurses Aides	53,794
1	Physical Ther.	22,243
1	Rec. Therapist	22,244
1	Pioneers Home Aide	12,650
1	Cook IV	24,954
1	Cook III	19,322
2	Cook II	34,186
4	Food Serv. Worker	63,613
1	Maintenance Man	32,695
1	Housekeeping Supervisor	21,852
1	Housekeeping VIII	18,207
4	Housekeeping Aides	63,613
4	Janitor WG IX	68,372
35	Subtotal	$ 648,617
	Temp. OT & SD	64,862
	Total	$ 713,479

ALASKA MEMORANDUM

DEPARTMENT OF PUBLIC WORKS

TO: Vernon L. Perry
Director
Division of Pioneers' Benefits
Department of Administration

DATE : January 25, 1977

FROM: George Porter, P.E.
Assistant Director
Division of General Construction
and Maintenance
Juneau

SUBJECT: Ketchikan Pioneers' Home

Based on a bond issue of $5,000.000.00 and the following computations a unit of approximately 39 beds could be constructed.

Bond Issue	$5,000,000.00	
10% Equip. & Furnishing	500,000.00	
	4,500,000.00	
Design Fee	270,000.00	6% of 4,500,000.00
Public Works	270,000.00	6% of 4,500,000.00
Construction Contingency	225,000.00	5% of 4,500,000.00
Available for Constr.	3,735,000.00	

Land to be provided at no cost according to Vernon Perry.

Cost per bed Anchorage @1975 bid prices $54,000.00

Use 15% escalation per year to bid opening in March, 1980.
54,000 x 2.01 = $108,613/bed

Number of beds $\frac{3,735,000}{108,613} = 34.4$

Use 39 beds

Will require about 18 months to construct.

cc: Wallace DeBoff, Construction Engineer II

Corrections made by [signature], 1/27/77
per conversation with George Porter.

Michael B. Jones & Associates
P.O. Box 2240
Anchorage, Alaska 99510

March 17, 1977

Kevin Waring, Director
Division of Community Planning
Department of Community & Regional Affairs
Pouch B
Juneau, Alaska 99810

Dear Mr. Waring:

Attached herewith is a draft report providing options and policy recommendations for administration of the Elderly Housing Bond Fund. As of this writing the field surveys, which are being done by local organizations on a voluntary basis, have not all been returned, and this section of the report is the least complete. There is included a very cursory analysis of some of the major points of interest that seem to be emerging from the survey thus far, and this section will be further developed during the next week.

There are a few other topics in the report which will be expanded further, including sections on services for the elderly which should be provided with housing, the management section, and the discussion of rehabilitation.

This draft is for review and comment. As soon as comments are received from your office, the final drafting of the report will proceed. Some sections of the report are still a little rough, including the placement of tables. These will of course be ironed out in the final drafting.

Looking foreward to your comments.

Sincerely,

Michael B. Jones

MBJ/mj

DRAFT FOR REVIEW AND COMMENT

HOUSING FOR ELDERLY ALASKANS

Options for Administration of the Elderly Housing Bond Fund

Prepared and submitted to

the Department of Community and Regional Affairs

by

Michael B. Jones and Associates

March, 1977

DRAFT FOR REVIEW AND COMMENT

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INTRODUCTION

In 1976 the State Legislature and the voters of Alaska clearly established their support to provide better housing for elderly Alaskans. The State Legislature authorized the placing of a proposition before the public in the 1976 general election of bond issue to establish a $7.5 million elderly housing loan fund, to be administered by the Department of Community and Regional Affairs. It is significant to note that the voters passed this bond issue by a substantially greater margin than any other bond issue which passed.

Neither the authorizing legislation nor the bond proposition provide any clear direction as to how the funds should be used to provide elderly housing. This lack of direction provides substantial flexibility to the Department. This report will analyze the various options available to the Department in administering the fund, providing guidance as to the kinds of housing assistance which elderly persons are most interested in, and mechanisms for leveraging other mortgage and subsidy funds so that as many elderly housing units as possible can be produced through the elderly housing bond fund.

To provide the kind of guidance and options that the state was looking for, we began with the following kinds of exporations:

(1) We administered a survey of elderly persons in selected communities throughout the state to determine the kinds of housing preferences they have. The information sought was qualitative rather than quantitative. We did not attempt to measure or infer the total elderly housing need statewide, nor in fact in any community. We did talk with elderly people about the kind of housing and related assistance they feel they need. We did this in four different kinds of communities selected throughout the state:

(a) urban areas.

(b) regional centers

(c) small towns

(d) villages

We suspected that elderly people living in these kinds of situations might have different kinds of housing needs and preferences, and wanted to varify whether our hunch was true. If so, there would certainly be policy implications in administratic of the fund. (See Appendix for further discussion of / methodology.)

It would seem a wasted effort to reinvent the wheel, so we took a look at the kinds of elderly programs developed and administered by other states, to see whether there might be some ideas that would be workable for our situation in Alaska.

If the state bond fund were all to be spent directly elderly housing production, the remaining $6.2 million could be expect to yield about 110 houses. There are other funding sources for elderly housing, federal, state and private, which can provide either mortgage assistance or rent subsidy. We conducted a thorough exploration of these programs, considering such factoras as availability, depth of subsidy, program limitations and flexibility. The result of this exploration is the development of several possible financing strategies which would allow the construction of many more elderly housing units.

Since management is an important part of providing elderly housing, we took a look at some of the elderly housing projects in Alaska to gain some insight into the kinds of management arrangements that are needed and seem to work best, and average per unit management costs for projects of various sizes, operated by various kinds of sponsors. This investigation results in a set of recommendations for management.

Various types of studies of the needs and situations of elderly people in Alaska have been conducted during the

past decade. We obtained copies of these studies and reviewed them for information important to our research effort. A list of these reports appears in Appendix .

Following consideration of these various factors and information, we developed for the Department a set of recommended goals and policies for administration of the fund. We attempted to provide in the report sufficient information regarding various financing and subsidy programs to be a useful resource to communities attempting to see elderly housing developed for their own senior citizens.

PROGRAM GOALS AND POLICIES RECOMMENDATIONS

The only program goal and policy inferred in the statute authorizing the bond sale is the general goal of providing better housing for elderly people in Alaska. How that might be done is not indicated. The funds may be made available as loans or grants or a combination of both to eligible sponsors, including municipalities, non-profit and public corporations and housing authorities.

Based on the findings of this report, the following goals and policies are recommended to the Department.

(1) The Fund should be used in such a way as to generate the largest possible number of units within a reasonably short period of time (two to three years), while funding projects in such a way that the rent structures will accomodate low and moderate as well as higher income elderly persons. This infers that grants should be provided only when essential to project feasibility, and that other funds should be generated or captured whenever possible to extend the effect of state funding. The magnitude of grants should bear some relationship to the number of elderly people served, so that one or two projects do not receive a disproportional share of the fund. It would be well to have a contract with the sponsor/owner providing for partial or total recovery of the grants should government subsidy become available to the project at some future time.

(2) Within basic criteria of reasonable cost, projects should respond in their design to the expressed preferences and desires of elderly people within the community. It should be understood and accepted that this policy may result in projects that are somewhat more complex to develop than large multifamily structures. One clear finding of the survey is that there are great differences in the preferences of elderly people in various parts of the state regarding the kind of living situation they would prefer. It is recommended that project sponsors be required to demonstrate that substantial participation in planning by the elderly to be served has taken place, or will take place.

(3) Althouth limited time remains for project development for construction during the coming summer (1977), there may be proposals forthcoming which are sufficiently advanced to achieve construction this summer. The Department should be prepared to move rather quickly in such cases

(4) The order in which proposals come to the Department may not represent those communities most in need of elderly housing assistance. It is recommended that the Department undertake an elderly housing needs assessment to determine the relative need for elderly housing in various communities throughout the state. This information would serve to inform the Department when communities with substantial need are being left out as proposals come in. Such information could also serve as the market analysis for funding applications.

It is further recommended that when the Department becomes aware that a community having a significant elderly housing need is not advancing a proposal, a staff person be sent to assess the true interest of the elderly in that community for improved housing, and to directly initiate projects when that seem required.

(5) The HUD Section 8 rent subsidy program is by far the most significant program available for reducing rents to a level which low income elderly persons can afford. The program is capable of subsidizing up to 95% of the contract rents for elderly families and persons, and that commitment can be given for 20 years with most projects, and up to 40 years for projects financed through a state housing finance corporation. However, there is a serious problem of availability of Section 8 funds in Alaska. To compound this problem from the perspective of the elderly housing bond fund, projects financed through HUD Section 202 and FmHA Section 515 have priority for Section 8 commitments. It is strongly recommended that the state mount a strenuous campaign for increased Section 8 allocations for Alaska.

(6) For purposes of speeding up projects development and leveraging other federal, state and private financing, it is recommended that a portion of the Fund be earmarked for use as seed loans for such initial project development

work with developer/sponsors to assess the need for services, and to use its good offices in obtaining commitments from state and federal agencies, as well as local organizations, for the provision of services.

costs as surveys, site optioning and planning, schematic designs, engineering, legal fees, market analyses, the preparation of development budgets and documents required to obtain financing commitments. Such loans would be recoverable in the project development budgets at the time of loan closing.

(7) The survey, and other data we were able to obtain, indicate that a high per centage of elderly Alaskans presently own their own homes, and a high per cent in some communities would prefer assistance with home repair to moving to a newly provided home. The advantages of providing loans and grants for home repair is that the per unit cost of elderly housing assistance will be lower than for new construction, and many elderly persons would receive the assistance of their choice. The disadvantages are that such a scattered program is difficult to administer, and that the improved homes might be used as elderly housing only as long as the original program participant is occupying it. In balance, the need and preference for home repair is stated by a sufficiently high per cent of people interviewed that the Department should make provisions for such a program.

(8) It is important that some services be provided with elderly housing programs, depending upon the expressed needs of the elderly to be served. Rather than having the sponsor bear the cost of providing needed services at expense to the operating budget, it is recommended that the Department

OTHER PROGRAM RESOURCES FOR USE WITH THE STATE BOND FUND

If we assume that the remaining bond funds are spent directly for the construction of new elderly housing at an average development cost of $56,000 per unit (a new limit proposed for HUD Section 202 elderly housing in Alaska), the remaining $6.2 million would build approximately 110 units of elderly housing. Elderly tenants could be charged what they could afford to pay (25% of adjusted incomes for rent and utilities has become a standard payment in government programs), and the revenue generated could then be applied to building up a revolving loan fund for the development of future elderly housing.

Utilizing this direct financing scheme perhaps has the advantage of potentially getting the funds out most quickly without having to bother with the regulations and red tape of other agencies. However, it has the disadvantage of using up the resource very quickly to produce a limited amount of housing. This section of the report will explore devices by which the State Elderly Housing Bond Fund can leverage federal, state and private mortgage financing and subsidies to stretch the bond fund to produce many more units of elderly housing. These options are presented first as federal, state and private program descriptions, followed by a section on potential elderly housing sponsors, followed by a section on strategies for combining various financing and subsidy resources.

HUD Section 8 Rent Subsidy. This program refers to Section 8 of the Housing and Community Development Act of 1974, and provides that the federal government, through HUD, may make direct rent subsidy payments of behalf of low income families to the owner of rental housing. HUD's definition of family includes single elderly and handicapped persons. The program has the capacity to directly subsidize up to 90% of the contract rents for low income families, and up to 95% of the contract rents for elderly families and persons. The program requires that tenants pay 25% of their adjust incomes for housing, including utilities. Adjusted income is computed by subtracting 10%, (for the elderly), then $300 per dependent from the gross income. The depth of subsidy is very substantial, and the flexibility of the program with regard to sponsorship makes this the most valuable and important subsidy resource for the Bond Fund.

Section 8, however, has its own limitations in that the allocations for Alaska mya be inadequate to meet the need. There is a national allocation, dependent upon congressional appropriation, and this allocation is divided among the ten HUD regional offices, and is then sub-allocated among the states. The present funding situation in Alaska with respect to Section 8 allocations is shown in Table 1. It is estimated that the total present allocation would

subsidize approximately 43 new housing units.

Another limitation is that Section 8 has mortgage and income limits which are too restrictive for some parts of the state, given the high construction costs and incomes in some parts of the state. There is probably not a problem with respect to income limits for the elderly, however, the mortgage limits will definitely be limiting in some parts of the state. As an example, repeated attempts to obtain Section 8 commitments for Barrow have failed owing to the high rents that must be charged to amortize the project debt. The present mortgage and contract rent limitations (soon to be revised) are listed in Table 2.

It is recommended that the Department undertake an analysis of the mortgage limits and rent structures of various communities throughout the state to determine the workability of Section 8 rent limitations published in the federal register for Alaska. In cases in which the published limitations are found to be too restrictive, it is recommended that the Department mobilize a state effort to have the limits increased as necessary in various parts of the state to insure workability of the program throughout the state.

Another matter of concern to the Department with respect to utilization of Section 8 rent subsidies in conjunction with the Bond Fund is that is that the Secretary of HUD has determined that HUD Section 202 funded projects will have first priority for Section 8 commitments, and that FmHA

Section 515 funded projects will have second priority. The present demand for Section 8 subsidies for such funded projects presently exceeds the availability by a substantial margin.

A major asset of the Section 8 program is its flexibility with respect to sponsorship. The program is open not only to municipalities, non-profit and public corporations and housing authorities, but to private motivated developers as well.

TABLE 1

STATUS OF SECTION 8 FUNDING ALLOCATION FOR ALASKA

FY '77 allocation	$1,199,371
Carryover from FY '76	163,921
Present total allocation	$1,363,292
Committed	1,101,864
Approximate available	$ 261,428

Assuming a per unit average subsidy of $6,000, it is estimated that the present approximate available funding would subsidize some 43 new rental housing units.

Farmers Home Administration (FmHA) Section 515 Rental Housing. The Farmers Home Administration, a part of the Department of Agriculture, administers a program of direct government loans to eligible sponsors for the development of rental housing in rural communities. Rural is defined as communities with populations of twenty-thousand or less that are not "bedroom communities" or urban areas. Nonprofit sponsors may obtain direct government financing for elderly housing at 1% interest for a period of fifty years. The savings in debt service are passed on to the tenants in the form of lower than market rents. In addition, there is a memorandum of agreement between the Secretaries of HUD and Agriculture which provides for joint processing of FmHA Section 515 and HUD Section 8 applications. This technique reduces the processing time that would be required if the sponsor were to seek commitments under each program separately, and provides priority to Section 515 for Section 8 program reservations (second to HUD Section 202 funded projects).

Project mortgages are limited to $1.5 million, which, assuming an average total development cost of $56,000 per unit, would produce only about 26 units. It is possible to develop larger projects by using more than one project mortgage, and the national office has authority to increase the limit.

Tenants pay 25% of their adjusted incomes for rent, not including utilities. Eligibility is limited to families or

elderly persons with adjusted incomes not exceeding $23,400 per year.

Eligible sponsors also eligible for assistance through the Bond Fund include nonprofit and public corporations, municipalities and housing authorities, provided that their bylaws permit them to engage in housing development. Profit motiviated developers, individuals and partnerships are eligible as sponsor/developers under FmHA regulations, but are not eligible for the full interest subsidy.

The funding situation for Section 515 in Alaska is presently very inadequate. The present allocation to the state is approximately $3 million, and approximately $5 million in applications and pending.

This program can be a substantial resource for elderly housing development in Alaska. especially considering that most Alaskan communities are rural by FmHA's definition. It is recommended that the Department undertake efforts to have the allocation for Alaska increased, and that the proposed revolving seed loan fund (see page) be used in part to stimulate the development of FmHA Section 515 elderly housing.

HUD Low Rent Conventional Public Housing. This program has been around since the Housing Act of 1937, and ~~is the~~ has been the major program of subsidized housing provided by housing authorities. There has been a substantial decline in the use of this program during the past five years, a response of HUD and the Congress to a growing number of troubled projects around the country. The Carter administration, however, seems prepared to increase the production of conventional public housing.

The significance of this program for elderly housing in Alaska is that the depth of subsidy enables the lowest income families to be served. The state can assist in the development of this program by (1) funding market analyses that will measure and justify the need for the program, and (2) making available seed loan funds for initial development costs, which would be recovered in the project development budgets.

Housing authorities are /the only eligible sponsors for this program.

HUD Section 202 Elderly Housing. This program is derived from the Housing Act of 1974, and provides for direct government loans to nonprofit sponsors for the construction of elderly housing. The nationwide competition for these funds is very strong. Only through the intervention of our congressional delegation was the Tlingit-Haida Regional Housing Authority able to obtain a Section 202 financing commitment for 93 units of elderly housing through the FY '76 funding allocation.

Alaska has been given an FY '77 allocation of $1.96 million, which can be expected to produce approximately 42 units of housing. As of this writing, a substantial portion of these funds may to to the Tlingit-Haida Regional Housing Authority to insure the feasibility of their 93 unit project, leaving funding for approximately 7 units of additional elderly housing.

Financing under HUD Section 202 is available to nonprofit sponsors for a period of 40 years, and carries priority for Section 8 allocations for a period of 20 years.

Alaska Housing Finance Corporation. This agency can potentially play a very significant role in assisting the financing of elderly housing in Alaska. The AHFC has authority to market tax exempt bonds, and to lend the proceeds to mortgage lenders, nonprofit, limited divident and public corporations, and directly to individual owner/occupants. The AHFC usually acts as a mortgage invester, purchasing mortgages from lending insitutions so that they have more funds to lend for housing development. Using this scheme, banks and other mortgage lenders service the loans that are made.

There are several potential strategies for combining the resources of the Bond Fund and the AHFC, which are discussed in the next section.

TABLE PRESENT FUNDING STATUS BY FEDERAL HOUSING PROGRAM

Program	FY '76 Funding Allocation.	Obligated	FY '77 funding Allocation	Obligated	Net Available	Approximate No. Units.
HUD Section 8 Rent Subsidy			$1,199,371 + 163,921* $1,363,292	$1,101,864	$261,428	43
FmHA Section 515 Rental Housing	$3,447,540	$3,447,540	$3,000,000	Estimate $5 million in applications pending.		
HUD Section 202 Elderly		$2,800,000 (From Reg. X)	$1,961,324	None	$1.961 million	35 (At $56,000 each)
Low Rent Public Housing			$2,267,800 694,690* $2,962,490	None	$2.963 million	50
HUD Indian Mutual Help	$24.51 million (loan authority)	Program reservations, but no contracts	$1,767,912	None	$1,768 million	29
BIA HIP	$2 million	$2 million	$2,210,500	$2,210,500	None	

*FY '76 carryover

TYPES OF HOUSING SPONSORS

The federal government makes various martgage loan programs available to public, nonprofit and limited dividend sponsors on the one hand, and profit motivated sponsors on the other. The guiding principle is that government subsidy may be used for the direct benefit of low-income and elderly tenants, but may not directly contribute to the profit of the private developer. Both government and private financing sources require the profit motivated developer to pay the market interest rate, while public, nonprofit and limited dividend sponsors are eligible for programs which provide below market interest rate loans and other subsidies. Such developers in turn pass the savings in debt service on to the tenants in the form of reduced rents, thus making available rental housing that low and moderat income families and persons on fixed incomes can afford.

This section will examine the various types of housing sponsors, discuss the questions of project financing, development, ownership and management.

TABLE ELIGIBILITY OF VARIOUS SPONSORS FOR GOVERNMENT PROGRAMS

SPONSOR	HUD SEC. 8	HUD SEC. 202	FmHA SEC. 515	CONVENTIONAL PUBLIC HOUSING	ALASKA HOUSING FINANCE CORP.
Municipality	Qualifies as "Public Housing Agency", may sponsor.	Specifically prohibited.	May if a corporation and authorized in bylaws	No, housing authority only.	Yes
Housing Authority	Same as above	No	Same as above	Yes	Yes
Nonprofit corporation	Yes	Yes	Yes	No	Yes
Limited divident corporation	Yes	No	Yes	No	Yes
Cooperative	Yes	Yes	Yes	No	
Private, profit	Yes	No	Yes (no interest subsidy)	No	No

POTENTIAL ROLES OF VARIOUS TYPES OF DEVELOPER/SPONSORS OF ELDERLY HOUSING

TYPE OF SPONSOR	FINANCING	DEVELOPMENT	MANAGEMENT
Municipalities	May generate financing through bond sale, may receive loan or grants from Elderly Bond Fund.	May lease property to private developer, or contract for development, or develop by conventional or turnkey methods.	May manage directly, or contract out management, or lease to private developer who manages.
Housing Authortiy	May generate financing through bond sale, may receive loans or grants from Elderly Bond Fund, may borrow through AHFC or commercially.	May develop conventionaly or by turnkey methods.	May manage directly as part of management program for other housing, or may contract management to local entity.
Nonprofit corporation	Eligible for low interest government financing, and receive loans and grants from Elderly Bond Fund, plus AHFC.	May develop by conventional or turnkey methods.	May manage directly or contract management.
Private profit	Private mortgage financing.	Develops directly.	May manage, or contract management.

Municipal Sponsors. Municipal governments are permitted various roles in the financing, development and management of elderly housing under federal programs, and are prohibited from participating in others. Tables and set out these possibilities and limitations.

With respect to financing, in addition to eligibility for participation in the Elderly Housing Bond Fund, municipalities have bonding authority with which to generate project revenues. such bond sales might be secured by a pledge of the tax base of the community, or with Section 8 Rent Subsidy commitments, or through the pledge of an underwriting fund established by the Bond Fund. Municipalities may also avail themselves of the services of the Municipal Bond Bank. Conventional borrowing is probably prohibited to municipalities for periods exceeding a year without public referendum.

While municipalities could develop elderly projects using either conventional or turnkey methods, it is much more likely that they would be interested in working through an agent. Housing authorities, for example, have traditionally acted as agents to municipalities (through cooperation agreements) in the development of low income and elderly housing. When municipalities generate the financing, however, they may exercise more direct control in the process. One development scheme, for example, would be a partnership between a municipality, wherein the municipality obtained the financing, possibly through a combination of grants and loans or bond sale, and

in turn made financing and land available to a private developer through loan, lease, sale and other contractural agreements. The municipality might in effect act as the developer's banker, in an arrangement wherein the developer would own and manage the project. Lease agreements might be substituted.

With respect to municipalities and management, the feeling of most city managers we have talked with is that municipalities have their hands full with their present responsibilities for providing and maintaining facilities and services, and that they would rather see management provided by other entities. The management role is open to municipalities under most programs.

Regional Native Housing Authorities: In 1971 the Alaska State Legislature passed enabeling legislation for the creation of 13 native housing authorities, 12 regional and one statewide. Since that time regional housing authorities have been established for most regions of the state, and a number of them have undertaken substantial development programs with HUD funding. For example, the Tlingit-Haida Regional Housing Authority has constructed and has under management 360 units of village housing, has under development 93 units of elderly housing, and is developing other projects as well. The A.V.C.P. Housing Authority serving the Bethel region has developed 81 units of village housing, has an additional 92 units under development, and is developing non-HUD funding housing for the City of Bethel. The Bering Straits Regional Housing Authority has developed 120 units of village housing, and is presently developing 20 units of elderly housing for the City of Nome. And so forth.

As these regional housing authorities have grown, there has begun to evolve a working agreement between them and the Alaska State Housing Authority that ASHA will serve the more urban communities of the state, and the regional housing authorities will serve the more rural communities within their jurisdictions. There is a further tacit understanding that ASHA will not develop where a regional housing authority is capable and interested and has the support of the community involved.

This evolution of regional native housing authorities is making them perhaps less native and more regional in character in that they are prepared to serve the housing needs of all of the people of their regions, regardless of race

The regional housing authorities are potentially a very significant sponsor and developer of elderly housing. Because of their regional character they are, on the one hand, closer to the communities they serve than a single, statewide authority located in Anchorage, while on the other hand serving enough communities to gain some economies of development and management. Their infrastructure especially gives them advantage for working in the small communities and villages of the state.

With respect to financing, regional housing authorities may market tax exempt bonds to raise housing development revenues. For purposes of developing elderly housing, such bonds may be secured by evidence of Section 8 Rent Subsidy Commitments, a pledge of the proposed underwriting fund, or Section 12 of the Housing Act of 197 which secures housing authority notes sold for Section 8 evelopment with the full faith and credit of the U.S. Government. Housing Authorities may also receive loans and grants through the Elderly Housing Bond Fund. Other HUD insured loans programs are available to them.

In addition to these financing mechanisms, regional housing authorities may sign Annual Contributions Contracts

(ACC's) with HUD, securing note sales for low income and elderly housing development with the full faith and credit of the government, plus a pledge of annual contributions for full repayment of the principal and interest on the notes by the government. This is the mechanism by which public housing in the United States is financed, and such projects may be built entirely for the elderly, with all of the special design features that may be desired. The limitation of the program, however, is that the funding allocations for Alaska under this program are very limited. Funding presently available can be expected to generate a little less that 50 units.

For purposes of developing HUD Section 202 and FmHA Section 515 elderly projects, regional housing authorities may establish associated nonprofit corporations, and provide to such corporations the expertise they have in project development and management.

Nonprofit Sponsors: Several government subsidized rental programs for low income families and the elderly require sponsorship by a nonprofit corporation, including:

HUD Section 202

HUD Section 221(d)3

FmHA Section 515

Preferential financing is available to nonprofit sponsors for these and other government assisted programs through such provisions as:

Interest rates as low as 1%;

Financing periods as long as 50 years;

Financing of 100% or more* of project development costs.

The nonprofit sponsor in turn passes the lowered cost of debt service on to the tenants in the form of below market rents.

Nonprofit sponsors may be local, regional or statewide in jurisdiction, and there are examples of large, nonprofit statewide housing developers and sponsors in some states. Nonprofit corporations may be organized as essentially arms of cooperatives, church organizations, housing authorities and other organizations. It is important that nonprofit housing sponsors be single-purpose housing agencies, and not broadly purposed organizations that also undertake housing development and sponsorship. Multi-purpose housing sponsors

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* FmHA Sec. 515 provides 102% financing to nonprofit sponsors, the additional 2% being used for initial operating costs.

have generally not worked out well, as non-housing related problems can damage the effectiveness of the organization to develop and manage housing. Single purpose nonprofit housing sponsors are required by FmHA for Section 515* and HUD Section 202 sponsorship.

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*FmHA Section 515 may be sponsored by others, but only nonprofit sponsors receive the maximum interest subsidy.

Limited Divident Sponsors: Limited dividend corporations have some of the feature of both profit and nonprofit corporations. They are limited by federal law to a net net profit of 6% on their investments. For purposes of housing sponsorship, the rents would be adjusted so that the profit of the corporation did not exceed the 6% limit.

Limited dividend corporations are entitled to some of the preferential financing options available to nonprofit corporations. They are easy to set up, and can be attractive to investors for purposes of obtaining tax benefits as well as the limited profit.

Profit motivated sponsors: Profit motivated developers have been active in the development of housing and other care facilities for the elderly in Alaska and throughout the nation. Although they are not directly eligible for interest subsidies, they can obtain FHA insured mortgages for project financing, and can obtain Section 8 Rent Subsidy commitments to reduce the rents charged in their projects. Such developers usually have the expertise it takes to put a project together that municipal and nonprofit housing sponsors often do not have. There are various working relationships possible between municipalities and nonprofit sponsors on the one hand, and profit motivated developers on the other. Some of these are explored in the section on municipal sponsors.

Cooperatives, churches, fraternal organizations, and unions as project sponsors:

FINANCING STRATEGIES

Between the various financing and subsidy sources and possible sponsors, there exist a variety of financing strategies which can extend the state's Elderly Housing Bond Fund to produce more houses.

(1) The Bond Fund can be used to underwrite bond sales to generate mortgage funds. Municipalities, housing authorities and the AHFC may all sell tax exempt bonds to raise revenues to finance elderly housing. Bonds sole for elderly housing development may be secured in several ways, depending upon the nature of the entity offering the bonds. Municipalities may pledge the tax base of the community, and may avail themselves of the services of the Municipal Bond Bank, options not available to the other two types of agencies. Section 8 Rent Subsidy commitments may be offered as bond security. It appears that housing authorities can obtain a pledge of the full faith and credit of the government for bonds sold specifically for Section 8 project development.

However, in cases in which these types of security are either impossible or impractical to obtain, another source of security must be offered to make the bonds marketable. In such cases, the pledge of an underwriting fund sufficient to pay the first year debe service on bonds sold will be sufficient. The ratio of bond funds generated to the amount pledged as security can be substantial, for example, 20:1. Thus, if the

Department were to pledge $100,000 of the Elderly Bond Fund as an underwriting fund, the amount generated could be expected to be about $2 million. The interest rate on tax exempt bonds depends in part upon the kind of security provided. The most recent bonds sold by the AHFC were written at an interest rate of %, and were underwritten in the same way as described above, with funds from the state Department of Revenue.

Proceeds of the bond sale would be used either to finance part or all of elderly housing project costs, or as a mortgage investment fund to purchase such mortgages from banks and other lending institutions. If the fund were used for direct financing, then the Department would be responsible for servicing the loans. If the fund is used for mortgage investment, then other lending insitutions would deal directly with housing developers and sponsors and would be responsible for loan servicing. The latter arrangement will increase the loan interest rate the the borrower slightly. However, not only will this arrangment spare the Department of loan servicing requirements, the participating lending institution can be expected to provide construction financing to the sponsor/developer since they would be handling the term financing.

In the strategy of generating mortgage financing through bond sale, time is an important factor. The Department can expect that about three months will be required to go to

market with a bond sale. Bone counsel and other fees will be involve.

In is not necessarily recommended that the Department pursue this course of financing at this time, as the Alaska Housing Finance Corporation has such a program ongoing. It is recommended that the Department establish a working relationship with the AHFC for the development of loan funds and bond sales as necessary.

(2) A portion of the Bond Fund can be set aside as a revolving seed loan fund to expedite project developments. Such a fund has been operated nationally by the Housing Assistance Council (HAC) out of Washington D.C. for several years, and very successfully. By providing loan funds (at 2% interest) to cover the initial development costs of housing projects, HAC has stimulated the development of thousands of units of housing nationwide for low income families. (They have provided loan funds for two housing projects in Bethel.) Initial development costs include:

obtaining site control (land optioning)
site planning
schematic design
engineering fees
legal fees

Other costs as necessary may be included to complete the work necessary to obtain financing commitments. These costs are included in the project development budgets and are recovered at the time of loan closing.

It is recommended that the Department establish a similar revolving loan fund to expedite the development of elderly housing projects, whether or not financed through the elderly housing bond fund. This technique serves to quickly establish the feasibility of proposed projects, and expedites planning and design work and obtaining financing commitments. Municipalities, public and nonprofit organizations and housing

(4) Loans and grants for elderly housing rehabilitation. The AHFC operates a loan program for housing rehabilitation on an experimental basis when such loan funds are available. The loan limit is $15,000, and it is generally expected that the borrower will perform the work him/herself. The interest rate varies between 8 and 9 per cent. The borrower indicates the monthly payments he/she wishes to make, and the term of the loan is calculated at the established interest rate to determine how many years/months are required to repay the loan amount. The program has been quite successful, but limited in funding.

The Department might consider making a portion of the bond fund available on a similar basis, either working through the AHFC or independently. Our survey indicates that there is a substantial need for elderly housing rehabilitation, especially in the smaller and more rural communities of the state. The Department might make grants available to supplement the AHFC loan fund as necessary, considering the cost of the work required and the income of the applicant in each case.

authorities should be eligible for seed loans under such a program.

(3) The Department may make grants available to establish project feasibility. It is not likely that it will be possible to obtain all of the subsidy from the federal government necessary to develop elderly housing on the scale needed, and still be able to reach lower and moderate income elderly persons. It can be expected that grants will be required to some extent to insure the feasibility of some projects, given such variables as income levels of families to be served, project development costs, maximum mortgage limits of federal programs that may be used.

When grants are made, it is recommended that an agreement be entered into requiring that the sponsor repay a portion or all of the grant if other subsidies are able to be obtained in the future.

Obtaining financing and subsidy commitments for project feasibility is not easy. There is a general rule that the amount of paper work and time required for project financing are directly proportional to the amount of subsidy in the project. Sponsor/developers will tend to see in the grant provision of the bond fund an easy way out of this problem. It is recommended that grants be used sparingly, to stretch the bond fund as far as possible.

ELDERLY HOUSING MANAGEMENT

Development is only one part of the job of providing better housing for the elderly. After projects are completed they must be managed for years into the future. Management includes a number of responsibilities, such as:

(a) collecting and accounting for rent payments;

(b) repaying the project mortgage;

(c) providing and possibly paying for utilities;

(d) maintaining the facilities in good repair; and

(e) providing various services needed by the elderly residents.

The cost of management is a very real part of the budget, and must be identified during the initial feasibility analysis and budgeted for. The cost of management will vary with such factors as:

(a) the distance of the sponsor's headquarters from the project (ie., travel and per diem costs);

(b) the size of the project;

(c) how compact or scattered the project is;

(d) whether any management services can be provided gratis by other community organizations;

(e) the range of services provided to the tenants.

Some examples of Per Unit Month (PUM) administrative and management costs for Alaskan projects are provided in Table The information is incomplete as many project sponsors have not accurately identified such costs in their projects.

Generally speaking, the cost of management for elderly housing is lower than for other rental projects, owing to the fact that elderly people tent to take better care of their living environment.

Factors that tend to drive up the cost of administration and management are as follows:

(a) If the owner is headquartered a considerable distance from the project;

(b) If the project(s) under management are very small.

(c) If a full range of services is administered by the owner.

There are ways of lowering administration and management costs, including:

(a) Find a local organization that can provide some of the management services required through their own resources. (For example, in Yakutak the local health organization provides services for the tenants of the elderly sixplex project developed by the Tlingit-Haida Regional Housing Authority.)

(b) Make use of state and federal funded programs to provide services (such as hot meals), relying upon local agencies and organizations for services delivery.

(c) It may be cheaper to contract for some services, such as janitorial, than to put a person on the staff payroll.

It is recommended that the Department require a management plan as part of project feasibility statements provided by the developer/sponsor. While including senior citizens in the planning and design process, the developer/sponsor should also determine the range of services needed by the elderly people to be served. Design of the management program should include an effort, perhaps facilitated by the Department, to obtain commitments from other organizations and agencies for resources and services needed. Administrative and management services to be provided by the sponsor should then be identifiable. If this PUM cost seems too high, the Department should assist the sponsor in explore alternative methods of management that might reduce costs. If this effort proves impossible to reduce management costs below an acceptable level, the Department should consider exploring whether another sponsor might be in a position to provide management services for lower cost.

Sponsor	Location	# Units	PUM	Services Included
Tlingit-Haida Regional Housing Authorit	Yakutat	6	$27.75*	contracted janitorial work
ASHA	Anchorage (Eastchester)	96	$87.51	Salaries, tenant services, general expenses, maintenance, materials
ASHA	Low rent program, Scattered thru the State	705	$83.68	Administration; tenant services; maintenance, labor and materials; contract costs such as snow removal and pest control.

* figures taken from 1975 operating budget

SUMMARY OF FINDINGS OF THE SURVEY

As of this writing all of the survey forms have not come back from the communities surveyed. Of those that have come back, however, we have made an initial analysis of the information contained, and the following trends are emerging.

Choice of living situations: It was interesting to note that in no community surveyed did a majority of the respondants indicate a preference for multi-family living. In the smaller communities of the state the overwhelming preference is for single family dwellings. For such people, individual houses was the first choice, and clustered cottages was the second choice. Among elderly people living in more urban communities (Fairbanks), clustered cottages was the first choice.

It is significant to note that, according to the 1970 census, more than 70% of persons in Alaska between the ages of 60 and 69 own their own homes. The Alaska Comprehensive Study on Aging* indicates that 63% of elderly Alaskans were living in their own homes. In this same study, 71% of the respondants expressed a preference for living in single family housing rather than multi-family housing.

Need for Rehabilitation: The expressed need and preference for housing rehabilitation rather than new housing varied from community to community, without much pattern, except that there was generally expressed a greater preference for housing rehabilitation in smaller than larger communities. The variables are probably the condition of the

respondant's housing, and their expectation.

To the question "What kind of assistance" with housing do you need, preliminary results are as follows:

Community	# Respondants	%	Type of Assistance
Ft. Yukon	4	50	new home
		50	home repairs
Wrangell	12	42	new housing
		25	rent supplement
		16	home repairs
Kodiak	7	42	new housing
		29	home repairs
		14	rent supplement
Fairbanks	7	29	new housing
		29	home repairs
		29	rent supplement
		13	other

On the need for home ownership: One of the survey questions was, "How important is home ownership to you?" The preliminary findings are as follows:

Community	Very Important	Important	Not Important
Ft. Yukon		100%	
Wrangell	33%	17%	50%
Kodiak	47%	24%	18%

It is apparent that response to this question varies significantly from community to community, and that the preference for home ownership is high.

Following is a tally of responses to questions dealing with resident satisfactionwith housing situation.

What do you like most about your present home?

Ft Yukon (4)	Kodiak (16)
(2) location (1) its new and warm (1) all he owns	(13) convenience to downtown (4) view (3) comfort (3) cost (3) neighborhood
Wrangell (12)	**Fairbanks (16)**
(6) convenience to downtown (2) privacy (2) low rent (2) not much	(6) quiet (3) convenience to down-town (3) independence (2) view (2) gardens

What would you like to change?

Ft Yukon (2)	Kodiak (9)
(1) nothing (1) fix windows	(7) nothing (5) would like television (5) poor heating (2) closer to town (2) too small
Wrangell (10)	**Fairbanks (13)**
(3) "more comforts (2) get ride of the stairs (2) closer to downtown (2) larger	(5) nothing (2) simple repairs (2) more fire and safety features

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

ROUTING SLIP

TO:	CO	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10
Name and/or Symbol								Room		Building	
Mr. Michael Davis											
House Health & Social Services Committee Pouch V											
Juneau, AK 99801											

- [ ] Action
- [ ] Approval
- [X] As Requested
- [ ] Concurrence
- [ ] Correction
- [ ] Filing
- [ ] Full Report
- [ ] Handle Direct
- [ ] Initials
- [ ] Note and Return
- [X] Per Conversation
- [ ] Recommendations
- [ ] See Me
- [ ] Signature
- [ ] Your Comment
- [X] Your Information
- [ ] Answer or Acknowledge On or Before _____
- [ ] Prepare Reply for Signature of _____

Remarks: Attached are tables which include some data for Ketchikan on employment, housing units authorized by total and by types of units , and over-all vacancy rates from Postal Vacancy Surveys taken during the years since 1970. Population estimates may be obtained from the State Dept. of Labor in Juneau, including possibly updated estimates of elderly based on trends since the 1970 Census. My apologies for the delay in getting this data to you

FROM:	CO	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10
Name and/or Symbol								Room		Building	
E. Allen Robinson Economist											
								Telephone 265-5384		Date 2/23/77	

HUD-28 (3-71) USE PREVIOUS EDITION UNTIL EXHAUSTED

GPO 696-052

Table 1

Nonagricultural Wage and Salary Employment by Place of Work
Alaska State and Major Sub-Areas
Annually, 1970 - 1976; Monthly, 1975 - 1976

Year	Anchorage	Fairbanks	Juneau	Ketchikan	Rest of State	State Total
1970	42,000	14,450	6,500	4,400	25,750	93,100
1971	45,450	14,650	7,200	4,300	26,700	98,300
1972	48,250	15,600	7,700	5,000	27,650	104,200
1973	50,750	15,500	8,000	5,450	30,300	110,000
1974	58,700	19,750	8,400	5,800	35,550	128,200
1975 r	69,650	30,400	9,150	5,450	46,650	161,300
Jan.	59,900	24,050	8,400	5,050	32,700	130,100
Feb.	61,150	26,650	8,450	5,050	34,800	136,100
Mar.	63,000	28,850	8,650	5,250	37,250	143,000
Apr.	65,600	30,250	9,000	5,400	44,650	154,900
May	68,700	30,650	9,350	5,450	47,550	161,700
June	72,200	31,800	9,650	5,550	49,600	168,800
July	73,750	32,050	9,400	5,850	52,750	173,800
Aug.	75,150	33,700	9,550	6,150	57,450	182,000
Sep.	76,000	34,950	9,550	5,950	54,750	181,200
Oct.	75,400	32,150	9,350	5,550	54,650	177,100
Nov.	73,200	31,050	9,150	5,050	51,050	169,500
Dec.	71,700	28,850	9,250	4,900	42,700	157,400
1976 p	72,000	27,200				169,300
Jan.	67,300	25,200	9,150	4,800	43,200	149,650
Feb.	68,700	25,750	9,300	4,650	46,950	155,350
Mar.	69,800	26,350	9,450	4,900	51,600	162,100
Apr.	70,900	27,050	9,650	5,000	55,750	168,350
May	73,100	28,300	10,050	5,300	59,700	176,450
June	75,750	29,350	10,250	5,500	62,400	183,250
July	72,800	32,050	NA	NA	NA	186,250
Aug.	74,750	31,450	NA	NA	NA	186,750
Sep.	74,550	29,200	NA	NA	NA	182,300
Oct.	73,650	26,900	NA	NA	NA	171,050
Nov.	71,650	23,900	NA	NA	NA	158,600
Dec.	71,200 p	21,000 p	NA	NA	NA	151,400 p

e Estimated. p Preliminary. r Revised. NA Not available.

Source: Research and Analysis Section, Employment Security Division, Alaska Department of Labor.

Table 2

Total Housing Units Authorized a/
By Building Permits and Public Contracts
In Selected Alaskan Urban Areas b/
Annually, 1970 to Date

Year	Anchorage	Fairbanks c/	Juneau	Kenai	Ketchikan	Kodiak	Sitka	Soldotna
1970	3,000e	444	157	17	94	NA	18	11
1971	3,050e	348	221	23	147	23	19	4
1972	2,951	439	441	22	119	93	41	16
1973	2,086	446	274	13	178	31	82	11
1974	2,822	594	122	25	107	43	104	37
1975	4,010	1,051	154	100	107	143	64	87
1976	3,938	998	281	161	117	74	136	138
Jan.	38	29	0	1	4	1	9	0
Feb.	123	15	0	0	0	3	4	1
Mar.	95	168	8	3	2	3	7	2
Apr.	186	73	21	11	1	11	7	48
May	450	241	20	15	9	5	14	32
June	620	112	46	39	47	12	10	6
July	443	108	27	31	16	8	12	15
Aug.	493	152	35	40	9	7	21	14
Sep.	502	39	37	6	2	8	13	14
Oct.	432	31	58	12	7	4	12	6
Nov.	380	11	22	2	6	5	11	0
Dec.	176	19	7	1	14	7	16	0

a/ Includes mobile homes, additions, and conversions where reported.
b/ Includes city and borough area combined for all listed areas except Kenai Peninsula Borough.
c/ Excludes many mobile homes brought into the area, most of them outside Cities of Fairbanks and North Pole.
e Estimated.
NA Not available.

Source: Building permit issuing offices.

1/17/77 Economist
HUD

Housing Units Authorized
By Building Permits
And By Public Contracts

Locality Ketchikan, Alaska AKA - City and Gateway Borough
Annually, 1970 to Date

Year	Number of Units (not permits) Single family	Multi family	Mobile homes a/	Total Units	Conversions & demolitions b/
1970	34	20	40	94	NA
1971	52	74	21	147	NA
1972	69	37	13	119	NA
1973	41	119	18	178	NA
1974	57	18	32	107	-6
1975	52	40	15	107	-41
1976	36	73	8	117	+4
1977					
Jan.	2	2	-	4	NA
Feb.					
Mar.					
Apr.					
May					
June					
July					
Aug.					
Sep.					
Oct.					
Nov.					
Dec.					

a/ Net additions to mobile home inventory (new or used).
b/ Conversions may be plus or minus.

Source:

(Office, name, & phone number)

Mr. Ronne Dalton
Planning Technician
Ketchikan Gateway Borough
344 Front Street
Ketchikan, AK 99901

Table 3

Over-all Vacancy Rates
In Major Cities of Alaska
Selected Months, 1970 - 1976

Year & Month	Anchorage	Fairbanks	Juneau	Ketchikan
1970 - Apr.	2.9	1.8	-	-
May	-	-	1.0 a/	2.5
1971 - Apr.	3.8	-	-	-
May	-	-	0.3	-
Aug.	-	3.9	-	-
1972 - Apr.	4.5	-	-	-
May	-	-	-	2.3
Nov.	-	5.3	-	-
1973 - Feb.	-	-	2.9	-
Nov.	-	4.3	-	-
1974 - Jan.	6.4	-	-	-
Mar.	-	-	3.5	-
Aug.	-	-	-	5.0
Nov.	3.9	2.6	-	-
1975 - Feb.	-	-	1.8	-
May	1.0	0.6	-	-
Oct.	2.3	1.3	-	-
Nov.	-	-	1.8 a/	3.4
1976 - Feb.	-	-	1.3	-
May	2.8	1.6	-	-

a/ City only.

Source: HUD Postal Vacancy Surveys conducted by collaborating postmasters.

KETCHIKAN GATEWAY BOROUGH
344 FRONT STREET
KETCHIKAN, ALASKA 99901

7 March, 1977

Michael Davis
HOUSE/HESS
Pouch V
Juneau, Alaska 99801

Dear Michael,

I have not been able to produce any of the data pertinent to the Pioneer's Home, as we dicussed on the phone last week. I have referred your request to David Robinson of the Gateway Office on Aging. They have recently completed a proposed Comprehensive Plan on Aging which they will be forwarding to you.

Sincerely,

Stephen Reeve
Planning Director

SR:sad

cc: David Robinson

Bob Losure: 586-2192

Asha will be constructing a 50 unit apartments

We (Mungle) will be constructing a 12 unit apartment.

There is a need for care facility - prohibitive costs have kept us from this.

No market data on these facilities

Sitka does have a Bethel care facility for aged

There is a need for facilities - but how much I can't say.

(Gerontology Study for Alaska by Plotnik)

Tribal govt - people want to live in communities they live in

117 units constructed this summer in South East

Cushman + 10th
Acorn Manor

Northwest Certified Surveys, Inc.
2100 N. 45th Street
Seattle, WA 98103
Job No. 3688-G

OFFICE USE ONLY: Respondent No. _____ 1-4
PSA: 1 2 3 4 5 6 7 8 9 11 5
Co. _____ 6-7
Point. _____ 8-9
SU 1 2 3 4 10

Here it is. Dave Rahmen

AGING NEEDS ASSESSMENT SURVEY

Before we start, let me tell you what this questionnaire generally covers. First we'll get basic demographic information, then we'll discuss housing, transportation and social activities, health and diet, income and expenses, and finally, specialized needs, as you see them, of the elderly.

I want to assure you that all information you give me here will be held in confidence, that it will be used only for the purposes of this survey and that your answers will be used in combination with many other people aged 60 and over throughout the state.

STARTING TIME _____

CHECK ONE: Male ( )1
Female ( )2 11

1. Let's begin with some basic demographic information: Could you please tell me into which of these age groups you fall . . . READ:

60-64 ( )1
65-69 ( )2
70-74 ( )3
75-79 ( )4
80-84 ( )5
85-89 ( )6
90 or more ( )7 12

2. (ASK ONLY IF NOT OBVIOUS) What is your race or ethnic descent?

American Indian ( )1
Black/Negro ( )2
Chinese ( )3
Japanese ( )4
Filipino ( )5
Korean ( )6
Spanish descent ( )7
White, not of Spanish descent ( )8
Other: _____ ( )9 13

3. Do you speak a language other than English as your main language?

Yes ( )1 ← ASK Q. 3a.
No ( )2 14 ← SKIP TO Q. 4

3a. What language do you speak? DO NOT READ. "X" ONLY ONE.

Chinese ( )1
Filipino ( )2
French ( )3
German ( )4
Hebrew/Yiddish ( )5
Italian ( )6
Japanese ( )7
Korean ( )8
Spanish ( )9
Other: _____ ( )0 15

4. What is your marital status now?

Married ( )1
Separated ( )2
Divorced ( )3
Widowed ( )4
Never married ( )5 16

5. Are you a veteran (or the wife (widow) of a veteran)?

No ( )1
Don't know ( )2
→ GO ON TO Q.6

Veteran ( )3
Wife ( )4
Widow ( )5 17
→ ASK Q. 5a

5a. During what period did you (your husband) last serve in the Armed Forces?
IF SERVICE COVERS MORE THAN ONE PERIOD, GET LAST DATE SERVED.

DO NOT READ. "X" ONLY ONE

Before 1910 (Spanish-American War) ( )1
1911-1920 (World War I) ( )2
1921-1930 ( )3
1931-1940 ( )4
1941-1946 (World War II) ( )5
1947 or later ( )6
Don't know ( )7 18

6. What was the highest grade in school that you completed? DO NOT READ.

Never attended school ( )1
Grade school attended ( )2
Grade school completed ( )3
Attended high school ( )4
Completed high school ( )5
Attended college, business or trade school ( )6
Completed college, business or trade school ( )7
Graduate work ( )8
Don't know ( )9 19

7. How many years have you been living in this neighborhood (area)?

Less than one ( )1
One - two ( )2
Three - five ( )3
Six - ten ( )4
Eleven or more ( )5
Don't know ( )6 20

8. Not counting people you live with, how many adults in this neighborhood do you know well enough to stop and talk to? Would you say you know:

None ( )1
One or two ( )2
Three or four ( )3
Five to nine ( )4
Ten to fifteen ( )5
More than fifteen ( )6
Don't know ( )7 21

9. DO NOT ASK: IN WHAT KIND OF STRUCTURE IS RESPONDENT LIVING?

ASK Q. 9a ← Single family dwelling ( )1
Apartment or duplex ( )2
Trailer or mobile home ( )3
SKIP TO Q. 12 ← Rooming house or hotel ( )4
ASK Q. 9a ← Other: _____ ( )5 22
(specify)

9a. Who lives in this household with you?

PROBE: Anyone else? DO NOT READ. "X" ALL THAT APPLY.

SKIP TO Q. 10 ← Live alone ( )1
ASK Q. 9b & 9c ← Live with spouse/cohabitee ( )2
Live with children ( )3
Live with brothers/sisters ( )4
Live with grandchildren ( )5
Live with other relatives ( )6
Live with friends ( )7
Other: _____ ( )8 23
(specify)

9b. How many people live in this household, including yourself?

Two ( )1
Three ( )2
Four ( )3
Five ( )4
Six ( )5
Seven or more ( )6 24

9c. How many of those people, including yourself, are 60 years old or older?

One ( )1
Two ( )2
Three ( )3
Four or more ( )4 25

THIS SECTION, Q. 10 - Q. 11, FOR HOME, APARTMENT, TRAILER RESPONDENTS ONLY.

10. Do you own your home (apartment, trailer), are you buying it, do you rent, or do you live rent-free?

ASK Q. 10a ← Own ( )1
Buying ( )2
SKIP TO Q. 11 ← Rent ( )3
Rent free ( )4 26

10a. How much do you think this house and land (apartment/trailer) would sell for if you sold it today? If you're not sure, just take a guess.

DO NOT READ.

Under $5,000 ( )1
$5,000 - 14,999 ( )2
$15,000 - 24,999 ( )3
$25,000 - 34,999 ( )4
$35,000 - 49,999 ( )5
$50,000 - 64,999 ( )6
$65,000 - 79,999 ( )7
$80,000 - 99,999 ( )8
$100,000 or more ( )9
Don't know ( )0
Refused ( )A 27

11. How many rooms are there in this house (apartment/trailer), not counting bathrooms, halls, or porches?

One ( )1
Two ( )2
Three ( )3
Four ( )4
Five ( )5
Six or more ( )6 28

THIS SECTION FOR EVERYONE

12. Do you think the structure of this house (apartment/trailer/building) . . . READ 1-3:

ASK Q. 12a ← Needs minor repairs ( )1
Needs major repairs ( )2
SKIP TO Q. 13 ← Needs no repairs ( )3
Don't know ( )4 29

12a. Is there some problem that keeps these repairs from getting done?

ASK Q. 12b ← Yes ( )1
SKIP TO Q. 13 ← No ( )2
Don't know ( )3 30

12b. What is the problem? DO NOT READ. "X" ALL THAT APPLY.

Can't afford it ( )1
Physical problems, can't do the job, etc. ( )2
No way to transport materials ( )3
Don't know how to do type of repair ( )4
Landlord/manager won't do repair ( )5
Other: _____ ( )6 31-34

13. What kind of kitchen do you have in this house (apartment)? Do you have . . . READ:

A private kitchen just for members of your household ( )1
A kitchen that you share with others ( )2
Some cooking equipment, such as a hotplate, or ( )3
No kitchen facilities at all? ( )4 35

14. Do you have in this house (apartment/trailer/building) . . . READ 1-3:

A telephone for you or your household's private use	( )1	
A telephone you share with others	( )2	
No telephone	( )3	
Don't know	( )4	36

15. Are there any ways in which this is not a good place for you to live?

ASK Q. 15a ← Yes	( )1	
No	( )2	
SKIP TO Q. 16 ← Don't know	( )3	37

15a. What are they? DO NOT READ. "X" ALL THAT APPLY.

Problems with landlord	( )1	
Housing too expensive	( )2	
Needs repairs	( )3	
Design problems with house (can't climb stairs, etc.)	( )4	
House/yard too much to care for	( )5	
Need care or supervision	( )6	
Don't like neighbors	( )7	
Neighborhood too dangerous	( )8	
Location inconvenient	( )9	
Too noisy	( )0	
Refused	( )A	
Other: _____	( )B	38-41

16. Suppose you could live in any type of place you wanted. Which of the following would you like best: READ 1-4:

A single family home	( )1	
An apartment or duplex	( )2	
A trailer or mobile home	( )3	
A hotel, rooming house, or other group setting	( )4	
Don't know	( )5	42

17. Would you prefer to live in housing specifically for older people?

Yes	( )1	
No	( )2	
Don't know	( )3	43

18. Would you prefer some type of housing where some care--for example meals or health care--was available?

Yes	( )1	
No	( )2	
Don't know	( )3	44

19. Are you on a waiting list for any type of housing?

Yes	( )1	
No	( )2	
Don't know	( )3	45

20. Have you ever lived in a nursing home?

ASK Q. 20a & 20b ← Yes	( )1	
No	( )2	
SKIP TO Q. 21 ← Don't know	( )3	46

20a. How many months were you there?

20b. How much of that time was in this past year?

	cc48 20a	cc49 20b
Less than one month	( )1	( )1
Two-three months	( )2	( )2
Four-six months	( )3	( )3
7-11 months	( )4	( )4
(one year+)12-23 months	( )5	--
(two years+)24 or more months	( )6	--
Don't know	( )7	( )7
None	--	( )8

21. All in all, how safe do you feel in this neighborhood (area); would you say you feel . . . READ 1-3:

ASK Q. 21a ← Safe some of the time ( )1
Safe all of the time ( )2
SKIP TO Q. 22 ← Unsafe at all times ( )3
Don't know ( )4 50

21a. What particular times or places make you feel unsafe?
DO NOT READ. "X" ALL NAMED.

At night ( )1
Out-of-doors, in general ( )2
Specific place named ( )3
Other:_____ ( )4
No particular place/Don't know ( )5 51-53

22. How many blocks or miles are most of the places where you usually shop?

23. How far is the nearest bus stop?

	cc54 Q.22	cc55 Q.23
1 block or less	( )1	( )1
Over 1, up to 3 blocks	( )2	( )2
(Half mile) 4-6 blocks	( )3	( )3
7-9 blocks	( )4	( )4
(10-15 blocks) One-1½ mile	( )5	( )5
Two-4 miles	( )6	( )6
5 miles or more	( )7	( )7
Don't go out at all	( )8	--
Don't know	( )9	( )9

24. How many times a week do you usually go out to do things like shopping, visiting friends, going to the doctor or bank?

IF UNABLE TO GIVE AN AVERAGE FIGURE, PROBE:

How many times did you go out to do these things last week?

Not at all/never ( )1
Once/week ( )2
Twice ( )3
Three-four ( )4
Five-seven ( )5
Eight or more ( )6
Don't know ( )7 56

25. How do you get to places you wish to go; do you ever . . . READ TRAVEL OPTIONS:

26. Which of those ways of getting around do you use most often?
DO NOT READ, ACCEPT ONE ONLY:

Travel Options	Q.25--Ever Use Yes	No	cc	Q.26--Most Often
Walk?	( )1	( )2	57	( )1
Drive a car?	( )1	( )2	58	( )2
Ride with someone you live with?	( )1	( )2	59	( )3
Ride with friend or relative who doesn't live with you?	( )1	( )2	60	( )4
Take a bus?	( )1	( )2	61	( ) 5
Take a taxi?	( )1	( )2	62	( ) 6
Pay someone to take you?	( )1	( )2	63	( ) 7
Use a community or church transportation service?	( )1	( )2	64	( ) 8
Anything else? Specify: _____	( )1		65	( ) 9

None, never go out ( ) 0
Don't know ( ) A 66

27. Do problems with transportation ever keep you from doing things you want to do?

ASK Q. 27a ← Yes ( )1
SKIP TO Q.28 ← No ( )2
Don't know ( )3 67

27a. What problems are these? DO NOT READ. "X" ALL THAT APPLY.

No car, car in disrepair, can no longer drive, can't drive	( )1	
Costs too much	( )2	
Physical problems: steps too high, etc.	( )3	
Too far to transit	( )4	
No transit/transit doesn't go where I want to go	( )5	
Others: _____	( )6	68-70

_____

28. Do all, some, or none of your relatives live nearby? By nearby, I mean within an hour or so from here.

All	( )1	
Some	( )2	
None	( )3	
Don't know	( )4	71

29. How many times a week do you visit with friends or relatives, either in person or on the phone?

None	( )1	
1-2	( )2	
3-6	( )3	
7 or more	( )4	
Don't know	( )5	72

30. Do you take part in the activities of any clubs, organizations, or religious groups?

Yes — ASK Q. 30a & 30b	( )1	
No — SKIP TO Q. 31	( )2	
Don't know — SKIP TO Q. 31	( )3	73

30a. How often do you take part in these activities? Would you say:

Several times a week	( )1	
Several times a month	( )2	
Several times a year	( )3	
or, Almost never	( )4	
Don't know	( )5	74

30b. Are any of the groups you belong to specially for older people?

Yes	( )1	
No	( )2	
Don't know	( )3	75

31. Are you registered to vote?

Yes — ASK Q. 31a	( )1	
No — SKIP TO Q. 32	( )2	
Don't know — SKIP TO Q. 32	( )3	76

31a. Did you vote in the recent (primary)(general) election?

Yes	( )1	
No	( )2	
Don't know	( )3	77

END CARD 1 80
SAME AS CARD 1 1-10

32. Now I have a few questions about your health. Compared with others your age, would you say your health is . . . READ 1-3:

Better than average	( )1	
About average	( )2	
Worse than average	( )3	
Don't know	( )4	11

33. In the past year, how many times have you seen a doctor or other health professional, such as a nurse or medic? Do not count any times when you were hospitalized.

None	( )1	
Once	( )2	
3-4 times	( )3	
5-6 times	( )4	
7-8 times	( )5	
9-10 times	( )6	
11-12 times	( )7	
13 or more times	( )8	
Don't know	( )9	12

34. In the last five years, is there anything a doctor has advised you to do for your health, that you were unable or unwilling to do?

ASK Q. 34a ←	Yes ( )1	
	No ( )2	
SKIP TO Q. 35 ←	Don't know ( )3	13

34a. What was it that you were advised to do? DO NOT READ. "X" ALL THAT APPLY.

Get more rest	( )1	
Quit smoking	( )2	
Quit drinking	( )3	
Get exercise/physical therapy	( )4	
Lose weight	( )5	
Follow-up visits	( )6	
See a specialist	( )7	
Special diet	( )8	
Take medication	( )9	
Go to hospital/have operation	( )A	
Other _____ (specify)	( )B	14-17

35. Do you have any chronic illnesses or health or dental problems?

IF NOT SURE, PROBE: By that I mean, illness, health or dental problems which have continued for a long time.

ASK Q. 35a. ←	Yes ( )1	
	No ( )2	
SKIP TO Q. 36 ←	Don't know ( )3	18

35a. What are they? DO NOT READ. "X" ALL THAT APPLY.

Anemia	( )01	
Arteriosclerosis (hardening of the arteries, cholesterol)	( )02	
Arthritis, bursitis, rheumatism	( )03	
Back trouble, other bone, joint, or muscle problems	( )04	
Cancer or leukemia	( )05	
Circulation problems (blood clots, phlebitis)	( )06	
Dental/periodontal disease	( )07	
Diabetes	( )08	
Glandular disorders (thyroid/other)	( )09	
Gynecological problems (female problems)	( )10	
Heart trouble	( )11	
Hernia	( )12	
High Blood pressure (hypertension)	( )13	
Liver disease (hepatitis)	( )14	
Loss of (use of) limb	( )15	
Low blood pressure	( )16	
Nervous system disorders (Parkinson's Disease, cerebral palsy)	( )17	
Polio (effects of)	( )18	
Respiratory problems (emphysema, asthma)	( )19	
Ulcers, gall bladder, stomach or other digestive problems	( )20	
Stroke (effects of)	( )21	
Tuberculosis	( )22	
Urinary tract (kidney, bladder, prostate)	( )23	
Visual problems (cataracts, glaucoma)	( )24	
Other: (specify) _____	( )25	19-28

36. How many different kinds of prescription drugs do you take, if any?

None, take no prescription drugs	( )1	
1-2	( )2	
3-4	( )3	
5 or more	( )4	
Don't know	( )5	29

37. Whenever you have to take pills or medicine, can you do this without any help, do you need some help or are you totally unable to take pills or medicine by yourself?

Take without help	( )1	
Need some help	( )2	
Unable to take without help	( )3	
Don't know	( )4	30

38. Do you regularly receive special nursing care ordered by a physician, such as changing dressings or irrigations?

Yes	( )1	
No	( )2	
Don't know	( )3	31

39. When was the last time you saw or talked to a dentist about your teeth--how many months ago?

1-2 months	( )1	
3-5 months	( )2	
6-8 months	( )3	
9-12 months	( )4	
1-2 years	( )5	
Over 2 years	( )6	
Have never seen dentist	( )7	
Don't know	( )8	32

40. Is there anything that keeps you from getting the kind of medical or dental care you would like to have?

ASK Q. 40a ←	Yes	( )1
	No	( )2
SKIP TO Q. 41 ←	Don't know	( )3 40

40a. What is that? DO NOT READ. "X" ALL THAT APPLY.

No doctor available in vicinity	( )1	
Can't afford medical care	( )2	
Have difficulty getting transportation	( )3	
Don't know where to go	( )4	
Can't get there because of physical condition	( )5	
Problems with medicare/medicaid/welfare	( )6	
The doctor(s) won't accept me as a patient	( )7	
Other: (specify) _____	( )8	41-44

41. During the last year, were you ever hospitalized?

How many days in the last year? ← ASK ←	Yes	( )1
RECORD BELOW THEN ASK Q.42	No	( )2
GO ON TO Q. 42 ←	Don't know	( )3 45

42. (Other than when you were hospitalized) during the last year were you ever so sick that you had to be confined to bed?

How many days? ← ASK ←	Yes	( )1
RECORD BELOW	No	( )2
SKIP TO Q. 43 ←	Don't know	( )3 46

	cc. 47 Q. 41 Hospital	cc. 48 Q. 42 In-bed (non-hospital)
1-6 days	( )1	( )1
7-30 days	( )2	( )2
31-90 days (1-3 months)	( )3	( )3
91-180 days (4-6 months)	( )4	( )4
181 days or more	( )5	( )5
Don't know	( )6	( )6

43. Is there someone who could help you out if you became sick or disabled --someone such as a friend or a member of your family?

ASK Q. 43a ← Yes ( )1
No ( )2
SKIP TO Q.44 ← Don't know ( )3 49

43a. Is this someone who would take care of you for as long as was needed, or just for a short time, or someone who would help you out now and then (for example things like taking you to the doctor or fixing meals occasionally)?

As long as was needed ( )1
Short time ( )2
Now and then ( )3
Don't know ( )4 50

44. I'm going to read you a list of day-to-day activities. For each one, please tell me if you can do it without help, with some help either from another person or from a device like a cane, or if you are unable to do it at all.

How about _____; are you able to _____without help, with help or not at all? REPEAT FOR EACH ACTIVITY.

NOTE: IF RESPONDENT DOES NOT DO ACTIVITY, ASK: Could you (do activity)?

FOR EACH ACTIVITY NEEDING HELP, ASK Q. 44a.

44a. Do you need help from another person, or from a device like a cane, walker or glasses to _____?

Activity	Q. 44--Can do? Without Help	Unable to do	Do with Help	Q. 44a--Kind of help? Person	Device	
Dial(ing) the telephone & use of directory	( )1	( )2	( ) →	( )3	( )4	51
Go(ing) for walks outside	( )1	( )2	( ) →	( )3	( )4	52
Climb(ing) stairs	( )1	( )2	( ) →	( )3	( )4	53
Clean(ing) the house	( )1	( )2	( ) →	( )3	( )4	54
Bath(ing)	( )1	( )2	( ) →	( )3	( )4	55
Cut(ting) your toenails	( )1	( )2	( ) →	( )3	( )4	56
Prepar(ing) your meals or snacks	( )1	( )2	( ) →	( )3	( )4	57
Eat(ing)	( )1	( )2	( ) →	( )3	( )4	58
Dress(ing) yourself	( )1	( )2	( ) →	( )3	( )4	59

45. What devices do you use to help you in your day-to-day activities--things like dentures, glasses, canes or hearing aids? Any others?

Use no devices ( )1
Cane ( )2
Crutches ( )3
Brace ( )4
Walker ( )5
Wheelchair ( )6
Handrails ( )7
Magnifying glass ( )8
Dentures ( )9
Glasses ( )0
ASK Q. 45a. ← Hearing aid ( )A
Artificial limb(s) ( )B
Volume control on phone ( )C 60-63

45a. Using (device) , how well are you able to (get around) (see) (hear) (eat) Would you say well or not too well?

	Well	Not too well	
Dentures	( )1	( )2	64
Glasses	( )1	( )2	65
Hearing aid	( )1	( )2	66
Artificial limb(s)	( )1	( )2	67
Volume control on phone	( )1	( )2	68

46. How much exercise and physical activity do you get compared to others your age? Would you say. . . READ 1-4:

A great deal ( )1
A moderate amount ( )2
Not very much ( )3
or, none ( )4
Don't know ( )5 69

47. Now I'd like to talk with you about your diet. Who usually prepares your main meal of the day? DO NOT READ. "X" ONLY ONE.

Self ( )1
Member of household ( )2
Friend or relative ( )3
Paid domestic ( )4
Nutrition program ( )5
Provided by residence ( )6
Restaurant ( )7
Don't have a main meal ( )8
Other: (specify) _____
_____ ( )9
Don't know ( )0 70

48. Think back to what you ate yesterday. I'm going to read you a list of different kinds of food, and I'd like you to tell me whether or not you ate each one yesterday. Did you have any. . . READ?

	Yes	No	Don't Know	
Meat, fish, or poultry?	( )1	( )2	( )3	71
Milk, cheese, or other dairy products?	( )1	( )2	( )3	72
Vegetables?	( )1	( )2	( )3	73
Fruits or fruit juice:	( )1	( )2	( )3	74
Bread or cereal?	( )1	( )2	( )3	75

49. Was that a typical day for you?

Yes ( )1
No ( )2
Don't know ( )3 76

50. Are there times when you don't get enough of the right kinds of foods?

ASK Q.'s 50a & 50b ← Yes ( )1
SKIP TO Q. 51 ← No ( )2
Don't know ( )3 77

50a. How often does that happen? Would you say: READ 1-3:

Very often ( )1
Sometimes, or ( )2
Not too often ( )3
Don't know ( )4 78

50b. What is the main reason you don't eat those foods? DO NOT READ. "X" ONLY ONE.

Too expensive ( )1
Don't know how to prepare ( )2
Transportation problems ( )3
Inadequate cooking facilities ( )4
Don't like them ( )5
Too much trouble ( )6
Other: (specify) _____
_____ ( )7
Don't know ( )8 79

END CARD 2 80

SAME AS CARD 1 1-10

51. In the last 5 years, has a doctor told you that you need a special kind of diet?

ASK Q.s 51a & 51b ←	Yes ( )1	
	No ( )2	
SKIP TO Q. 52 ←	Don't know ( )3	11

51a. What kind of diet was that? DO NOT READ. "X" ALL THAT APPLY.

Diabetic	( )1	
Low Calorie	( )2	
Low sodium (salt free)	( )3	
Low Cholesterol	( )4	
Allergy diet	( )5	
High calorie (weight gain)	( )6	
Diet for digestive problems (ulcers, constipation, etc.)	( )7	
Other: (specify) _____		
_____	( )8	
Don't know	( )9	12-14

51b. Are you following that diet?

Yes	( )1	
No	( )2	
Don't know	( )3	15

52. Do you use food stamps or commodities?

SKIP TO Q. 53 ←	Yes ( )1	
ASK Q. 52a ←	No ( )2	
SKIP TO Q. 53 ←	Don't know ( )3	16

52a. Why not? DO NOT READ. "X" ONLY ONE.

Don't need them	( )1	
Ineligible	( )2	
Don't know about the program	( )3	
Embarassed to use them	( )4	
Don't like welfare/charity	( )5	
Don't have transportation to get them	( )6	
Too much trouble	( )7	
Other: _____		
_____	( )8	17

53. Are you currently working outside the home, or are you looking for work, laid off, retired, keeping house, or what?

ASK Q. 53a & 53b ←	Presently working	( )1	
SKIP TO Q. 53b ←	Been laid off	( )2	
SKIP TO Q. 54 ←	Unemployed/looking for work	( )3	
SKIP TO Q. 55 & 56 ←	Retired	( )4	
	Keeping house	( )5	
SKIP TO Q.57 ←	Ill, disabled	( )6	
Other:	_____	( )7	18

53a. How many hours per week do you usually work?

20 or less hours	( )1	
21-40 hours	( )2	
More than 40 hours	( )3	19

53b. Would you like to be working (more hours per week)?

GO ON TO Q. 54 ←	Yes ( )1	
	No ( )2	
SKIP TO Q. 57 ←	Don't know ( )3	20

THIS QUESTION FOR THOSE WHO WOULD LIKE TO WORK MORE.

54. What is the main reason you're not working (more hours per week) now? DO NOT READ. "X" ONLY ONE.

No job available	( )1	
No transportation to existing jobs	( )2	
Wages too low	( )3	
Not enough education/skill/ training	( )4	
Discrimination - age	( )5	
Discrimination - race or sex	( )6	
Wanted to take care of home/ family	( )7	
Too old/retired	( )8	
Illness or disability	( )9	
Institutionalized	( )0	
Bad weather	( )A	
Other: _____	( )B	
Don't know	( )C	21

SKIP NOW TO Q. 57

THIS SECTION ONLY FOR RETIREES

55. Did you retire voluntarily?

Yes	( )1	
No	( )2	
Don't know	( )3	22

56. Is there anything particular about working that you miss since you've retired? DO NOT READ. "X" ONLY ONE.

Money	( )1	
Companionship	( )2	
Feeling of usefulness/accom- plishment	( )3	
The job itself	( )4	
Having a way to spend time	( )5	
Miss nothing	( )6	
Other: _____		
_____	( )7	
Don't know	( )8	23

ASK EVERYONE:

57. Would you like to work in a volunteer program if your expenses were paid?

Currently volunteering	( )1	
Would like to volunteer	( )2	
No	( )3	
Don't know	( )4	24

58. Now I have a few questions about your financial position: What are the sources of your (and your husband's/wife's) income, do you get any money from . . . READ:

	Yes	No	Refused	DK	
Employment (wages, salary, or business)	( )1	( )2	( )3	( )4	25
Social Security retirement benefits	( )1	( )2	( )3	( )4	26
Other public or private pensions (Including military retirement)	( )1	( )2	( )3	( )4	27
Savings	( )1	( )2	( )3	( )4	28
Rents from roomers or boarders, or from other property you own	( )1	( )2	( )3	( )4	29
Income from assets, like interest and dividends, annuities, life insurance	( )1	( )2	( )3	( )4	30
Disability payments (Social Security, veterans' disability benefits, work- men's compensation, private insurance)	( )1	( )2	( )3	( )4	31
Unemployment insurance or compensation	( )1	( )2	( )3	( )4	32
Supplementary Security Income--SSI (Old Age Assistance, Aid to the Blind, Aid to the Disabled, Welfare)	( )1	( )2	( )3	( )4	33
Help from children or other relatives	( )1	( )2	( )3	( )4	34
Other _____					
_____	( )1	( )2	( )3	( )4	35

59. Have you had any trouble in applying for or in receiving SSI or Social Security payments?

ASK Q. 59a. ← Yes ( )1
No ( )2
SKIP TO Q. 60 ← Haven't tried ( )3
Don't know ( )4 36

59a. What kind of trouble was that? DO NOT READ. "X" ALL THAT APPLY.

Checks late ( )1
Checks too small ( )2
Too complicated, don't understand ( )3
Got cut off ( )4
Other: (specify) _____
_____ ( )5 37

60. Please tell me about how much income you (and your husband/wife) receive altogether each month; We don't need the exact amount, just stop me when I read the category into which your monthly income falls...READ 1-9:

$0-$99 ( )1
$100-$199 ( )2
$200-$299 ( )3
$300-$399 ( )4
$400-$499 ( )5
$500-$599 ( )6
$600-$699 ( )7
$700-$799 ( )8
$800 and up ( )9
Refused ( )0
Don't know ( )A 38

61. Do you and your (husband/wife) have any financial assets you could draw on in an emergency, for example, real estate, stocks, bonds, insurance policies, savings account?

Yes ( )1
No ( )2
Refused ( )3
Don't know ( )4 39

62. (Not counting your wife/husband), how many dependents do you now have, that is, how many people depend on you now for half or more of their support?

(No others) None ( )1
One ( )2
Two ( )3
Three ( )4
Four ( )5
Five or more ( )6
Don't know ( )7
Refused ( )8 40

Now I'd like to ask where your money goes. The following questions refer to actual expenses. If you do not know the exact figures, an estimate or average is sufficient.

IF RESPONDENT IN HOTEL/ROOMING HOUSE, GO TO Q. 63 & 63a.

ALL OTHERS, REFER BACK TO Q. 10, PAGE 3: IF "OWNS", GO TO Q. 65

IF "BUYING", GO TO Q. 64 & 64a.

IF "RENT', GO TO Q. 63 & 63a.

IF "RENT FREE", GO TO Q. 66

63. How much do you (and your husband/wife) spend each month for rent? DO NOT READ.

Less than $50	( )1	
$51-74	( )2	
$75-99	( )3	
$100-124	( )4	
$125-149	( )5	
$150-174	( )6	
$175-199	( )7	
$200-249	( )8	
$250-299	( )9	
$300-399	( )0	
$400 or more	( )A	
Refused	( )B	
Don't know	( )C	41

63a. IF RESPONDENT LIVES IN HOUSING FOR THE ELDERLY OR GOVERNMENT SUBSIDIZED HOUSING, ASK:

Is the amount of rent you pay based on the amount of your income?

Yes	( )1	
No	( )2	
Don't know	( )3	42

SKIP NOW TO Q. 66

64. What is your monthly mortgage payment? DO NOT READ.

Less than $50	( )1	
$51-74	( )2	
$75-99	( )3	
$100-124	( )4	
$125-149	( )5	
$150-174	( )6	
$175-199	( )7	
$200-249	( )8	
$250-299	( )9	
$300-399	( )0	
$400 or more	( )A	
Refused	( )B	
Don't know	( )C	43

64a. Does your mortgage payment include taxes and insurance?

SKIP TO Q. 66 ←	Yes	( )1
ASK Q. 65 ←	No	( )2
SKIP TO Q. 66 ←	Refused	( )3
	Don't know	( )4 44

65. How much per month are your property taxes and homeowners insurance? DO NOT READ.

Under $10	( )1
$10-19	( )2
$20-29	( )3
$30-39	( )4
$40-49	( )5
$50-59	( )6
$60-74	( )7
$75-99	( )8
$100-149	( )9
$150-199	( )0
$200 or more	( )A
Refused	( )B
Don't know	( )C 45

66. What do you spend each month for utilities? (gas, oil, electricity, phone, water)?

67. How much do you (and your husband/wife) spend each week for food?

DO NOT READ.

	cc 46 Q. 66 Utility	cc 47 Q. 67 Food
Under $5	( )1	( )1
$5-9	( )2	( )2
$10-14	( )3	( )3
$15-19	( )4	( )4
$20-24	( )5	( )5
$25-29	( )6	( )6
$30-39	( )7	( )7
$40-49	( )8	( )8
$50-59	( )9	( )9
$60-74	( )0	( )0
$75 or more	( )A	( )A
Refused	( )B	( )B
Don't know	( )C	( )C

68. Does anyone else regularly buy food for your meals? IF YES: Do they pay part or all of the cost of your food or meals?

No assistance	( )1
Yes, part of cost of food/meals	( )2
Yes, all of cost of food/meals	( )3
Don't know	( )4 48

69. If you had an extra $50 each month, what would you spend it on?

"X" ALL THAT APPLY

Food	( )1
Clothing	( )2
Housing	( )3
Car	( )4
Medical/Dental	( )5
Savings/other assets/ investments	( )6
Appliances/furniture/ other durables	( )7
Payments on debts	( )8
Recreation/travel	( )9
Give it to others-- charity	( )10
Hire a helper/compan- ion/housekeeper	( )11
Other: (specify) ____	
_____	( )12
Don't know	( )13 49-53

70. Are you able to take care of your financial transactions--by that I mean your banking, writing checks, paying bills and so forth--by yourself without help from another person, do you need some help, or do you totally need help to get any of it done?

Need no help	( )1	
Need some help	( )2	
Need total help	( )3	
Don't know	( )4	54

71. Do you (and your husband/wife) have a will?

Yes	( )1	
No	( )2	
Don't know	( )3	
Refused	( )4	55

72. Have you (and your husband/wife) used the services of a lawyer within the last 5 years?

ASK Q. 72a ← Yes	( )1	
No	( )2	
SKIP TO Q. 73 ← Don't know	( )3	56

72a. What is the main reason you have seen the lawyer?
DO NOT READ. "X" ONLY ONE.

Selling/buying a house	( )1	
Will	( )2	
Lawsuit	( )3	
Personal/financial advice	( )4	
Other: (specify) _____		
_____	( )5	
Don't know	( )6	57

73. Now I'd like to talk about some services that are available for older people in this area. I'd like to find out if you know about some of the programs around here, whether you ever use them or if you would like to use them.

Have you heard about (SERVICE) in this area? THE FIRST TIME EACH SERVICE IS MENTIONED. READ WHOLE DESCRIPTION. AFTER THAT, READ UNDERLINED PORTION ONLY.

IF "NO, NOT AWARE," OR "DON'T KNOW", ASK:	IF "YES, AWARE", ASK: Do you use _____ ?	
73a. In your present circumstances would you use a program like _____? CIRCLE 1 or 2	IF "YES", ASK: 73b. Do you use _____ often or not very often? CIRCLE 3 OR 4	IF "NO", ASK: 73c. Why don't you use _____ ? GET ONE MAIN REASON. CIRCLE 5, 6, 7, 8 9 or 0 IF "OTHER" (0), WRITE IN THE REASON

Type of Service	Q. 73a Not Aware: Would Not Use	Q. 73a Not Aware: Would Use	Q. 73 b Aware-Use: Often	Q. 73 b Aware-Use: Not Often	Q. 73c Aware, but Don't Use . . . . . Why? Don't Need	No Trans-portation	It's not Available Here	Don't Have Enough Info.	Inele-gible	Other: (Specify)	
A. Service to help you take care of your home like Home Repair or Chore Services?	1	2	3	4	5	6	7	8	9	0	58
B. Services where someone helps you with homemaking and personal care, like Homemaker Services or Home Health Service?	1	2	3	4	5	6	7	8	9	0	59
C. Hot meals delivered to your home?	1	2	3	4	5	6	7	8	9	0	60
D. Group meals for older people?	1	2	3	4	5	6	7	8	9	0	61
E. Senior Centers or Recreation programs for Senior Citizens?	1	2	3	4	5	6	7	8	9	0	62
F. Day Care Programs, where people who need some help taking care of themselves can spend the day?	1	2	3	4	5	6	7	8	9	0	63
G. Checking services, where someone calls you to make sure you are alright?	1	2	3	4	5	6	7	8	9	0	64
H. Employment services?	1	2	3	4	5	6	7	8	9	0	65
I. Information and Referal Service, which tells people who to contact for help with different kinds of problems?	1	2	3	4	5	6	7	8	9	0	66
J. Legal Services?	1	2	3	4	5	6	7	8	9	0	67
K. Consumer education services, which help people avoid unfair or dishonest business practices?	1	2	3	4	5	6	7	8	9	0	68
L. Advice on money management?	1	2	3	4	5	6	7	8	9	0	69
M. Programs that give property tax relief for older people?	1	2	3	4	5	6	7	8	9	0	70
N. Programs that provide telephone payments for qualified older people?	1	2	3	4	5	6	7	8	9	0	71
O. Programs that provide laundry service for older people?	1	2	3	4	5	6	7	8	9	0	72
P. A program to provide at-home care for a disabled son or daughter for whom you can no longer care?	1	2	3	4	5	6	7	8	9	0	73
Q. A program which provides communication services for older people with impaired hearing	1	2	3	4	5	6	7	8	9	0	74
R. A visiting nurse service for help with administration of medicine or other specific medical needs	1	2	3	4	5	6	7	8	9	0	75
S. A program that provides for home visits by physical therapist	1	2	3	4	5	6	7	8	9	0	76
T. Services which can provide counseling for emotional problems	1	2	3	4	5	6	7	8	9	0	77

END CARD 3 80
SAME AS CARD 1 1-10

74. I'm going to read you a list of area that people say are problems for older Americans. For each area, please tell me if it is a problem for you. IF IT IS A PROBLEM, ASK: Would you say it's only somewhat of a problem, or a very important problem?

74a. IF MORE THAN ONE "VERY IMPORTANT", ASK, Which of those is the most important problem?

ALWAYS GET SINGLE MOST IMPORTANT.

	Q. 74 Not a Problem	Problem: Somewhat	Problem: Very Important		cc 21 Q.74a Single Most Important
Income (money)	( )1	( )2	( )3	11	( )1
Health care	( )1	( )2	( )3	12	( )2
Housing	( )1	( )2	( )3	13	( )3
Transportation	( )1	( )2	( )3	14	( )4
Getting more education	( )1	( )2	( )3	15	( )5
Age discrimination	( )1	( )2	( )3	16	( )6
Employment opportunities	( )1	( )2	( )3	17	( )7
Spare time activities	( )1	( )2	( )3	18	( )8
Crime	( )1	( )2	( )3	19	( )9
Nutrition and food	( )1	( )2	( )3	20	( )0

75. During the past few weeks, did you ever feel: (REPEAT "DID YOU EVER FEEL" BEFORE EACH QUESTION. REPEAT THE WHOLE QUESTION BEFORE "DEPRESSED ...")

	Yes	No	DK/Refused	
Pleased about having accomplished something	( )1	( )2	( )3	22
Bored	( )1	( )2	( )3	23
On top of the world	( )1	( )2	( )3	24
Upset because someone criticized you	( )1	( )2	( )3	25
Particularly excited or interested in something	( )1	( )2	( )3	26
→ Depressed or very unhappy	( )1	( )2	( )3	27
Pleased that things were going your way	( )1	( )2	( )3	28
So restless that you couldn't sit long in a chair	( )1	( )2	( )3	29
Proud because someone complimented you on something you did	( )1	( )2	( )3	30
Lonely or remote from other people	( )1	( )2	( )3	31

76. Now here are a few questions concerning how you have been feeling in the past f w days. Please think back and answer in terms of just the past few days.

In the last couple of days, how often have you (phrase); would you say almost always, often, once or twice or never?

REPEAT "HOW OFTEN HAVE YOU" BEFORE EACH QUEST ON. REPEAT THE WHOLE QUESTION BEFORE "HAD TROUBLE SLEEPING. . . ?

Phrase	Almost Always	Often	Once or Twice	Never	Don't Know	Refused	
Felt fearful or afraid?	( )1	( )2	( )3	( )4	( )5	( )6	32
Felt sad or depressed?	( )1	( )2	( )3	( )4	( )5	( )6	33
Felt angry?	( )1	( )2	( )3	( )4	( )5	( )6	34
Felt mixed up or confused?	( )1	( )2	( )3	( )4	( )5	( )6	35
Felt tense?	( )1	( )2	( )3	( )4	( )5	( )6	36
→ Had trouble sleeping?	( )1	( )2	( )3	( )4	( )5	( )6	37
Had trouble with poor appetite?	( )1	( )2	( )3	( )4	( )5	( )6	38
Had trouble with indigestion?	( )1	( )2	( )3	( )4	( )5	( )6	39
Had trouble with fatigue?	( )1	( )2	( )3	( )4	( )5	( )6	40

This concludes the interview. Thank you so much for your time and cooperation.

May I please get your name and telephone number so that my supervisors can check on my work?

Respondent Name _____

Address _____ Phone _____

City _____

Month: October ( )1
November ( )2
December ( )3 41

Day of month __ __ 42-43

Time Finished: _____

OFFICE USE ONLY:

Less than 30 min. ( )1
30-44 min. ( )2
45-59 min. ( )3
1 hr. - 1 hr/15 min. ( )4
1/15 - 1/29 ( )5
1/30 - 1/44 ( )6
1/45 - 1/59 ( )7
2 hrs - 2/14 ( )8
2/15 - 2/29 ( )9
2½ hrs or more ( )0 44

Interviewer Name _____ No. _____ 45-47

BEFORE LEAVING HOME SHOW BACK SHEET TO RESPONDENT AND SAY:

You can get any information about services available by marking this sheet for the Area Agency on Aging. Simply circle the number of services you are interested in, fill in your name and address, and I will give to my supervisors who will forward it, or you may mail it in this envelope.

DEMONSTRATE AND HELP RESPONDENT IF NECESSARY.

RESPONDENT MAY MAIL THE REQUEST HIM/HERSELF, OR INTERVIEWER CAN LEAVE ATTACHED AND RETURN TO SUPERVISOR. IF RESPONDENT WISHES TO MAIL, REMOVE BACK SHEET AND LEAVE WITH PROVIDED ENVELOPE.

AFTER LEAVING HOME, FILL IN FOLLOWING:

1. Respondent lives ("X" ONE):

On farm or ranch	( )1	
In country, not on farm or ranch	( )2	
In small town (less than 25,000 people)	( )3	
In city pop. 25,000 to 99,999	( )4	
In suburb of large city	( )5	
In large city 100,000 or more	( )6	48

2. In general, does dwelling (complex) seem in:

Good repair	( )1	
Minor disrepair	( )2	
Major disrepair	( )3	
Can't tell	( )4	49

3. Did respondent live in housing for the elderly:

Yes	( )1	
No	( )2	50

4. Did respondent have any of the following ("X" ALL THAT APPLY):

Blindness	( )1	
Deafness	( )2	
Missing limbs/Loss of limb use	( )3	
Obesity	( )4	
Palsy, shakes, tremors	( )5	
Speech impediments	( )6	
Other: _____	( )7	51-53

5. Did respondent have significant difficulty in understanding or responding to the questions?

Yes	( )1	
No	( )2	54

6. Was a proxy used for the respondent in this interview? (i.e. was respondent unable to answer, so someone else did)

SKIP TO Q. 8 ←	Yes	( )1	
ASK Q. 7 ←	No	( )2	55

7. If another person was present during interview, was respondent influenced in his answers by other person?

ASK Q. 7a & 7b ←	Yes	( )1	
SKIP TO Q. 8 ←	No (not influenced/ no other person present)	( )2	56

7a. (IF YES) What was that person's relationship to the respondent?

Spouse	( )1	
Child	( )2	
Brother or sister	( )3	
Grandchild	( )4	
Other relative	( )5	
Friend	( )6	
Other: (Specify) _____	( )7	57

7b. How did that person influence the respondent's answers?

Inhibiting	( )1	
Expanding on answers	( )2	58

8. Was there anything unusual about the respondent or the responses that we should know about?

_____

_____

_____

_____

_____

END CARD 4 80

END OF INTERVIEW

TO: Area Agency on Aging, State of Washington

I would like infromation concerning the following services:

(CIRCLE NUMBERS OF SERVICES YOU ARE INTERESTED IN)

DIET AND HEALTH

1. Home-Delivered Meals
2. Group Meals
3. Food Stamps
4. Nutritional Counseling
5. Health Counseling
6. Home Health Aide
7. Health Clinics
8. Friendly Visiting
9. Telephone Checking
10. Foster Care
11. Day Care

HOUSING

12. Rent Supplements
13. Relocation Assistance
14. Chore Services
15. Home Repair Services
16. Homemaker Services
17. Elderly Housing

EMPLOYMENT & ACTIVITIES

18. Employment Services
19. Volunteer Opportunities
20. Continuing Education
21. Recreation Programs
22. Senior Centers

OTHERS

23. Legal Services
24. Consumer Education
25. Financial Assistance
26. Money Management

Please have an outreach worker:

☐ visit me at my home: _____
Street and No.

_____
City

☐ telephone me at: _____
Phone Number

_____
Print Name

_____
Signature

Gateway Office on Aging
Room 316 N.B.A. Building
P.O. Box 7751
Ketchikan, Alaska 99901

TESTIMONY January 21, 1978
HOUSE COMMITTEE ON HEALTH, EDUCATION AND SOCIAL SERVICES

SUBJECT: HB 41 - Pioneers Home in Ketchikan

I am Cheryle Wolf, program director of the Gateway Office on Aging in Ketchikan, Alaska. I want to thank you for your willingness to listen to testimony pertaining to a Pioneers Home in Ketchikan. I am here today to testify in favor of House Bill 41 - a Pioneers Home in Ketchikan.

The Alaska Comprehensive Study on Aging, 1972 (Department of Health and Social Services) shows that the percentage of elderly residents in Ketchikan per population base is larger than anywhere else in the state of Alaska -- yet Ketchikan is without a Pioneers Home.

In the Spring of 1973 the Ketchikan Community Council was awarded a grant by the Alaska Humanities Forum to conduct an assessment survey of the needs of local senior citizens. The Council established a Senior Citizens Committee to conduct the survey designed on an interviewer/interviewee style. Assisting the Senior Citizens Committee were such local organizations as the League of Women Voters, Methodist Women, Pioneers Auxiliary, and the Golden Age Club. The two hundred thirty-seven (237) completed

questionnaires showed health care as one of the main concerns of senior citizens.

In November 1977 the Gateway Office on Aging via its Senior News, a monthly newsletter published by the Ketchikan Governing Board on Aging, Inc., mailed out three hundred fifty (350) questionnaires. Twenty-five percent (25%) of the questionnaires were completed and returned to the Gateway Office on Aging -- all requesting a Pioneers Home in Ketchikan.

What is being said through these surveys and questionnaires is that the need to have a Pioneers Home in Ketchikan does exist. For the record, Ketchikan is the only community to conduct a survey of the elderly at the local level.

A Pioneers Home in Ketchikan would serve three basic purposes by 1) providing long term nursing care at a cost to the resident that is substantially less expensive than services currently available at the existing facility ($275 per month or less depending upon financial status in a Pioneers Home as opposed to $55 per day at Island View Manner -- currently the only available nursing facility in Ketchikan), 2) alleviating the demand for affordable housing for seniors, and 3) meeting the need for increased social interaction and involvement to reduce loneliness found so prevalent among the elderly.

Pioneers Homes legislation provides that any individual who is

1) destitute and in need of the aid or benefit of the Home because of physical disability or other cause or 2) is sixty-five (65) years of age or older and who has lived in Alaska fifteen (15) years immediately preceeding application is entitled to admission to a Pioneers Home. In this type of human services economics must play an insignificant role. Pioneers Homes are not intended to make a profit. Pioneers Homes are intended to be a true home where Alaska's older residents may live out their last years in comfort and relatively free of loneliness, worries, difficulties and hardships.

I urge you to support House Bill 41 -- to quickly move this Bill out of committee and to actively support its passage in the House. I also urge you to actively support the passage of a Pioneers Home Bond Issue.

Thank you.

Crandall Bond
25% COTTON FIBER

HB
99

individuals; and providing for an effective date."

COMMITTEE REPORT

1-21-77 FINANCE

HOUSE

_____ Date

Mr. Speaker:

The Committee on HESS has had HB 99 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

be for _____ do pass

☐ (and) recommends it be referred to the _____ committee

☐ reports it back without recommendation

☐ AND attaches a report of its intent

☐ (other) _____

MEMBERS SIGNING THE MAJORITY REPORT:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

MEMBERS NOT CONCURRING IN THE MAJORITY REPORT:

_____ recommends: _____

_____ recommends: _____

_____ recommends: _____

_____
Chairman

H 60

Monthly Income	NUMBER OF PERSONS DEPENDENT ON INCOME									
	1	2	3	4	5	6	7	8	9	10 or more
	for monthly payment divide the figures below by 12									
-0 - 274	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
275 - 316	20	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
317 - 374	30	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
375 - 432	60	30	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
433 - 482	70	50	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
483 - 532	100	60	30	-0-	-0-	-0-	-0-	-0-	-0-	-0-
533 - 574	130	70	50	30	-0-	-0-	-0-	-0-	-0-	-0-
575 - 624	150	100	60	50	-0-	-0-	-0-	-0-	-0-	-0-
625 - 666	180	130	80	60	-0-	-0-	-0-	-0-	-0-	-0-
667 - 687	220	150	100	70	50	-0-	-0-	-0-	-0-	-0-
688 - 728	270	170	120	90	60	-0-	-0-	-0-	-0-	-0-
729 - 770	280	190	140	100	70	50	-0-	-0-	-0-	-0-
771 - 812	310	210	170	120	90	60	-0-	-0-	-0-	-0-
813 - 853	360	240	190	160	110	70	50	-0-	-0-	-0-
854 - 895	420	270	220	180	140	90	60	-0-	-0-	-0-
896 - 937	470	320	240	190	160	110	70	50	-0-	-0-
938 - 978	520	360	310	240	180	130	90	60	-0-	-0-
979 - 1020	570	420	340	270	220	180	130	90	70	-0-
1021 - 1062	650	480	410	340	280	210	160	110	80	-0-
1063 - 1103	770	560	440	370	310	240	190	140	100	70
1104 - 1145	830	630	530	410	340	270	210	170	130	80
1146 - 1187	910	650	590	490	420	320	250	190	170	110
1188 - 1228	980	810	650	540	450	400	310	230	190	140
1229 - 1270	1150	880	760	600	500	430	350	270	210	150
1271 - 1312	1230	960	830	710	600	460	390	320	240	200
1313 - 1353	1330	1050	920	780	670	560	470	370	300	240
1354 - 1395	1510	1120	980	850	720	600	510	430	30	260
1396 - 1437	1640	1290	1130	960	790	670	560	460	380	310
1438 - 1478	1750	1390	1220	1060	920	800	690	560	460	380
1479 - 1520	1880	1480	1310	1150	990	870	720	620	510	420
1521 - 1562	2100	1590	1420	1230	1060	930	800	670	560	450
1563 - 1603	2250	1710	1520	1330	1160	1050	940	800	680	560
1604 - 1645	2400	1940	1720	1520	1330	1170	1010	860	720	600
1646 - 1688	2660	2060	1840	1620	1430	1240	1090	940	790	670
1689 - 1729	2810	2190	1940	1730	1530	1330	1160	990	920	780
1730 - 1770	2990	2320	2080	1840	1640	1440	1340	1170	1000	850
1771 - 1812	3170	2500	2340	2080	1850	1640	1440	1250	1070	920
1813 - 1854	3500	2750	2480	2210	1990	1750	1520	1340	1150	1070
1855 - 1895	3690	2900	2630	2350	2090	1870	1640	1430	1340	1160
1896 - 1937	3900	3060	2770	2510	2230	1970	1870	1640	1430	1250
1938 - 1979	4110	3240	2940	2770	2490	2230	1970	1750	1510	1290
1980 - 2020	4320	3570	3260	2940	2650	2360	2090	1850	1610	1520
2021 - 2062	4750	3790	3440	3120	2960	2670	2370	2090	1850	1620
2063 - 2104	4990	3960	3800	3440	3100	2800	2500	2220	1960	1850
2105 - 2145	5240	4180	4010	3640	3300	2960	2660	2360	2250	1960
2146 - 2187	5690	4590	4190	3820	3440	3090	2780	2660	2340	2060
2188 - 2229	5970	4820	4410	4000	3850	3470	3140	2760	2490	2200
2230 - 2270	6240	5050	4840	4420	4040	3650	3290	2950	2610	2490
2271 - 2312	6540	5550	5050	4650	4230	3830	3460	3090	2950	2630
2312 - 2354	6820	5780	5330	4840	4440	4020	3620	3450	3100	2760
2355 - 2395	7080	6060	5560	5020	4640	4460	4050	3630	3280	2920
2396 - 2437	7440	6310	5800	5310	5030	4640	4210	3810	3430	3060
2438 - 2479	8060	6590	6340	5840	5350	4870	4420	4010	3610	3430
2480 - 2520	8410	6870	6630	6090	5570	5090	4620	4440	4000	3590
Over 2520	For each $500.00 increase in annual income over $30,250.00 add 3% of									
	8410	6870	6630	6090	5570	5090	4620	4440	4000	3590

MEMORANDUM

TO: Members of the House HESS Committee

FROM: Rocky MacKinnon

DATE: February 17, 1977

RE: HB 99; changes & effects

Change	Sec. 1 AS 47.30.270(a), page 1, line 12, adds spouse to the list of persons liable for the cost of care of the mentally ill.
Effects	More money might be received by the State of Alaska for care of the mentally ill. The spouse will be liable for payment, even after a divorce is granted (see appendix 1).
Change	Sec. 1 AS 47.30.270(a), page 1, lines 23-26, enables the department to obtain information to determine ability to pay.
Effects	The department can impose full liability if financial information is not supplied. The department should be able to make a fair determination with the information supplied. (See appendix 3).
Change	Sec. 1(a), page 2, lines 3-18, drops the $50.00 per month ceiling on all but the severely mentally ill, or those institutionalized for a period exceeding 12 months.
Effects	Insurance companies will be required to pay more than $50.00 per month if the costs are over $50.00 per month. Since most insurance policies cover a maximum of 12 months, individuals can be required to pay a maximum of $50.00 after insurance runs out. The ability to pay will be determined in a fair way and those determinations can be appealed (see appendix 2).
Change	Sec. 3(f), page 3, lines 10-11, adds patient or spouse to the list of persons to notify in case of delinquent payment.
Effects	30 days after notification of delinquent payment the department may proceed to collect costs due.

STATE
of ALASKA

MEMORANDUM

TO: Jerry L. Schrader, M.D.
Director
Division of Mental Health &
Developmental Disabilities

DATE : February 18, 1977

FROM: Thomas R. Branton
Assistant Director
Division of Mental Health &
Developmental Disabilities

SUBJECT: Accounts Receivable A.P.I.

The following information describes the state of the accounts receivable to the State for service provided by Alaska Psychiatric Institute. The information describes the situation of the accounts for which there has been determined to be an existing legal obligation. Dollar amounts reflect the impact of payments received on account for the month of January, 1977. Not reflected is the receivables resulting from service provided during January, 1977 i.e. current with January receipts but not January billings.

There are currently 224 open accounts at A.P.I. with a full value worth of $735,837.34.

Individual patient and parent or guardian personal liability outstanding is $8,078.53. Twenty-four of these cases are limiting their payment under the $50/month maximum liability statute. The remainder are determined "ability to pay" liability.

Insurance coverage from carriers as Blue Cross, Veterans, Medicare and similar group and private carriers which have been billed amount to an as billed account receivable of $410,781.49. Some unknown percent of this amount will be discounted by the carrier prior to payment. The $410,781.49 is at 100% billed cost.

Payments due through the office of Public Assistance for covered patients of medicaid eligibility total $316,977.32. This consists primarily of the regular December billing and in-process billings for service provided by the recently established ICF Unit.

Not reported in the total accounts receivable figure is an estimated $56,000.00 amount of billings which, during the past years, have been referred to the Quality Control and Collection agency within the Department. They estimate no more than six to seven thousand dollars of this total will be collected.

Legitimate accounts where liability has been clearly established and no intent to pay is shown are currently aged 90 days and referred to Collection for appropriate action. So long as the account is "alive" it is held at A.P.I.

TRB:en

cc: Roxy E. Pomeroy

This is a summary of a long distance telephone conversation I had with Max Gruenberg, a member of the Mental Health Advisory Council, regarding HB 99, on February 16, 1977. Because of a limited time factor, he requested that I relay his thoughts to the Committee.

1. The additional revenues received by the state would be a "drop in the bucket".

2. There are a higher proportion of people in API either from the bush or with low incomes and many of these people do not have insurance.

3. He thinks the whole law should be repealed, using the arguement that criminals don't have to pay for jail, so why should the mentally ill?

4. He doesn't think "spouse" should be added because a spouse is burdened enough just being married to a mentally ill person, why cause more grief?

5. He questions the constitutionality when differing between length of time under care, and amount paid, (a maximum payment of $50.00 is allowed after a person is "in" for at least 12 months).

6. He questions the part about a lien against the state illegal over what is due the Federal Govt. (?) (Don't ask me to explain, he's a LAWYER)

Rocky

POSITION PAPER/Department of Health and Social Services

HOUSE BILL 99

'An Act relating to liability for expense of hospitalization of mentally ill individuals; and providing for an effective date."

This bill is at the request of the Department. Under current legislation the State is cut off from substantial third party payment sources for care given in cases hospitalized under AS 47.30. This bill gives adequate protection against extraordinary changes being made for care of developmental disability cases yet allows the State to claim up to full care costs for acute psychiatric care.

We would propose that House Bill 99 be amend d to read:

PAGE 1 Line 16 insert after. . .the department if the patient is hospitalized in a state hospital, or by the hospital, if a patient is hospitalized in a private hospital.

Line 17 insert after. . .department if the patient is hospitalized in a state hospital, or the hospital, if the patient is hospitalized in a private hospital, . . .

Line 20 insert after. . .The department or private hospital. . .

Line 25 insert after. . .and treatment in a state hospital. . .

Line 28 insert at front of line. . .or the private hospital. . .

PAGE 2 Line 1 insert new sentence after. . .department order. A private hospital may be reimbursed by the department or its designee for the cost of care and treatment of a patient hospitalized under sections 10-340 of this chapter, only when it shows that it has determined ability to provide for payment by procedures approved by the department or its designee, that it has issued an order of payment to the patient or the person responsible for payment within six months after the date on which the charge was incurred, and that it has exhausted other sources of payment. . . .

Line 12 insert after. . .department or a private hospital, . . .

Line 13 insert after. . .department or a private hospital . . .

Line 18-19 insert between paragraph. . .Sec. 2. AS 47.30.270 (c) is repealed.

This proposed amendment places the burden of determination of ability to pay on the hospital where the service is provided as a prerequisite to billing the State for service.

The fiscal impact of this bill is not totally predictable. Under the present law where patient liability is limited and the spouse is not required to pay,

POSITION PAPER/Department of Health and Social Services

insurance recovery is limited. During the first six months of Fiscal Year 1977 when 52 cases were billed, a total of $91,236 was collected, however, only 18 of the 52 cases paid more than $50/month, determined to be the limit of their liability or the liability of their insurance carrier. Without the amended change we predict more patients will limit their payment to $50/month and third party payments will further be reduced.

We recommend the passage of this bill when amended as proposed.

Recommended by:

Thomas R. Brun M.D. 1/31/77

Jerry L. Schrader, M.D. DATE
Division of Mental Health
and Developmental Disabilities

Approved by:

Lois M. Juneau 2/3/1977

Francis S.L. Williamson DATE
Department of Health & Social Services

POLICY FOR PAYMENT OF LIABILITY FOR MENTAL HEALTH SERVICES

Revised 1/3/75

Persons Liable

Liability for the cost of care and treatment for mental health services shall be assumed by the patient or his legal representative, or his parents if he is under 18, in that order, individually or collectively. In those cases in which dependency cannot be established, the Division will make a reasonable effort to identify, contact and request payors, in the prescribed order, to participate in the payment for cost of care and treatment.

Amount of Liability

Amount of liability assumed by the responsible payor or payors will be based on their individual ability to pay as determined by the Division, up to the actual cost of care and treatment, but not over $50.00 per month for the liable parent according to the 1974 amendment to AS 47.30.270.

Any liable parent who refuses or fails to pay the amount determined by the Division, or refuses to submit, or willfully misrepresents the information upon which determination is based, will be liable for the total of the remaining actual cost of care not to exceed $50.00 per month. Any unpaid amount, either determined by the Division or actual cost, will constitute a lien in favor of the state against all property of the patient and will be processed according to applicable Alaska Statutes. Any unpaid liability of the parent will, in the event of the parents death, be discharged or collected from the patient. No claim lies against the assets or estate of the deceased parent.

Waiver of Liability

A waiver of liability for cost of care and treatment may be granted when the medical, psychological and social factors in the patient's case indicate that payment would be detrimental to the patient's rehabilitation.

It is not expected that these factors can be reduced to some absolute formula but rather will constitute a professional clinical judgment.

The request for a waiver will be initiated by the social worker assigned to the case and will require the authorization of the Director of the Division of Mental Health or his designee(s).

SECTION II

LIABILITY DETERMINATION

LIABILITY DETERMINATION

DEFINITION

The determination of liability for the cost of care and treatment for mental health services is a process which relates an individual's ability to pay to an equitable amount of liability. As defined by the Division of Mental Health, the amount of liability determined by this process is an annual liability payable over a twelve-month period, but in no case will the total amount paid exceed the actual cost of care.

To better understand the process, it is appropriate to compare the resulting amount of the process with the deductible amount of a typical health insurance program. Under such a deductible program, an individual is liable for the cost of care up to a stated limit, after which the insurance carrier will pay additional service costs. The annual liability amount established by the Division in many ways represents the deductible amount for the cost of mental health services provided by the Division. Costs for care and treatment above the annual liability amount, not covered by a third-party payor, will be paid by the Division. Unlike usual health insurance programs, however, which typically have a fixed limit for all persons covered by the program, the annual liability amount determined by the Division will vary based on the individual's ability to pay.

APPROACH

The process for determination of liability involves essentially four steps:

1. Identification of persons liable to pay for or contribute to the cost of care and treatment for mental health services.
2. Collection of information influencing the person's ability to pay.
3. Determination of the amount of liability to be paid based on evaluation of the person's ability to pay.

4. Redetermination of liability at periodic intervals.

The approach is defined to comply with the provisions of AS 47.30.270 as amended and its supporting regulations. The reader should be thoroughly familiar with these provisions.

CONSIDERATIONS AND PROCEDURES:

1. General considerations:

   a. Special consideration should be made of the prospective nature of the determination process for persons liable other than the patient or his legal representative. That is, parents are not liable for costs of care and treatment prior to the order by the Division to pay and then not to exceed $50.00 per month. Accordingly, effort should be made to expedite the determination process for these persons. A recommended period for completion is 21-30 days from the date of admission of the patient.

   b. All determinations may be appealed. Procedures for fair hearings are defined in Appendix A of this manual.

   c. The amount of liability is an annual amount to the Division of Mental Health. In the case of readmissions within the annual period for which the liability was determined, or transfers from other institutions within the annual period, no determination should be made until the annual date. In the case of transfers, the initial institution will continue the billing until the end of the annual period. The redetermination of liability will be made by the institution in which the patient resides.

2. Identification of liable persons:

   a. Upon a new admission to the mental health facility, the admitting officer or other responsible person should assist the patient or his representative in completing the admitting form and financial questionnaire. Particular attention should be placed on identification of those persons liable for cost of care including the patients legal representative and both parents, spouse and adult children, unless they and the legal representative are, by the 1974 amendment, not included as among those persons liable. Additionally, any third party payors (e.g., Medicare, Veterans, Blue Cross) for which the patient may be eligible should be identified.

   b. Admitting information should be obtained as soon as possible, preferably at time of admission. A maximum of 72 hours from time of admission should be observed.

3. Collection of financial information:

   a. In the event that the patient is determined to be unable to pay for the full cost of care, the remaining persons liable identified on the admitting form should be requested to prepare and submit financial information so that their ability to pay may be determined. The requesting letter should be mailed together with the financial questionnaire and a copy of the statement for payment for mental health services.

   b. Returned information should be evaluated for reasonableness. Although the process is essentially a "declaration" approach in that full verification of all information is not mandatory to making the ability to pay decision,

the evaluator, at his discretion, may require [illegible] information from the person liable to support data submitted on the questionnaire.

c. The date of the requesting letter should be the same date the letter is mailed. The date for return of the information being requested should be 14 days after the date of the letter.

d. All mailings should be sent through registered mail with return receipt requested.

4. Determination of liability:

a. Persons liable not returning all requested information have been deemed, by their default, to be able to pay the remaining full cost of care and treatment. In such event, the evaluator should review the case with the social worker assigned to the case to determine the possible effect of an Order to Pay of the person liable on the rehabilitative needs of the patient. Should the social worker determine that payment will be detrimental to the patient's rehabilitation, supporting documentation should be prepared and submitted to the authorized person at the Division for final determination.

b. The determination of ability to pay will be made considering the following income factors:

1) Gross monthly family income. This is not takehome pay, but gross income before any deductions. All sources of income should be considered, including wages, rental income, pension, etc.

2) Unusual monthly expenses which will be limited to:

a) Child care expenses necessary for employment.

b) Court ordered obligations paid monthly.

c) Reasonable union dues.

d) Contributions to retirement plans.

e) Reasonable expenses for special work clothing and/or equipment.

f) Unusual health care expenses, in excess of 3% of gross income.

g) Any other major unusual expense affecting family income for a number of months which originates from events over which the family can exercise no control.

3. Assets of the family, adjusted to a monthly amount, with the following limitations or disregards:

i. The value of the house for shelter of the family.

ii. The land on which the house is located.

iii. Income-producing real property which is regarded as income.

iv. Reasonable means of transportation.

v. Tools or equipment necessary for employment.

c. The resulting amount of family income and 6% of assets divided by 12 will establish an adjusted gross monthly income. This amount will be used in establishing the annual liability from the Annual Liability Table (Exhibit A), taking into consideration family members dependent on the income. The annual liability table was derived from a formula established by the State of California and takes into consideration normal living allowances for various

levels of income based on statistics compiled by the U. S. Bureau of Labor Statistics. The amounts calculated have been adjusted to reflect the cost of living in Alaska.

d. The monthly payment amount is calculated by dividing the annual liability amount by 12, not to exceed $50.00 per month for liable parents.

e. Upon evaluation of the liable person's ability to pay, the rehabilitation evaluation summary will be prepared and forwarded to the social work supervisor. The returned summary will be considered in view of any increases or decreases recommended.

f. A determination summary must be prepared in duplicate for each determination. The summary must be signed by the person making the determination and by his immediate supervisor. A copy of the summary and all supporting information must be placed in the liable person's financial file if a liability amount has been determined.

g. The order to pay should be prepared immediately upon approval of the determination. The order must be signe by the evaluator and, together with copies of the determination summary and the annual liability table, mailed to the person liable. Copies of the order must be placed in the liable person's financial file and one sent to patient accounting.

h. Determinations should be made for each person liable in the order described in the statute. The order to pay should not be sent until a determination and order have been sent to any prior persons liable.

5. Redeterminations will be made at periodic intervals as defined in the regulations. Essentially, the process is the same as that used during the initial determination. Refer to paragraph 1.c. above for additional considerations.

COMPLETION SUMMARY

TITLE: Patient Financial Questionnaire

PURPOSE: To collect pertinent patient financial information to determine his ability to pay

RESPONSIBILITY: Admissions Office

PROCEDURES:

Complete as indicated on form.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF MENTAL HEALTH

PATIENT FINANCIAL QUESTIONNAIRE

Name _____ Birthdate _____ Marital status _____

Address _____ Social Security No. _____

City _____ State _____ ZIP _____ Phone _____

How long at this address? _____ Former address _____

Spouse's name _____

Name of employer _____ Address _____

Position _____ Date employed _____

Union _____ Local _____

Spouse's employer _____ Address _____

Position _____ Date employed _____

Union _____ Local _____

Health Insurance Company _____ Address _____

_____ Group _____ Membership No. _____
Policy No. _____

Are you a veteran? Yes___ No___ Service No. _____ Claim No. _____

Are you eligible for Medicare? Yes___ No___ Claim No. _____

Do you receive Social Security? Yes___ No___ Claim No. _____

Do you receive Public Assistance? Yes___ No___ Case No. ____

Number of dependents other than self _____.

Name of dependent	Relationship	Age

I do hereby certify that the information presented herein is true and understand that any willful misstatement or misrepresentation will void any agreement with the Department of Health and Social Services, State of Alaska, and result in the actual cost of care being du and payable.

Signed _____ Date _____

Interviewer Name _____ Signed

COMPLETION SUMMARY

TITLE: Financial Information Request Letter

PURPOSE: As titled

RESPONSIBILITY: Patient Billing Supervisor

PROCEDURES:

As indicated in letter.

(Date)

Re:

Case No.:

Dear :

As you know, your (relationship), (name of patient), was admitted to the (name of facility) on (date of admission) and continues to receive care at the Hospital. To help pay for the cost of care and treatment, which last year averaged $ _____ __ per day for each patient, Alaska State Statute (AS 47.30.270 as amended 1974) provides in part:

1. "A patient, or his legal representative acting in a representative capacity, or his parents if the patient is under the age of 18, shall pay or contribute to the payment of the charges for the care or treatment of the patient when hospitalized...in the manner and proportion which the department finds is not detrimental to the patients rehabilitation and which is within their ability to pay" ... "Notwithstanding the amount of the charge determined to be due, parents may not be required to pay more than $50.00 a month for each child"..."The department may make necessary investigations to determine the ability to pay and may require sworn statements of income by the parents "

2. "The amount of liability for care and treatment not paid by the patient or responsible payor constitutes a lien in favor of this State against all property of the patient."

As parent of the patient, you are requested to complete the forms enclosed so that we may determine your ability to pay towards

the cost of care and treatment. The information must be returned on or before (date). Without this information we will assume you are able to pay the full cost.

If the patient has insurance coverage, please complete and forward the necessary forms signed by the responsible persons. We will submit the completed claims to the insurance company.

Enclosed is a copy of the Division policy concerning ability to pay. This policy should answer many questions you may have about your responsibility. You should keep this copy for your files.

Remember, please return the requested information on or before (date).

Sincerely,

INCOME

1. Total family monthly wages (gross)
   a. Self $_____
   b. Spouse _____
   c. Other _____ _____
   _____ _____
   Total gross monthly wages $_____

2. Other family income (net)
   a. Social Security $_____
   b. Pension _____
   c. Rental income _____
   d. Other _____ _____
   _____ _____
   Total other family income $_____

3. Unusual monthly expenses
   a. Child care necessary for employment $_____
   b. Court-ordered obligations _____
   c. Union dues _____
   d. Retirement payments _____
   e. Other (explain)
   _____ _____
   _____ _____
   _____ _____
   Total unusual monthly expenses $_____

Remarks:

ASSETS

Checking account: Bank _____ Branch _____ Amount $_____
Bank _____ Branch _____ Amount $_____

Savings account: Bank _____ Branch _____ Amount $_____
Bank _____ Branch _____ Amount $_____

Other liquid assets (stocks, savings bonds, trust, etc.):
Description _____ Amount $_____
Description _____ Amount $_____

Real property (do not include home or rental property):
Description _____ Est. value $_____ Equity $_____
Description _____ Est. value $_____ Equity $_____

Personal property (do not include property necessary for employment):
Car (1) Make _____ Year _____ Current value $_____
Payment $_____ Balance $_____

Truck (2) Make _____ Year _____ Current value $_____
Payment $_____ Balance $_____

Other assets: (boats, truck, etc.) Description _____ Value/equity $_____
Description _____ Value/equity $_____

Total value of assets $_____

COMPLETION SUMMARY

TITLE: Payor Financial Questionnaire

PURPOSE: To collect pertinent liable person's financial information to determine his ability to pay

RESPONSIBILITY: Admissions Office

PROCEDURES:

1. Enter name of patient and case no.
2. Send liable person.

DIVISION OF MENTAL HEALTH

PAYOR FINANCIAL QUESTIONNAIRE

Name of patient _____ Hospital No. _____

Name _____ Birthdate _____ Marital status _____

Address _____ Social Security No. _____

City _____ State _____ ZIP _____ Phone _____

How long at this address? _____ Former address _____

Spouse's name _____

Name of employer _____ Address _____

Position _____ Date employed _____

Union _____ Local _____

Spouse's employer _____ Address _____

Position _____ Date employed _____

Union _____ Local _____

Health Insurance Company _____ Address _____

_____ Group _____ Membership No. _____

Policy No. _____

Do you receive Social Security? Yes____ No____ Claim No. _____

Do you receive Public Assistance? Yes___ No___ Case No.

Number of dependents other than self ____

Name of dependents	Relationship	Age

I do hereby certify that the information presented herein is true and understand that any willful misstatement or misrepresentation will void any agreement with the Department of Health and Social Services, State of Alaska, and result in the actual cost of care being due and payable.

Signed _____ Date _____

Relationship to patient: Legal representative___ Spouse Parent

COMPLETION SUMMARY

TITLE: Ability to Pay Determination Summary
Family with Dependents

PURPOSE: Returned to liable person to inform him of the calculations made in determining amount of liability

RESPONSIBILITY: Liability Evaluator

PROCEDURES:

Complete as indicated on form.

Patient: _____ Account: _____

Payor: _____ Address: _____

_____ Determination Date: _____

INSURANCE

Insurance Coverage: Yes __ No __ Estimated Benefits: _____
Name of Company: _____ Group Number: _____
Membership No.: _____ Policy No.: _____

FAMILY INCOME

1. Gross monthly family income $ _____
2. Less: Unusual expenses
   a. Child care necessary for employment $ _____
   b. Court-ordered obligations _____
   c. Union dues _____
   d. Mandatory retirement payments _____
   e. Other: _____ _____
      _____ _____
3. Total monthly unusual expenses (line 2 a through 2 e) ($ _____)
4. ADJUSTED MONTHLY FAMILY INCOME $ _____

ASSETS

5. Cash:
   a. Checking $ _____
   b. Savings _____
   c. Other: _____ _____
      _____ _____
6. Total cash assets (line 5 a through 5 c) $ _____
7. Other assets:
   a. Real property _____
   b. Allowable personal property _____
   c. Other: _____ _____
      _____ _____
8. Total other assets $ _____
9. TOTAL ASSETS TO BE CONSIDERED (line 6 plus line 8) $ _____
10. Available income at 6% from Assets _____
11. Monthly adjustment of assets (line 10 ÷ 12 months) _____ ÷ 12 = _____
12. TOTAL ADJUSTED MONTHLY INCOME AND NORMAL INCOME FROM ASSETS (line 4 plus line 11) $ _____
13. Total determined liability to Division of Mental Health (from table A attached) (parent liability limited to $600 per annum) $ _____
14. Minimum monthly payments (line 13 ÷ 12 months) $ _____

Note: parent liability will not exceed $50.00 per month.

YOU TOTAL LIABILITY DURING THE COMING YEAR WILL NOT EXCEED AMOUNT STATED ON LINE 13 OR ACTUAL COST OF SERVICE, WHICHEVER IS LESS. INSURANCE COVERAGE WILL BE BILLED AT ACTUAL COST OF CARE.

SIGNED: _____ DATE: _____

POSITION: _____

APPROVED: _____

COMPLETION SUMMARY

TITLE: Liability Determination
Rehabilitation Evaluation Summary

PURPOSE: Summarizes recommendation of affect of payment on the rehabilitation of the patient. Completed for all determinations.

RESPONSIBILITY: Patient Billing - Social Work Supervisor

PROCEDURES:

1. Patient Billing completes patient name, case number.
2. Enter name of liable person, relationship to patient, liability amount, and monthly payment.
3. Social worker supervisor indicates evaluation statements for the patient.
   Important: Liability amount may be increased or decreased based on evaluation.
4. Social Worker signs and dates completed summary.

LIABILITY DETERMINATION

REHABILITATION EVALUATION SUMMARY

PATIENT: _____ CASE NO: _____

LIABLE PERSON: _____ RELATION-SHIP: _____

DETERMINED ANNUAL LIABILITY $_____ MONTHLY AMOUNT $ _____

_____ PAYMENT SHOULD NOT AFFECT PATIENT'S REHABILITATION

_____ PAYMENT WILL AFFECT PATIENT'S REHABILITATION. SUPPORTING INFORMATION.

RECOMMENDED ANNUAL LIABILITY $ _____

SIGNED: _____ DATE: _____

TITLE: _____

COMPLETION SUMMARY

TITLE: Order to Pay (A & B)

PURPOSE: Inform liable persons of their liability amount as determined by the Division

RESPONSIBILITY: Business Office/Patient Billing Supervisor

PROCEDURES:

1. Enter full name and address of liable person and relationship to patient.
2. Enter paitent reference information and date of order.
3. Enter liable person's name in greeting.
4. Complete portions of Letter A for those persons which have submitted information. Complete Letter B for no information.
5. Sign completed form.

ORDER TO PAY (A)

(Payor's full name and address) (Date)

Relationship:

Re: (Patient Name)

Case No:

Dear :

As permitted by Alaska State Law AS 47.30.270 as amended, the Division of Mental Health has completed the determination of your ability to pay for the cost of care and treatment of (name of patient) at (name of facility). In addition to any insurance coverage for which (name of patient) is eligible, the Division has established a limit of $ _____ as your responsibility for the cost of care during the coming year.

Enclosed is a summary of the determination. Your ability to pay is based upon your adjusted monthly family income and assets, family size, and insurance coverage for the patient. The amount of $ _____ from line 14 of the enclosed summary represents the upper limit of your personal responsibility for the cost of care during the coming year. The costs incurred above this limit not covered by insurance will be paid by the Division of Mental Health. Further, should actual cost of care be less than this upper limit, your responsibility will be limited to the lesser amount.

You are encouraged to pay the amount as soon as possible. However, as noted on line 14 of the enclosed summary, a monthly payment of $ _____ must be made during the next 12 months. For your convenience, we will bill you each month for this amount or if you prefer, you may ask for special arrangements by contacting A/R Mgr at (phone).

In the event that care and treatment continue beyond (annual redetermination date), your ability to pay will be reevaluated. However, you may request an evaluation before that time should any changes occur which affect your ability to pay.

Thank you for your cooperation. Please contact us if you have any questions regarding your responsibility.

Sincerely,

ORDER TO PAY (B)

Full name and Address of
Liable person

(Date)

Relationship:

Re: (Patient Name)

Case No:

Dear :

Our records indicate we have not received your Financial Questionnaire which was sent you on (date of letter). As stated in the letter, which you received on that date, without the information provided on the questionnaire, the Division of Mental Health will assume you are able to pay the full cost of care and treatment for (name of patient) at (name of facility).

You will receive your first billing during the coming month.

Enclosed is an additional copy of the questionnaire. If you have not already done so, you may wish to complete the form and return it by (date). This will allow the Division to make its determination of your ability to pay before your first billing.

Sincerely,

HB99

January 21, 1977

Speaker 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 relating to the liability for expenses of hospitalization of mentally ill persons admitted to hospitals under AS 47.30.

AS 47.30.270 now imposes liability on the patient, his legal representative when acting in a representative capacity, and his parent if the patient is under 18. Before the 1974 amendments to AS 47.30.270, liable persons were the patient, his spouse, his parents, and his adult children. While agreeing that the relation between adult children and their parents is often too tenuous to provide socially justifiable grounds for liability in this situation, the Department of Health and Social Services believes that it is reasonable to reinstate spousal liability for expenses of hospitalized mental patients. The bill therefore adds spouses to the persons liable for patients' expenses of hospitalization.

why

is it commonly felt spouses are able to pay?

The bill removes the general $50-per-month ceiling on parental liability for minor children which was added to the statute in 1974. In its place, the bill establishes two classes of patients to whom the $50 monthly ceiling applies: (1) mentally deficient and severely mentally retarded patients hospitalized under AS 47.30, effective from the beginning of their hospitalization or institutionalization; (2) other mentally ill patients when their hospitalization lasts for more than an aggregate period of 12 months. The term "mentally deficient and severely mentally retarded" is chosen because it is part of the definition of "mentally ill individual" in AS 47.30.340(10). For

what is this?

For patients who are not severely mentally retarded and for whom hospitalization lasts less than an aggregate period of 12 months, liability is determined on the basis of the ability of the patient or responsible person to provide for payment and the non-detrimental effect of such payments on the rehabilitation of the patient. no ceiling?

The phrase "ability to pay" in the current statute is changed to "ability to provide for payment" in order to specifically include an individual's applicable insurance coverage in determining his ability to pay the cost of care.

The statute formerly required that orders of payment addressed to parents be prospective in effect and relate only to charges incurred after the order. Rather than extending this prospective treatment to spouses as well as parents, the provision for the prospective order is removed and parents and spouses are treated in the same manner as a patient or his legal representative in the current statute: an order of payment must be issued against any of them within six months after the date on which the charge was incurred. The single method of issuing orders of payment is intended to simplify administration.

The bill attempts to balance the state's interest in reimbursement for short-term hospitalization (i.e., less than an aggregate period of 12 months) when the ability to pay exists -- usually through family-plan insurance policies, many of which now cover mental illness -- and the parents' interest in freedom from enormous liabilities for children who are receiving long-term care in hospitals or institutions.

The bill also permits the commissioner, in his discretion, to impose full liability for the patient's actual cost of care on the patient or legal representative or spouse or parent who refuses to provide income information to assist the Department of Health and Social Services in its determination of ability to pay. The department has experienced problems in this area without having any available sanctions for non-cooperation. How? When? Why? How much $??

The bill provides for an immediate effective date.

Sincerely,

Jay S. Hammond
Governor

HB

109

February 10, 1977

Mr. Frank Benson
Mayor
City of Galena
Box 149
Galena, Alaska 99741

Dear Mr. Benson:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mrs. Jeri Nelson, Pres.
School Board
P.O. Box 199
Dillingham, Alaska 99576

Dear Mrs. Nelson:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 9, 1977

Ms. Betty Wallin
Presiding Officer
Kodiak Island Borough
P.O. Box 1246
Kodiak, Alaska 99615

Dear Ms. Wallin:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mrs. Alaire Stanton, Pres.
Ketchikan Gateway Borough
School Board
3818 Fair View
Ketchikan Alaska 99901

Dear Mrs. Stanton:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 9, 1977

Mr. Carroll G. Fader
Ketchikan Gateway Borough
344 Front Street
Ketchikan, Alaska 99901

Dear Mr. Fader:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 9, 1977

Mr. Jerry Hobart, President
Kenai Peninsula Borough School Board
P.O. Box 850
Soldotna, Alaska 99669

Dear Mr. Hobart:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 9, 1977

Mrs. Norma Peterson
President
School Board
City and Borough of Juneau
155 So. Seward Street
Juneau, Alaska 99801

Dear Mrs. Peterson:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 9, 1977

Mr. W. D. Overstreet
City and Borough of Juneau Assembly
155 So. Seward Street
Juneau, Alaska 99801

Dear Mr. Overstreet:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. David Black, Pres.
Haines Borough School Board
P.O. Box 24
Haines, Alaska 99827

Dear Mr. Black:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 9, 1977

Mr. David A. Black
Haines Borough Assembly
Box H
Haines, Alaska 99827

Dear Mr. Black:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and mun. ipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 9, 1977

Mr. Phil A. Younker
Presiding Officer
Fairbanks North Star Borough Assembly
P.O. Box 1267
Fairbanks, Alaska 99707

Dear Mr. Younker:

Bo The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 9, 1977

Mr. Wilber K. Hall, Clerk
Bristol Bay Borough School Board
P.O. Box 189
Naknek, Alaska 99633

Dear Mr. Hall:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Vince Casey, President
Anchorage Borough School Board
1024 LaTouche
Anchorage, Alaska 99501

Dear Mr. Casey:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. John R. Edwards
Mayor
City of Skagway
P.O. Box 415
Skagway, Alaska 99840

Dear Mr. Edwards:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Elmer Ballot
Mayor
P.O. Box 49
Selawik, Alaska 99770

Dear Mr. Ballot:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 9, 1977

Mr. David A. Rose, Chairman
Borough Assembly
Municipality of Anchorage
Pouch 6-650
Anchorage, Alaska 99502

Dear Mr. Rose:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mrs. Victoria Demmert
President, School Board
Yakuaat, Alaska 99689

Dear Mrs. Demmert:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Larry Powell
Mayor
City of Yakutat
P.O. Box 6
Yakutat, Alaska 99689

Dear Mr. Powell:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. R. Charles Vowell
Mayor
Unalaska
P.O. Box 89
Unalaska, Alaska 99685

Dear Mr. Vowell:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Ron Hunz
President, School Board
Skagway, Alaska 99840

Dear Mr. Hunz:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Jonas Ramoth
President, School Board
Selawik, Alaska 99770

Dear Mr. Ramoth:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 9, 1977

Mr. C. E. Johnson
Kenai Peninsula Borough Assembly
P.O. Box 850
Soldotna, Alaska 99669

Dear Mr. Johnson:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 9, 1977

Mr. Dan O'Hara, President
Bristol Bay Borough Assembly
P.O. Box 189
Naknek, Alaska 99633

Dear Mr. O'Hara:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Freeman A. Roberts
Mayor
P.O. Box 191
Dillingham, Alaska 99576

Dear Mr. Roberts:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Ron Hatch, President
School Board
Craig, Alaska 99921

Dear Mr. Hatch:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Marvin L. Yoder
Mayor
City of Craig
P.O. Box 23
Craig, Alaska 99921

Dear Mr. Yoder:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Jacob Adams
Mayor
City of Barrow
Box 507
Barrow, Alaska 99723

Dear Mr. Adams:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Kenneth E. Stedman, Pres.
School Board
City and Borough of Sitka
P.O. Box 1510
Sitka, Alaska 99835

Dear Mr. Stedman:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Ben F. Grussendorf
City and Borough of Sitka Assembly
Box 79
Sitka, Alaska 99835

Dear Mr. Grussendorf:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Jeslie Kaleak, Pres.
North Slope Borough School Board
P.O. Box 548
Barrow, Alaska 99732

Dear Mr. Kaleak:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Oliver Leavitt
North Slope Borough Assembly
Box 69
Barrow, Alaska 99723

Dear Mr. Leavitt:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 9, 1977

Mr. Fremont Hotchkiss, Pres.
School Board
Matanuska-Susitna Borough
Box B
Palmer, Alaska 99645

Dear Mr. Hotchkiss:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 9, 1977

Mr. John D. Nash
Deputy Mayor
Matanuska-Susitna Borough
Box B
Palmer, Alaska 99645

Dear Mr Nash:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 9, 1977

Ms. Louise Collins, Pres.
School Board
Kodiak Island Borough
P.O. Box 1246
Kodiak, Alaska 99615

Dear Ms. Collins:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mrs. Flora Paukan
President, School Board
St. Mary's, Alaska 99658

Dear Mrs. Paukan:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Larry Beans
Mayor
P.O. Box 163
St. Mary's, Alaska 99658

Dear Mr. Beans:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mrs Vivian Max
President, School Board
P.O. Box 774
Pelican, Alaska 99832

Dear Mrs. Max:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Bruce Anderson
Mayor
City of Pelican
Box 757
Pelican, Alaska

Dear Mr. Anderson:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Paul Sterling, President
Nome School Board
P.O. Box 86
Nome, Alaska 99762

Dear Mr. Sterling:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Robert H. Renshaw
Mayor
City of Nome
P.O. Box 281
Nome, Alaska 99762

Dear Mr. Renshaw:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Gordon Sale
President, School Board
P.O. Box 144
Nenana, Alaska 99760

Dear Mr. Sale:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. J. B. Coghill
Mayor
City of Nenana
P.O. Box 177
Nenana, Alaska 99760

Dear Mr. Coghill:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Elwood Thomas
President, School Board
P.O. Box 47
Klawock, Alaska 99925

Dear Mr. Thomas:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Albert Macasaet, Sr.
Mayor
City of Klawock
P.O. Box 113
Klawock, Alaska 99925

Dear Mr. Macasaet:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mrs. Mattie Samuelson
President, School Board
P.O. Box 11
King Cove, Alaska 99612

Dear Mrs. Samuelson:

The enclosed bill, HB 109, has been referred to thi committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Don McCallum
Mayor
King Cove
P.O. Box 37
King Cove, Alaska 99612

Dear Mr. McCallum:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Raymond A. Bell
President, School Board
Kake, Alaska 99830

Dear Mr. Bell:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Matthew A. Brown
Mayor
City of Kake
P.O. Box 500
Kake, Alaska 99830

Dear Mr. Brown:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mrs. Frieda Peele
President, School Board
Hydaburg, Alaska 99922

Dear Mrs. Peele:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Robert Sanderson
Mayor
City of Hydaburg
Box 57
Hydaburg, Alaska 99922

Dear Mr. Sanderson:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mrs. Marlene Johnson
President, School Board
P.O. Box 218
Hoonah, Alaska 99829

Dear Mrs. Johnson:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Miles N. Murphy, Jr.
Mayor
City of Hoonah
P.O. Box 360
Hoonah, Alaska 99829

Dear Mr. Murphy:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mrs. Dorothy Rhea
President, School Board
Galena, Alaska 99741

Dear Mrs. Rhea:

The enclosed bill, HB 109, has been referred to this committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

February 10, 1977

Mr. Jim Movius, President
Fairbanks,North Star Borough School Board
P.O. Box 372
Fairbanks, Alaska 99701

Dear Mr. Movius:

The enclosed bill, HB 109, has been referred totthis committee for action. As you will notice, it would make a rather substantial change in the existing relationships between school boards and municipal governing bodies.

The committee would appreciate any comments you may have on the bill.

Sincerely,

Charles H. Parr, Chairman

CHP:ab

Encl.

FAIRBANKS NORTH STAR BOROUGH
Box 1267, Fairbanks, Alaska 99707

February 16, 1977

The Honorable Charles Parr
State Representative
State of Alaska
Pouch V
Juneau, Alaska 99811

Dear Charlie:

I appreciate your asking my opinion on HB 109. As you know, I've spent considerable time in the past three years looking at this very subject. I have enclosed a copy of a report I presented to the assembly which will give you some insight to the committee's feeling at that time.

I would also note that I currently chair the state-wide committee that was appointed by the Alaska School Board Association and the Alaska Municipal League to examine the relationships between school boards and borough assemblys. This committee met once last year but because of various problems has not been able to meet this year although we intend to meet again. It would be my feeling that if the legislature were to step in and pass HB 109 it would probably be more detrimental to the relationship between school boards and assemblys than beneficial. As you know, many school boards and borough assemblys in the state currently enjoy close working relationships. This proposed law might harm those relationships by the fact that one dissident member could totally destroy the relationship which took years to develop. While I agree there needs to be changes, I can not believe one sweeping change like this is the answer.

The current local situation has improved 100 percent in the last 90 days and in fact the borough and school board are looking at combining many of their programs in order to provide more efficient service at a lower tax dollar cost. Again, this sweeping change would only take one dissident member to change what it has taken years to build.

If I might make a suggestion as to something the legislature could do that would be beneficial, I would suggest the state legislature pass a bill requiring school boards and borough assemblys to have a minimum of four work sessions per year. The key in our local situation seems to

be that when the borough assembly and school board finally sat down as two elected bodies without being inhibited by administrators, they discovered they could work together and had many common goals. Our first two meetings were without any administrators or press and everything came out on the table. Many areas of common interest were discovered and a possitive approach was taken towards those interests. Therefore, I believe that maybe we need to nudge those areas that are not meeting together. It would be a positive step if tne legislature would pass such a bill.

Again I thank you for soliciting my comments and I hope it has been of some help to you. If I can be of further assistance please don't hesitate to call.

Very truly yours,

Phil A. Younker
Presiding Officer
FNSB Assembly

PAY:lh

REPORT

Task Force to Study the Feasibility of Consolidation of Departmental Efforts Between the School District and the Borough General Government

BACKGROUND:

1. At the regular assembly meeting of May 22, 1975, Younker, seconded by Bettisworth, moved that a task force be formed to study the feasibility of consolidation of departmental efforts between the school district and the borough general government. The task force would be charged with reviewing the following areas and submitting recommendations and time schedules: (1) accounting; (2) custodial; (3) maintenance. The committee will be composed of two assembly persons, two school board members, school district business manager, borough comptroller and borough attorney.

The purpose of the study was to make a determination on the following items:

A. The legality of this move ← Study Report does not properly address this issue!
B. The desirability of this move
C. If the desired improvement to the buildings and the grounds could be achieved by this move
D. If there would be savings to the taxpayers on either a long term or short term basis or both

2. On motion by Gustafson, seconded by Stringer, funds allocated for school buildings and grounds maintenance program were transferred from the school budget to borough general government budget at special assembly meeting of May 29, 1975.

Membership in this task force consisted of Assemblyman Phil Younker, Chairperson, and Assemblyman Harry Reimer. The school board was invited to send representatives (see attached letter) and the borough attorney, engineer and comptroller were invited to provide necessary data from their respective departments. The school board officially chose not to participate (see attached letter).

The borough staff members attended all the formal meetings but the school board elected not to participate when invited. However, Mr. Movius attended one meeting that never was called to order due to a mixup in the scheduling. Mrs. Mendenhall and Mr. Chuck Wallace attended the last meeting. Mrs. Mendenhall stated that the school board was not interested in such a move and that she felt the board was doing a good job and should be left alone to do it. She also stated that the school district was setting up a preventive maintenance program now and could do the job better than the general government. A letter requesting information on the school district's preventive maintenance program was sent to the school board (see attached letter) but, to date, no answer has been received.

RECOMMENDATIONS:

Accounting -

It was determined that the accounting function should not be moved.

A. There would not be any apparent savings nor would this move necessarily improve either the general government's or the school district's accounting progress.

B. The school district uses guidelines set up by the state department of education which are not compatible to the general government's accounting programs; therefore, it would still require two separate operations.

C. The combining of the accounting would require total agreement between the general government and the school board. At this time such agreement does not exist. For reasons A & B above

D. It would be our recommendation that if, in the future, the general borough government and the school district administration are housed in one borough office building it might be feasible to have one computer large enough to handle both operations rather than two separate computers. Excellent Idea - Also Purchasing

Buildings and Grounds Maintenance -

It would be our recommendation that there could be a real improvement to the buildings and grounds by the general government taking over the maintenance of the buildings and grounds based on the following:

A. For the past ten years at least there has been no preventive maintenance program in effect in our school district.

B. Preventive maintenance will cause a saving to the taxpayer on a long term basis and will cause the buildings and ground conditions to improve by the very fact that maintenance is on a preventive basis rather than a fix-it-on-a-emergency basis. (This is a recognized fact in both the public and private sectors which are maintaining large physical facilities.) I hope the assembly remembers this at budget time

C. The legality of the borough general government performing the maintenance hinges on the determination of major and minor maintenance. Such a determination can either be agreed on by the assembly and school board or at the extreme could be determined in the courts as it has been hinted that the school administration has set monies aside to fight such move if it happens. It is no "hint" as far as I'm concerned. If the assembly moves unilaterally there will be a battle.

The problem that the borough assembly recognized was that monies appropriated for maintenance are often used for other purposes by the school district. This is not to criticize the school district since their foremost obligation is the education of our children. The school district is currently charged with minor maintenance and the janitorial work of the buildings. The assembly is charged with the major maintenance of the buildings. The problem then is that when minor maintenance and/or specifically preventive maintenance is deleted by the school district due to a lack of funds most often these items become major maintenance items and the assembly then has to budget money again to do major repairs or maintenance that could have been prevented had the problem been taken care of originally. This also could result in monies being appropriated twice for the same item. This paragraph says it well except for last sentence which is a speculative comment, and points out that when confronted with priorities the education related expenses will fare better than custodial expenses, as they should.

to end be all! + discuss w/ Cust. mnt and custodial time and major lab. comp. & major equip

This, then, presents the problem of what is maintenance and at what point does it become major maintenance rather than minor maintenance.

We feel the answer is Preventive Maintenance Agree 100%

A. Preventive maintenance will eliminate this problem since it is designed to maintain the buildings and grounds in a state of being unimpaired; unbroken condition; sound and as near perfect condition as possible.

B. Maintenance then should be determined as that that is necessary to:

1. Insure the safety of all people using the buildings and grounds;
2. Insure the integrity of the buildings and grounds;
3. To accept the liability of responsibility of 1 and 2 above.

To explore this in more depth:

Maintenance must be based on needs and not on a balance of what is spent on each facility. | Clarify

Maintenance must be based on needs and not changes in design for convenience. (Changes in design for convenience should be a capital improvement.) | Specific Example?

Maintenance needs cannot be traded off for wants. | Clarify

RECOMMENDATIONS:

We would recommend that after reading this report each assemblyman and school board member give close consideration to the following changes: 1) the borough general government would operate the maintenance of the school buildings and grounds, and 2) the school district would maintain the janitorial staff. Most of all, a general philosophy of what maintenance is should be agreed on by both sides.

← As defined by whom

A. Maintenance is based on needs, not wants and desires;
B. Maintenance is that work necessary to insure the safety of those people using the facilities;
C. Maintenance is that work necessary to insure the integrity of the buildings and grounds;
D. That the maintenance department be ready to accept the liability of responsibility of A, B and C above.

Some advantages and disadvantages we see in such a move are as follows:

ADVANTAGES:

A. The general government can set up a preventive maintenance program and will most likely more readily fund the program since they can be assured that the monies will not have to be used for other programs.

Speculative

B. The assembly often sees items in the board's budget for maintenance and then, a year or so later, sees the same items in the borough general government budget as major maintenance projects. By transferring the maintenance function to the borough administration, the assembly will recognize that the board no longer has this area in their budget to cut. It also means the school board can delete a large section of their budget which would make it easier to get their budget passed. Speculative - Specific plans?

C. From experience, a school district that is currently operating under such a program as we are suggesting has found that vandalism is down in the schools because when an outside department is handling the maintenance they can be more hard-nosed about vandalism than is often possible for school personnel to be. ? hard nosed with whom ?

D. By setting up a preventive maintenance program there will be a saving to the taxpayer in the long run. It would be our opinion that the condition of the buildings today will require an all-out effort the first two or three years in getting the maintenance program to a point where a preventive maintenance program could function efficiently. Agree

E. The general government can set priorities based on needs - not desires - and maintain these priorities easier than the school district because they are not involved in the educational function. Bull shit - see no reason why one government body can do something easier than another for the reason given

F. The head of the maintenance program should play a very active role in the design and construction of all new facilities to insure as much standardization as possible in all mechanical and physical features. This will reduce the cost of maintenance. Could not agree more

DISADVANTAGES OR PROBLEMS IN OPERATION:

A. The school board and school administration will have to give up a portion of their responsibility. Most public bodies are reluctant to give up this responsibility factor even when it is best for all involved. True - likewise it appears that the assembly has a similar problem.

B. The custodial people will need to have their responsibilities outlined and they must be made to adhere to this job distribution. ← Touchy on the problem How does this distribution become satisfactorily accomplished? By whom?

C. The school district and the general government must set up a system to insure that work orders are processed and get to the correct people as smoothly and quickly as possible. (The school district might want to have the head custodian be the key information center for all maintenance requests.) Possible Duplication and another layer of administration - The point here is to have someone in the distr

D. Custodians will not do maintenance work. There may be a period of adjustment for this. However, the school district can begin to hire more women as custodians and the pay rate for custodians will not reflect any requirements that they have any mechanical ability. would be telling someone in the boro govt what is needed.

COMMENTS:

Assemblymen Younker and Reimer visited the Kenai Peninsula Borough where such a program now exists. Any conclusions? My understanding is there is a difference of opinion as to the success of their program.

The school board members we talked with stated that they would not take the maintenance program back again.

The school administration stated that they were satisfied with the operation now and would not want to take over maintenance again.

A building principal said he liked the program as it is now.

The custodians and maintenance personnel that we talked with like the system now.

It was generally agreed that the buildings are in better condition than they were before.

Vandalism decreased in schools during the school year.

The program now operates on a preventive maintenance program where each building is on a scheduled maintenance program with a check off list.

In the maintenance department they have such items as a portable boiler that can be moved to any school building and hooked up in a matter of hours preventing serious freeze-up problems. They have portable power plants for the same purpose.

2 Excellent ideas

Once again it would be our recommendation that the school board and assembly give close consideration to such a change and that a joint work session be set up to discuss this matter in full before action is taken.

Agree

Ideas for discussion

1. a P.M. program is desirable

2. Assuming the Boro Gen Govt takes over mtnce
   a) who is going arbitrate all the Q's as to what's custodial and what's mtnce?

3. b) who does the school bitch to when for any reason a mtnce item is not done in a timely or satisfactory manner

(maintenance)

3. The proposal adds another administrative function to the Boro general govt without eliminating one (custodial) from the School District. If we are going to do something like what is proposed lets do it with the idea of eliminating not adding to administrative cost

4. Review of State law on the matter

STATE OF ALASKA
THE LEGISLATURE

POUCH Y STATE CAPITOL
JUNEAU, ALASKA 99811
907 465 3800

LEGISLATIVE AFFAIRS AGENCY

M E M O R A N D U M April 12, 1977

SUBJECT: Bills relating to borough assembly and school board

TO: Representative Charlie Parr

FROM: Billy G. Berrier, Director of Legal Services BGB

You have asked for a list of statutes relating to powers the borough assembly has with respect to education or to school boards and the citation to each.

There are several specific statutes that deal with the relationship, but it is possible in the context of the amendment made in HB 109 that virtually any power of a municipality could be affected to a certain extent.

It would appear that such a reading was not intended, but in light of Macauley v Hildebrand 491 Pac.2nd 120 (Alaska 1971) which held that education is a state power delegated to a municipalities saying:

> "This constitutional mandate for pervasive state authority in the field of education could not be more clear. First, the language is mandatory, not permissive. Second, the section not only requires that the legislature 'established' a school system but also gives to that body the continued obligation to 'maintain' the system. Finally, the provision is unqualified; no other unit of government shares the responsibility or authority. That the Legislature seen fit to delegate certain educational functions to local school boards in order the Alaska schools might be adapted to meet the varied conditions of different localities does not diminish this constitutional mandate of state control over education."

the literal reading may not be the proper reading of the statute.

The specific statutes I have found are:

(1) AS 14.12.030 governing body of city or borough

may increase school boards from five to seven members.

(2) AS 14.12.110 single body as assembly and school board if school population is 500 pupils or less and if approved by the voters.

(3) AS 14.12.020 if treasury is centralized municipality obtains surety bond for treasurer.

(4) AS 14.14.050 municipal audit includes schools.

(5) AS 14.14.060 relationship between board and assembly. Primary statute on division of responsibilities.

(a) Assembly may require central treasury.

(b) Assembly may require central accounting, but only if school board consents.

(c) Budget submission and appropriation.

(d) Assembly determines location of school buildings after considering board recommendations.

(e) Sets out functions of board and assembly in school design.

(f) School board provides routine maintenance for school buildings, assembly provides rehabilitation major repair and construction.

(6) AS 14.14.065 relationship between city council and school board in city district is same as between borough assembly and school board.

(7) AS 29.23.070 the municipal attorney is the legal advisor of the school board, but the board may hire independent counsel.

(8) AS 29.53.580 meetings of "all municipal bodies" shall be public.

(9) AS 29.28. Elections

(10) AS 29.41.010 third class borough assembly and school board as same body.

(11) AS 29.58. Municipal debts (bonds) Relates since this is how schools are financed.

(12) AS 29.63 special assessments, public property, including state-owned may be assessed.

BGB:lmk

Municipality of Anchorage

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

ANCHORAGE ASSEMBLY

February 17, 1977

Honorable Charles Parr
Chairman
Health, Education & Social Services Committee
Pouch V - State Capitol
Juneau, Alaska 99811

Dear Charlie:

You have requested comments relative to House Bill 109 introduced by Representative Duncan.

This is the same bill that was brought forth and killed during the last session. In my opinion it deserves a similar fate this year. I could be facetious and say that Mr. Duncan has a typographical error in his bill and that it should have read "The School Board has only those powers with respect to education or to Borough School Boards that are granted by statute." Obviously, there is no typographical error, but you could expect that Borough Assemblies would ask for the substitute wording presented above.

I feel that Mr. Duncan's bill will tend to create disharmony between school boards and Assemblies and that an attempt is being made to have the State act as policeman and arbitrator in issues and conflicts which should be solved at the local level.

I would urge that your committee not take further favorable action on this bill.

Sincerely,

David A. Rose
Chairman - Anchorage Assembly

DAR:peb

KODIAK ISLAND BOROUGH

Telephones 486-5736 - 486-5737 — Box 1246
KODIAK, ALASKA 99615

March 1, 1977

Alaska State Legislature - House
Health, Education and Social Services Committee
Charles H. Parr, Chairman
Pouch V, State Capitol
Juneau, Alaska 99811

RE: House Bill 109 - An Act Relating to the Relationship Between the Borough School District and the Borough

Dear Chairman Parr,

We, the undersigned members of the Kodiak Island Borough Assembly, wish to join the other members of the Alaska Municipal League in vigorous opposition to House Bill 109 respecting relationships between borough school districts and general borough government. We find the terms of the proposed legislation offensive and injurious to the working relationship of local municipalities.

Sincerely,

James E. Preston Assemblyman

Melvin D. Benson MD Assemblyman

Betty J. Wallace Mayor Pro Tem & Presiding Officer, KIB

Sonia M. Carlson Assemblyman

Wm. McEstes Assemblyman

Sandra L. Kavanaugh Assemblyman

THE CITY AND BOROUGH OF JUNEAU
CAPITAL OF ALASKA
155 SOUTH SEWARD ST. JUNEAU, ALASKA 99801

DATE: March 17, 1977

FILE NO.

SUBJECT: House Bill 109

Representative Charles H. Parr
State House of Representatives
State Capitol - Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

The Assembly of the Juneau City-Borough has considered House Bill 109 at some length. We support the intent to delineate the representative responsibilities of elected local officials. Some concern was expressed that the City-Borough might be precluded from operating educational and recreational programs for adults and children after school without the concurrence of the Board under a strict interpretation of the law. If you perceive this to be a problem, we would be amenable to an amendment that would reserve the right of the municipality to conduct such programs.

Sincerely,

W. D. Overstreet

W. D. Overstreet
Mayor

WDO/kh

CITY AND BOROUGH OF JUNEAU SCHOOL DISTRICT
P.O. BOX 808 • DOUGLAS, ALASKA 99824

March 11, 1977

The Honorable Charles Parr
House of Representatives
Capitol Building, Room 110
Juneau, Alaska 99811

Dear Representative Parr:

I am writing to support House Bill 109 which would more clearly delineate the relationship between a borough school district and a borough. In my opinion, the bill, if enacted into law, would very clearly limit the powers of borough assemblies to those functions which are granted only by State statute. This legislation would provide Borough School Boards with a clearly stated law to back them up when borough assemblies attempt to interfere with internal matters of the board or school district operations.

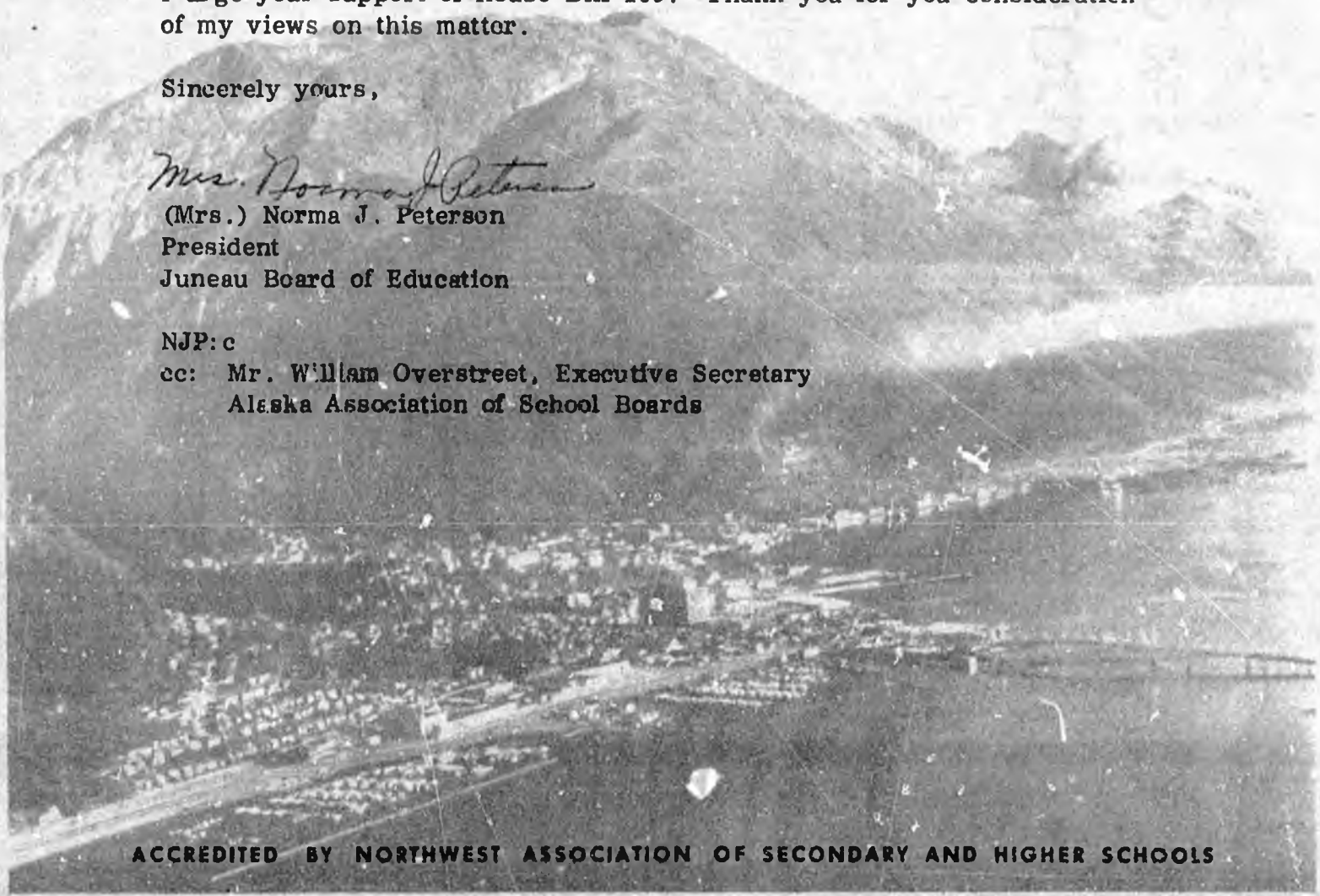
I urge your support of House Bill 109. Thank you for you consideration of my views on this matter.

Sincerely yours,

Mrs. Norma J. Peterson

(Mrs.) Norma J. Peterson
President
Juneau Board of Education

NJP:c
cc: Mr. William Overstreet, Executive Secretary
Alaska Association of School Boards



FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT
P.O. Box 1250, Fairbanks, Alaska 99707 (907)456-7934

CHUCK SMITH
Superintendent of Schools

February 18, 1977

The Honorable Charles Parr
Chairman of the Health, Education
& Welfare Committee
Pouch V
State Office Building
Juneau, Alaska 99811

Dear Charlie:

I am in full support of House Bill 109 as it attempts to clearly delineate the responsibilities of the Borough Assembly and leaves little for guess-work. This present guess-work fringe area has been the subject of confrontations between School Boards and Borough Assemblies over the past few years.

Hopefully this Bill will become law.

Sincerely,

A. J. Movius
President
Board of Education

AJM/CS/plh

KETCHIKAN GATEWAY BOROUGH SCHOOL DISTRICT

P. O. Box 2550
KETCHIKAN, ALASKA 99901
907-225-2118

February 24, 1977

Rep. Charles H. Parr, Chairman
Health, Education & Social
Services Committee
Alaska State Legislature

Dear Representative Parr:

The board of education of the Ketchikan Gateway Borough School District wishes to express its support of House Bill No. 109.

There is a very definite need for clarification of the borough assembly/school board relationship. It was the unanimous expression of the board that this bill would do much to provide that needed clarification.

Yours truly,

R. W. Stekl

R. W. Stekl
Supt. of Schools

AIRMAIL TO ALASKA

COOPER LANDING ENGLISH BAY HOMER HOPE PORT GRAHAM SELDOVIA SEWARD MOOSE PASS
KENAI NORTH KENAI NINILCHIK STERLING SOLDOTNA TUSTUMENA TYONEK NIKOLAEVSK

MATANUSKA-SUSITNA BOROUGH SCHOOL DISTRICT

BOX AB PALMER, ALASKA 99645 PHONE 745-3190

NORMAN S. ROUSEY
SUPERINTENDENT OF SCHOOLS

February 16, 1977

Mr. Charles H. Parr
Chairman
Health, Education & Social Ser. Committee
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr:

Thank you for your letter of February 9, 1977 concerning HB 109.

The Matanuska-Susitna Borough School Board strongly urge passage of this bill. We feel that the bill does not substantially change the existing relationship between school boards and municipal governing bodies. The bill simply clarifies the intent of the law and amplifies the division of responsibilities.

The School Board's position is that "good fences make good neighbors." The Matanuska-Susitna School District has experienced, on several occasions, an extension of municipal powers into the domain of the school board. This lead to a court case on one occasion.

I am enclosing a opinion of the Attorney General on the issue of the propriety of "Borough providing for election of School Board Members by District." The opinion clearly points out the unlawfulness of the Borough Assembly attempting to create election districts for School Board members.

Please note in the legal opinion the wording in the next to last paragraph. This wording closely parallels the amendment you are discussing in HB 109.

Our District will be available for any additional testimony or information that you may need on this subject. Thank you for soliciting our comments.

Sincerely,

Fremont L. Hotchkiss

Fremont L. Hotchkiss
School Board President

FLH:vjs

Enclosure: 1

RECEIVED
NOV - 5 1974
MATANUSKA - SUSITNA
BOROUGH SCHOOLS

STATE OF ALASKA

WILLIAM A. EGAN, GOVERNOR

DEPARTMENT OF LAW

OFFICE OF THE ATTORNEY GENERAL / POUCH K — STATE CAPITOL / JUNEAU 99801

October 31, 1974

Dr. Marshall L. Lind, Commissioner
Department of Education
Pouch F
Juneau, Alaska 99801

SUBJECT: Propriety of Borough Providing for Election of School Board Members by District

Dear Dr. Lind:

You have asked whether, in light of AS 29.23.310, a second-class borough may properly enact an ordinance which provides for the election of borough school board members by districts rather than election of all members at large. We conclude that it may not.

AS 29.23.310 provides as follows:

Each borough and city school district has a school board. Members are elected at the regular election held annually on the first Tuesday of October, unless a different election date or interval of years is provided by ordinance, for three-year terms and until their successors take office. All board members are elected at large, but school zones for the election of borough school boards may be established, altered, or abolished as provided by §100 of this chapter (Emphasis added).

As you have pointed out, the difficulty in interpreting AS 29.23.310 arises from the fact that AS 29.23.100[1], to which it makes reference, was repealed (§16 Ch. 118 SLA 1972)

1/AS 29.23.100 read as follows:

(a) The borough assembly may, by ordinance adopted without weighted voting, establish, alter, or abolish sections for the election of assemblymen in the area outside home rule and first class cities, except that sections may not be abolished unless a majority of the assemblymen outside home rule and first class cities approve. If it establishes sections, members representing the area outside home rule and first class cities represent the sections in which they reside. The ordinance must state whether assemblymen are elected by all voters outside home rule and first class cities or only by the voters of the section in which they reside. The number of sections equals the number of assemblymen representing the area outside home rule and first class cities. Section boundaries are established in such a way as to provide, insofar as possible, clarity of boundaries, compactness of an area, approximately equal population representation among sections, and homogeneity of interest.

(b) Borough sections shall be reapportioned in the manner prescribed in §90 of this chapter for reapportionment of the assembly.

shortly after it became effective in September of 1972 under the provisions of §17 CH. 118 SLA 1972.[2] The effectiveness of the repealer had been conditioned by the Legislature on either a finding by the Alaska Supreme Court that the then Sec. 4 of Article X of the Alaska Constitution was in violation of the U. S. Constitution's "one man - one vote" requirement or on the adoption of an amendment to the state's constitution eliminating those parts of Sec. 4 of Article X which specified city and non-city representation on borough assemblies. Such an amendment to the Alaska Constitution was adopted and became effective on October 13, 1972.

The general rule of statutory construction with respect to interpretation of a statute which incorporates a repealed statute by reference is to treat the incorporating statute as including the provisions of the repealed law as they read when the incorporating statute was enacted. Sands, Sutherland Statutory Construction, §23.32, Vol. 1A, p. 278 (4th Ed., 1972). That rule cannot be applied in the present case, however, because AS 29.23.100, the repealed section which would normally still be read as a part of AS 29.23.310, provided for an unconstitutional method of establishing election districts in that it provided for representation of home rule and first class cities on the borough assembly (or school board)without regard to their population. This would have made it possible for an assemblyman representing a home rule or first class city to exert an amount of influence on the borough assembly disproportionate to the city's population when compared with the overall population of the borough as represented by the other members. Such disproportionate influence is constitutionally invalid under the "one man - one vote" rule first enunciated by the U. S. Supreme Court in Reynolds v. Sims, 377 US 53 (1964). The "one man - one vote" requirement applies to popularly elected school boards, as well as other legislative bodies. Hadley v. Junior College District, 397 US 50 (1970). As a result, AS 29.23.100 cannot be given any legal effect.

2/Sec. 17, Ch. 118 SLA 1972 (as amended by Sec. 9, CH. 147 SLA 1972) reads as follows:

Secs. 10 - 16 of this Act take effect upon the condition and at the time that the Supreme Court of the State of Alaska finds that sec. 4, art. X of the Constitution of the State of Alaska as it relates to representation of cities on borough assemblies is in violation of the Constitution of the United States or an amendment to the Constitution of the State of Alaska relating to assembly representation and consistent with the provisions of secs. 10 - 16 of this Act becomes effective, whichever occurs earlier.

Since AS 29.23.100 is unconstitutional and therefore cannot be incorporated into AS 29.23.310, a borough assembly cannot, on its own initiative, establish a method of dividing the borough into zones or districts for the election of school board members. The Alaska Supreme Court, in discussing its decision of Macauley v. Hildebrand, 491 P. 2d 120 (Alaska 1971) in Jefferson v. State of Alaska, (Opinion No. 1084, September 27, 1974), pointed out that while generally the home rule powers of municipalities in Alaska are to be broadly applied, this is not the case in matters relating to public education:

> ...the language of the state constitution mandating maintenance of a school system by the state vested the legislature with pervasive control over public education. Thus, home rule municipalities (are) precluded from exercising power over education unless, and to the extent, delegated by the state legislature,.....Jefferson, supra, at 19.

While a second-class borough is a general law municipality (AS 29.08.020) rather than a home rule municipality (AS 29.08.010), it is clear that a general law municipality does not have any greater powers than a home rule borough, and in general its powers are less. In the absence of a valid delegation of authority by the Legislature to general law municipalities to alter the mandatory effect of AS 29.23.310 that "all board members are elected at large", then, such a municipality may not, whether by assembly action or local referendum, enact an ordinance changing that requirement. Because the scheme of repealed AS 29.23.100 violates the federal constitution and, impliedly, the state's constitution, it is not a valid delegation of authority by the Legislature to general law municipalities to alter the mandatory effect of AS 29.23.310. Until the Legislature acts validly to delegate its authority over the composition of and the representation on borough school boards, election of school board members must be at large within the borough.

Sincerely,

NORMAN C. GORSUCH
ATTORNEY GENERAL

By: Ronald W. Lorensen
Ronald W. Lorensen
Assistant Attorney General

RWL:bt

109

ANCHORAGE
SCHOOL DISTRICT
4600 DeBarr Road - Anchorage, Alaska
99504
AREA CODE 907-333-9561

March 23, 1977

The Honorable Charles Parr
House HESS Committee
Pouch V
Juneau, AK 99811

Re: HB 109

Dear Mr. Parr:

I am writing on behalf of the Anchorage School Board to express our support for HB 109.

It is our understanding that this bill is intended to clarify the relationship between school boards and municipal assemblies by establishing that all implied powers relating to public education are reserved for the school board rather than for the assembly. We believe that this concept is sound. We are aware that our Constitution has established education as a statewide function and responsibility (see Article VII, Section 1). We are also aware that the school boards act as the legislature's agent in carrying out these responsibilities. The proposed bill would avoid any confusion which may currently exist in establishing the line of authority and responsibility.

Our support of the concept of this bill must be tempered by two concerns. First, we fear that the bill as currently drafted may be viewed as limiting all implied governmental powers regarding education rather than as allocating those powers to the school boards. We would suggest that the bill be redrafted to more clearly indicate its actual intent since it would be impossible to carry out public educational programs in this state without all the power and authority which is reasonably implied from those powers specifically enumerated in Title 14 and Title 29. Should you desire, we would be willing to prepare for your consideration a proposed redraft which would more clearly indicate the true intent of this proposal.

Our second concern is that our support of this bill not be viewed as a slap at the Municipality of Anchorage. We feel that the school district and the municipal government in Anchorage currently enjoy a very good working relationship. Unfortunately, however, this situation does not exist in a number of other jurisdictions in the state, nor has it always existed here. Thus, our support at this time arises from the soundness of the concept and our concern for other school boards in the state and not from any difficulty which this board is currently experiencing.

Sincerely,

Vincent H. Casey

Vincent H. Casey, President
Anchorage School Board

pa

KRIS W. LETHIN

Alaska State Legislature

House of Representatives

POUCH V. JUNEAU, 99801

March 29, 1977

Vincent H. Casey, President
Anchorage School Board
4600 LeBarr Road
Anchorage, Alaska 99504

Dear Mr. Casey:

Thank you for your letter expressing your desire to have HB 109, concerning the relationship between school boards and municipal assemblies, redrafted to clarify its meaning.

I have given a copy of your letter to Representative Charles Parr, who is chairman of the House Health, Education, and Social Services Committee, which presently has HB 109 for consideration.

The concern you express in your letter is valid, and I will do what I can to help clarify the matter.

Sincerely,

Kris W. Lethin

cc: Rep. Charles Parr

es

5428 LAKE OTIS ROAD — ANCHORAGE — ALASKA 99507

ANCHORAGE
SCHOOL DISTRICT
4600 DeBarr Road - Anchorage, Alaska
99504
AREA CODE 907-333-9561

March 23, 1977

The Honorable Kris W. Lethin
Alaska State House of Representatives
Pouch V
Juneau, AK 99811

Re: HB 109

Dear Mr. Lethin:

I am writing on behalf of the Anchorage School Board to express our support for HB 109.

It is our understanding that this bill is intended to clarify the relationship between school boards and municipal assemblies by establishing that all implied powers relating to public education are reserved for the school board rather than for the assembly. We believe that this concept is sound. We are aware that our Constitution has established education as a statewide function and responsibility (see Article VII, Section 1). We are also aware that the school boards act as the legislature's agent in carrying out these responsibilities. The proposed bill would avoid any confusion which may currently exist in establishing the line of authority and responsibility.

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Sincerely,

Vincent H. Casey

Vincent H. Casey, President
Anchorage School Board

pa

ANCHORAGE
SCHOOL DISTRICT
4600 DeBarr Road - Anchorage, Alaska
99504
AREA CODE 907-333-9561

April 4, 1977

The Honorable Charles H. Parr
House of Representatives
Pouch V
Juneau, AK 99811

Dear Mr. Parr:

At your request, we have had our attorney prepare the enclosed re-draft of HB 109. We believe that this draft is more closely in line with the actual intent of this bill.

Sincerely,

Vincent H. Casey

Vincent H. Casey, President
Anchorage School Board

pa

attachment

HOUSE BILL NO. 109

IN THE LEGISLATURE OF THE STATE OF ALASKA

TENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to the relationship between the borough school district and the borough."

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

Section 1. A.S. 29.33.050 is amended to read:

Section 29.33.050. Education (a) Each borough constitutes a borough school district and establishes, maintains, and operates a system of publi schools on an area-wide basis as provided in A.S. 14.14.060. The borough school board has all necessary and implied powers to establish, maintain and operate the system of public schools, except those powers which are specifically reserved by statutes to the borough assembly.

(b) A military reservation with an organized borough is not part of the borough school district until the military mission is terminated or until inclusion in the borough school district is approved by the Department of Education. However, operation of the military reservation schools by the borough school district may be required by the Department of Education under A.S. 14.14.110. If the military mission of a military reservation terminates or continued management and control by the state operated schools is disapproved by the Department of Education, operation, management and control of schools on military reservations transfers to the borough school district in which the military reservation is located.

HB
152

POSITION PAPER / Department of Health and Social Servic

HOUSE BILL 152

"An Act relating to a mental health advisory council; and providing for an effective date."

We endorse this legislation and believe that it is required to meet the mandated council requirements of Public Law 94-63. Public Law 94-63 results in $700,000 in federal funding for the community mental health programs in Anchorage, Kodiak, and Ketchikan and has the potential for federal funding of community mental health programs in Juneau and Fairbanks in the next few years.

The legislation also guarantees adequate mental health representation on the State Health Coordinating Council established by Public Law 93-641. Under the present guidelines of selection of State Health Coordinating Council membership, the general membership of the State Health Coordinating Council would not meet the requirements of Public Law 94-63.

Aside from statutorily providing a funding base for this council, this legislation is also important to provide the necessary citizen manpower and energy to provide a check and balance on the development of mental health programs in this state. They now have advisory input into the community mental health services granting process which would be less meaningful if they were not statutorily designated. They also input into the state plan, state regulations and are actively involved in providing input into a revised mental health statute, a task that is made urgent by the present cloud of unconstitutionality overhanging those statutes.

The Division of Mental Health and Developmental Disabilities respects and values this council's advice and believes its services are well worth the investment. Although we are concerned about the proliferation of councils, this council will serve multiple purposes and, consequently, avoids duplication and in that sense is cost efficient.

Recommended by:

Thomas L. Brandt Jr. 2/8/77

Jerry L. Schrader, M.D. DATE
Division of Mental Health &
Developmental Disabilities

Approved by:

Francis S. Williamson 2/10/77

Francis S. L. Williamson DATE
Department of Health & Social Services

TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HOUSE BILL No. 152

Title MENTAL HEALTH ADVISORY COUNCIL

Requested by BUDGET & MANAGEMENT Date 12/15/76

II. FISCAL DETAIL

Agency Affected HEALTH & SOCIAL SERVICES

Program Category Affected HEALTH

Budget Request Unit(s) Affected COMMUNITY OPERATED MENTAL HEALTH CENTERS

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL		17.3	17.5	17.5	18.0	18.0
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		17.3	17.5	17.5	18.0	18.0

FUNDING (Thousands of Dollars)

GENERAL FUND		17.3	17.5	17.5	18.0	18.0
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

The Mental Health Advisory Council is being requested to be reinstated in this proposed legislation. If it is reinstated, there would be the above travel associated with this group. Personnel are outside advisors, so there will not be personal services expenses.

IV. DATE December 15, 1976 PREPARED BY J. Price

AGENCY Mental Health

PHONE 465 3368

Marsha A. Hellwood

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

33-001 (Rev. 10/76)

MENTAL HEALTH ADVISORY COUNCIL

RESOLUTION

76 34: 11/21/76

Be it resolved that the Mental Health Advisory Council requests the Commissioner of Health and Social Services to initiate a study of forms currently in use, particularly those distributed in the bush or to citizens outside the State Government. The Council recommends that the Department establish a procedure for the review and revision of such forms on a regular periodic basis together with a program seeking out and encouraging comment and criticism of governmental forms by State employees and citizen consumers with respect to the following points:

1. The Simplification and legibility of such forms.

2. The elimination of needless duplication.

3. Translation into native dialects and major foreign languages utilized in Alaska.

4. Training of personnel to assist citizens in filling out the forms.

5. Clarification and shortening the format.

6. Standardization of forms for use by multiple agencies.

7. The protection of the citizen's right to privacy.

8. Obtaining local input for the consideration of local factors.

S/

Max F. Gruenberg, Jr.
Chairman
Mental Health Advisory Council

MENTAL HEALTH ADVISORY COUNCIL

MEMBERSHIP

Northern Region	Term Ending
Mrs. Ann Egress Box 106 McGrath, Alaska 99627 phone: 524-3485 SS# 574-12-5879	3/10/78
Mr. Gilbert Monroe 15 Eleanor Fairbanks, Alaska 99701 phone: 452-3721 SS# 574-05-1691	3/10/78
Nathaniel Olemaun, Jr. P.O. Box 6 Barrow, Alaska 99723 phone: 852-5432 or 659-3106 work	3/10/77
Dan Slaby Director/Tanana Chiefs Conference Incorporated Doyon Building First and Hall Streets Fairbanks, Alaska 99701 phone: 452-8251 SS# 393-42-8519	3/10/77
Central Region	
Reverend Robert Bowers 2008 Diamond Parkway Anchorage, Alaska 99502 phone: 344-5202 or 277-0152 SS# 484-38-5406	3/10/79
Max Gruenberg,.Esq. 880 H Street, Suite 105 Anchorage, Alaska 99501 phone: 276-6844 or 276-6945 SS# 562-54-6621	3/10/78
Ms. Lydia Malutin Karluk, Alaska 99608 No phone. SS#	3/10/77
[illegible]	

	Term Ending
Aron Wolf, M.D. Langdon Psychiatric Clinic 3401 E. 42nd Avenue Anchorage, Alaska 99504 phone: 279-0461 SS# 143-30-5854	3/10/77
Southeast Region	
Victor Dirkson Administrator Bartlett Memorial Hospital Box 3-3000 Juneau, Alaska 99802 phone: 586-2611 SS#	3/10/79
Mrs. Ann Graham P.O. Box 544 Ketchikan, Alaska 99901 phone: 247-8233 SS# 563-42-5843	3/10/79
Ms. Cornelia Howard Box 196 Yakutat, Alaska 99689 phone: 784-3275 or 784-3351	3/10/78
Susan Holt Box 1193 Sitka, Alaska 99835 phone: 966-2438 work or 747-8065 SS#	3/10/77

HB 152

February 1, 1977

The Honorable Hugh Malone
Speaker 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 creates a new Mental Health Advisory Council. The former council, created in 1975 (see AS 47.30.605), was to exist only until the Statewide Health Coordinating Council (SHCC) was created. Sec. 2, ch. 121 SLA 1975. The SHCC was created by sec. 2, ch. 275 SLA 1976, effective September 27, 1976, and was to assume the responsibilities of the Mental Health Advisory Council set out in AS 47.30.-605(b), among others.

The state is currently receiving some $700,000 in federal funds for mental health services under the Community Mental Health Centers Act, P.L. 94-63. The federal act requires that the state plan designate a state mental health advisory council. P.L. 94-63 and the implementing guidelines of the U.S. Department of Health, Education, and Welfare require that the state advisory council be composed of certain classes of persons involved in the mental health area.

For example, the council is to consist of representatives of nongovernmental organizations, state agencies concerned with mental health, and both consumers and providers of mental health services. A majority but not more that 60% of the members must be nonproviders of mental health services and not less than 40% must be providers of direct and indirect mental health services. The council's composition must reflect the

social, economic, linguistic, racial, ethnic and geographic composition of the state. The consumer members must include persons who have been users of public mental hospitals or community mental health centers as well as representatives of patient organizations and advocacy groups in the mental health area. A public process for selecting members should be used to the extent possible.

The Statewide Health Coordinating Council cannot meet these compositional requirements if it is to serve its purpose as a comprehensive health planning body. It appears, therefore, that a state mental health advisory body must exist to meet the requirements of P.L. 94-63 as long as the state is receiving federal funds under the Act.

The Division of Mental Health wishes to recreate the council by statute since it believes that funding for members' expenses would be difficult to obtain otherwise. To accomplish this, AS 47.30.605 is repealed and re-enacted, with the new subsections (a), (c), and (d) reading essentially as they did before their repeal at the time the Statewide Health Coordinating Council was created by ch. 275 SLA 1976. Subsection (b) of sec. 605, which was not repealed when the SHCC was created, continues the council's functions as they are currently set out in sec. 605 except that: 1) institutional mental health services as well as community services are specifically included in its area of concern; and 2) the council is designated as a subcommittee of the Statewide Health Coordinating Council to represent the mental health area. These additional functions would not affect the council's compliance with requirements under P.L. 94-63.

Sincerely,

Jay S. Hammond
Governor

MENTAL HEALTH ADVISORY COUNCIL

RESOLUTION

76-24 Proposed Legislation.

The Alaska State Community Mental Health Advisory Council urges the enactment of the following legislation by the State of Alaska:

AN ACT AMENDING THE COMMUNITY MENTAL HEALTH SERVICES ACT

Section 1. Section 2, Ch 121 SLA 1975 is repealed.

Section 2. AS 47.30.605 is amended to read as follows:

Mental Health Advisory Council. (a) There shall be a Mental Health Advisory Council appointed by the Governor to advise and assist the department in initiating and implementing mental health services. The council consists of twelve appointed voting members who are interested and knowle able in mental health. No more than four members should be providers of direct mental health services.

(b) The council shall

(1) advise the division on the state mental health plans before implementation of these plans.

(2) periodically review all mental health services in the state, reports of which shall be prepared and submitted to the governor, the legislature, the department, and the Statewide Health Coordinating Council;

(3) conduct independent investigations and studies as may be necessary;

(4) recommend rules, regulations and standards and legislation for the administration of community and mental health centers and institutional mental health services;

(5) encourage coordination of community mental health services on a regional basis with each other and with institutional mental health care to insure nonduplication, nonfragmentation and efficiency.

(6) act as a subcommittee of the Statewide Health Coordinating Council in the area of mental health to assist that Council in meeting its responsibilities under federal and state law.

(c) The council shall meet at the call of the chairman, but shall meet at least once quarterly.

(d) Members of the council are not entitled to a salary, but are entitled to per diem, reimbursement for travel, and other expenses authorized by law for other boards (1 Ch 121 SLA 1975).

The Chairman is directly to contact the governor, commissioner of health and social services, and members of the legislature pursuant to this Resolution.

Max F. Gruenberg, Jr.
Chairman
Mental Health Advisory Council

HB

183

Marshall Lind

Board members are from:

Rome, Cochabamba, Sofia, 2 from Dandenong, Victoria, Fairbanks, Cordova

MOST of the members did not have strong objections, or opinions on changing the membership from 7 to 9.

However, there was a great deal of concern for the section dealing with the 2 Regional

Reasons

1. Further fragment the area
2. PSA comprises about 1/9 of the students. This would give 1/3 the representation to PSA
3. One coming from each federal district already provides for rural representation

Language in 2a and considered

to represent all distants would

or could be a language change

Katherine Hensley

HB 1083

That would be an unusual proportion (of board members) to that area of the state.

In view of the costs, and Gov. austerity program I don't see a real need to add another member right now.

"It would be out of proportion" with only 7000 students in the RSA's

I don't think we need to further polarize the state. I could see legislation would would require one person to be from a rural (small community) area (Currently there is none.)

get

HB183

Bob Varnadoe

- No problem with H Bill

Serious reservation about

[illegible] to PEAA's

[illegible]

[illegible]

Bill Overstreet

22nd we will have

something to say

on HB 183 (Executive

Committee of Alaska School Boards

STATE OF ALASKA

Inter-Department Route Slip

TO:
MAIL STATION NUMBER _____

DEPARTMENT HESS Committee

ATTENTION Chairman Parr

☐ Approval	☐ Note & Return
☐ Signature	☐ Initial & Return
☐ Comment	☐ Return As Requested
☐ Contact Me	☐ Return For Approval
☐ Prepare Reply	☐ Necessary Action
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FROM:
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DEPARTMENT Finance

BY Steve Cowper DATE 3/7/77

02-002 (REV.10/73)

1506 Denali Way
Fairbanks, AK 99701
February 21, 1977

Representative Steve Cowper
Pouch V
Juneau, AK 99811

Dear Steve:

Several people have come to me about a concern regarding the University of Alaska problem. They thought that the University was under some control of the State Board of Education. I told them it is Bd. of Regents. The concern is this:
Why was Max Hullinger removed from his job and allowed to stay on as an assistant to the new Vice Pres. for finance? And why is Hiatt being allowed to remain as a special consultant to the Board of Regents? According to these people, the citizens of the State are secretly being "taken". The allegation is that Pres. Hiatt not too long ago made the statement that the only reason he accepted the U. of A. job was because of the retirement benefits after 5 years. I'm told that by allowing Hiatt to remain until June of 1978 he can retire at $20,000/year for life. Is this true? If so, shouldn't the people of the State be made aware of it? Is this why Hullinger is still on the payroll too?
The circumstantial evidence seems to be: Why would anyone want to come in as the new president while the old one is still employed, of all things, as a consultant to the Board of Regents - - the boss of the president.
On another matter - - H.B. 183 to enlarge the State Bd. of Education from 7 to 9 members and with three of the nine to be from the REAA's is a very poor bill. Our State Board of Education meets in Juneau March 24 - 25. Hopefully this bill will NOT be acted on before we can testify to the House and Senate HESS committees. I will plan to appear at your noon luncheon on Friday to speak to the bill if there is serious consideration being given to it.

Sincerely,

Darwin Heino

HB

206

HB206

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

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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.

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Richard F. Buchanan, M.D.
Chairman, Bush Medicine Committee
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RFB:dly

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

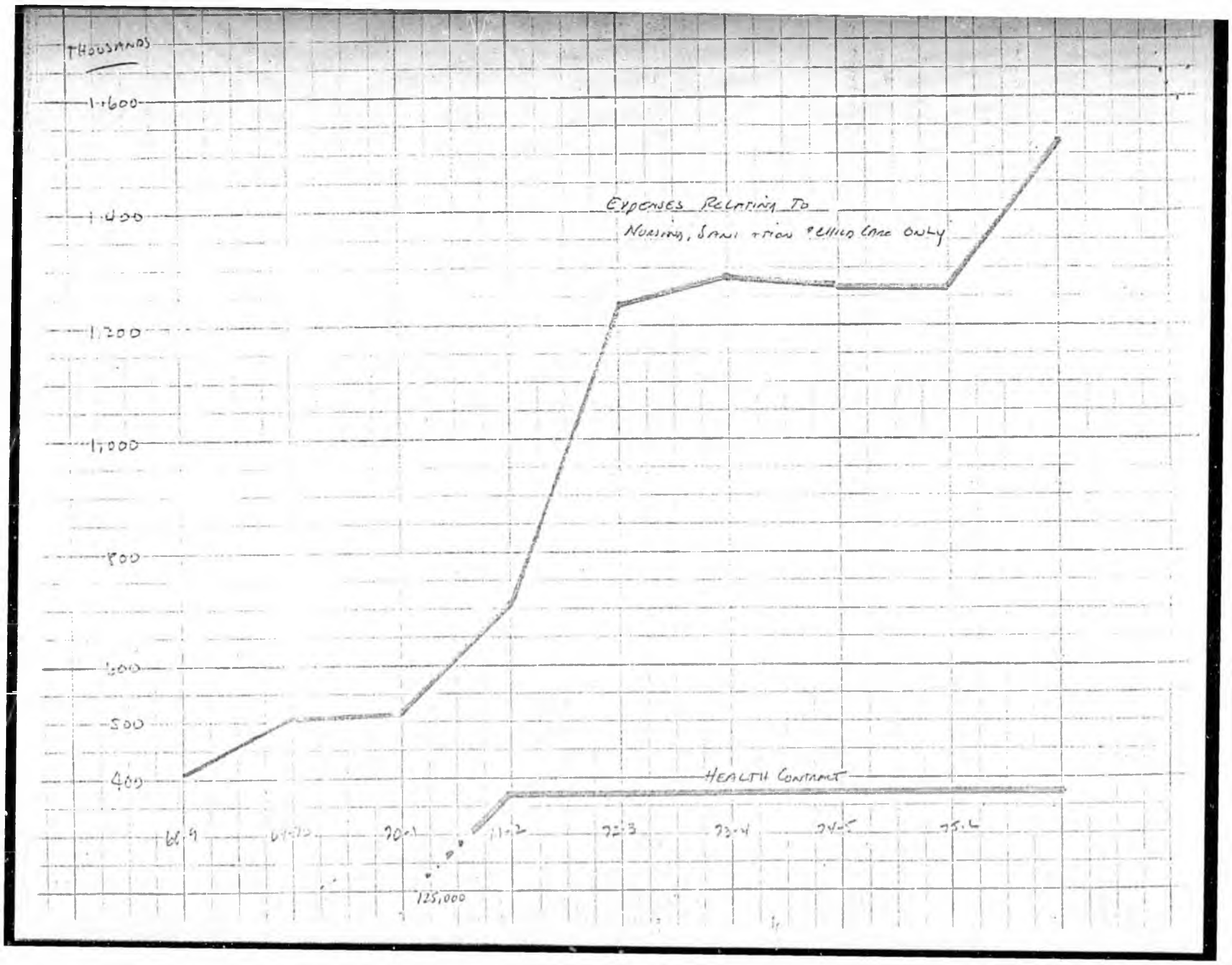
Today in Anchorage, the local taxpayers directly pay for 86.1% of the cost of providing public health services as well as their share of State taxes. The people in other communities are not directly paying for any public health services.

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 & ALLIED CARE ONLY
HEALTH CONTRACT
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;

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(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 redu e grants provided to municipalities to which responsibility for h . th 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/Department of Health and Social Service

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.

POSITION PAPER/Department of Health and Social Services

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 services. Any decrease in services offered will be prevented by a maintenance of 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 contractual 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 H. Fraser — Robert H. Fraser, M.D. — Date: 2/23/77

Approved By: Louis M. Jacob for Francis S. X. 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)

GENERAL FUND		76.6	79.8	56.3	59.2	62.2
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

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
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 stardards.

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

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

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Program Category Affected HEALTH
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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)

GENERAL FUND		76.6	79.8	56.3	59.2	62.2
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME		2.5	2.5	2.5	2.5	2.5
PART TIME						
TEMPORARY						

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Original: Legislative Finance
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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 Investigation
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)

GENERAL FUND		76.6	79.8	56.3	59.2	62.2
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

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

19		
77		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	Neys
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

HB

207

MINUTES OF HOUSE HESS COMMITTEE MEETT

April 22, 1977

The meeting was called to order by Chairman Parr at 3:45 p.m. due to a late Session in the House. Present: Mr. Parr, Mr. Nakak, Mr. Phillips, Mr. Ose, Mr. Chatterton; Mr. Bennett came in late.

Absent: Cotten, Buchholdt and Beirne.

HB 206 & 207

Nakak

Chairman Parr said HB 206 & 207 would be on the agenda and Mr. Nakak spoke on the bills. Mr. Nakak said he had requested that these pieces of legislation be brought before the commitee again because of interest on a Regional level and from other sources in the State. Said he had distributed letters and a separate sheet which lists recommendations which were enclosed in letters he had received but had put them on a separate sheet so that they could be shown as recommendations separately. Said he had other letters of interest and support from other entities. Mr. Nakak went through several of the letters. Mr. Nakak said he had been actively involved in the activities going on in the N.W. territory of Alaska and if there were a Board for every activity which it required, he said a Community such as White Mountain which has about 115 to 120 people, the people of that community could serve on at least 37 Boards which have Regional impact. Said he didn't feel the creation of another Board would be necessary to provide this service. Said there is the Norton Sound Corporation which has a Board, they have gone from the area of contracting health services in the total area to management and ownership of what was the Maynard McDougal Memorial Hospital and its now called the Regional Hospital. Said he felt confident that in recognizing their capability of serving as the health service agency in the area and the direct provider of health services via operation of the hospital, that another board need not be created to service the total area. Also called attention to a letter from the Cordova Community Hospital wherein they state their opposition of duplicating the services. He said another service Norton Sound Health Service recommended to him was if there is concern with regulatory powers being given up by the Public Health Nurse, that is not an area in which the Norton Sound Health Corporation wants to take over. If the concern from the State is that they do not want to give up this police power, their recommendation is that the state retain this power and contract with the health corporation for delivery of that same service.

Peters

Mr. Peters said the State felt that in the first place this is a private corporation which has a particular function for particular members in an area. Said one of the concerns was that it would treat all of Alaskans alike. Said they are not sure in using public money whether the state has the power to contract with every private organization. Said they felt

more comfortable with one that represented all the population of a particular area.

After much discussion back and forth between Mr. Nakak, Mr. Peters and Lois Jund, from the Department of Health and Social Services, Mr. Nakak asked that he and Mr. Peters be allowed to meet and see if amendments could be made for the proposed legislation and asked the committee's consideration in holding the bills over again.

Mr. Parr then asked them to look at page 5, line 21 (HB 207) "governing body may subcontract with a private health corporation serving a public health district to carry out the services. Private health corporation may serve equally all the residents in the area presenting themselves for assistance or services? He said when you look at the definition of private health corporation, it includes but is not limited to a regional health corporation serving a geographic region established under the Alaska Native Claims Settlement Act which is the Norton Sound Corporation. He asked that this be looked into since he felt this was saying that the legislature could establish an artificial creation called a health district which is really nothing but a service area and give it the power to contract when the state istself can't contract. Also said he felt this bill (207) doesn't say anything about the powers except on page 3, line 25. Said he felt what they were saying here was the powers of the local district board would be those which the department would give it by regulations. Said he questioned whether that was authorized constitutionally because as he understood the way the bill read they were making it parallel with the service areas in the Borough and the service areas in the Borough do not have any power --the Borough Assembly has to pass an ordinance.

Both bills were held over until Mr. Nakak and Mr. Peters could go through them together and try to amend them.

HB 413

Action

Chairman Parr announced that HB 413 would be next and that Mr. Swanson had asked to testify but needed to be called and it would be a few minutes. After the members looked through the bill, Mr. Chatterton moved to pass the bill out with a "Do Pass" recommendation without hearing further testimony. There being no objection the motion carried.

Chairman Parr announced to the Committee that the Governor had come in with another nominee for the Board of Regents, a Mr. Webber and said the committee would be having an interview with him at one of the meetings.

The meeting adjourned at 4:30 p.m.

MINUTES OF HOUSE

HEALTH, EDUCATION, & SOCIAL SERVICE COMMITTEE

March 9, 1977

The meeting was called to order at 3:00 p.m. by Chairman Parr

Those present: Parr, Bennett, Nakak, Chatterton, Seversen, Beirne, Cotten & Phillips. Mr. Ose came in later.

HB 206 & 207

Chairman Parr announced two bills before the committee today. HB 207 and HB 206. Mr. Bennett stated he would have to leave early and would appreciate it if the committee would hold off on action on the bills until a later date.

First to testify was Mr. Burt Hall, Director of the Department of Health and Environmental Protection for the municipality of Anchorage. He said they have been studying very carefully of both bills and have accomplished some analysis of the potential impact, both positive and negative of the legislation on the municipality and the people in the area He stated their prime concern was with HB 206 since by definition they would not be considered under the other bill. He said the testimony he was going to offer today, especially the statistics would be preliminary in nature with any dollar figures used primarily for illustrative purposes. He began that they believe 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 government to assist in providing basic health services. His testimony was read and he advised the committee that he would get us a copy of his testimony the next day and a copy of this will be placed in the two bill files.

Mr. Hall showed two charts he had made up showing the basic services of public health that are provided by the Dept. in Anchorage over the years and shows the state's investment or share of the services. He stated copies would be made of the charts for distribution after the meeting. Mr. Hall stated the true cost for distributing public health services for the present year is 2.9 million dollars. The municipalities receives $335,000 in other revenue and the state is still contributing $360,000 which means that it's share is now 13.9 per cent.

He stated by way of summary they are questioning whether or not the base figure which would be used to calculate a 90 per cent support for 1980 with or without the hold harmless clause and could go on for a long time. Whether it bears any true relationship to the true cost as would be considered elsewhere in the State,

He said a final concern related to the lack of a clear mechanisim for providing for state support of recognized needs which might come into being over a short period of time. He felt the 90% clause limitations could be extremely devastating.

Mr. Nakak asked Mr. Hall when he related to costs in Anchorage if he were making an illusion that costs other than in Anchorage are not real costs. Mr. Hall said, No, it was their understanding that in HB 206 the state now provides a percentage support not by percentage, but provides a modest amount of the true cost. The true costs in Anchorage are roughly 2.9 million dollars for the services we are talking about and the local government pays 82 or 83 percent and the state picks up the rest. In HB 207 it provides for the state to pick up 90 percent of the true costs. It's just a matter of making a comparison about how much state support goes into a different area. He personally felt anyone who assumes health powers ought to assume health responsibility. With that ought to go a willingness to pick up some additional load for the privilege and responsibility of doing that.

Mr. Parr asked about section 031 in the bill where it says 90 per cent of the state budget for public health services furnished in the municipality in that fiscal year; and felt it would be more than the $500,000 they were talking about. Mr. Hall said he felt that was open to some interpretation and would like to agree with him. He said they do have a laboratory and do opt under their contract to do inspections in environmental health. Mr Parr asked what the costs to operate the laboratory would be. Said its services are not exclusively for the municipality. Mr. Parr said the bill doesn't say that, anything about whether the services are furnished.

There was disussion as to the municipalities putting in money in order to get local control of their own health services and what an appropriate amount would be. Mr. Hall said if he were pressed he would say not less than 25 per cent. Parr asked if the budget were 2.9 million for the health service cost in the Anchorage municipality for this year, how much would the state come in with and how much from the local municipality. Mr. Hall said it doesn't add to 100. He is suggesting that the state should not to be less than 25 per cent and the responsibility of the municipality to come up with the rest, some of which would be local tax, others by third-party payments, etc. There was quite a bit of discussion on this matter.

Mr. Parr said we now have an adjustment in our education program based on an essence on real property values, and asked if he thought an adjustment in the formula was needed to allow for the wealth of the municipality concern? Hall said he agreed that a consideration should be worked in some way.

Mr. Hall said Anchorage has benefited from revenue sharing . Funds which can be worked into the kinds of programs that they are counting on their side of the ledger of an investment. Said they were not unaware of that contribution of the state but Anchorage is the only municipality that has had this kind of system established over a period of time and felt they have just really begun to dig. Saic they wanted to alert the committee to the fact that they would be going home and doing their homework and trying to dig into some of the questions that are being asked.

Mr. Parr informed Mr. Hall they would appreciate anything he could furnish the committee later in writing.

Mr. Chatterton asked about line 15 on page 4 on the section covering regulations. Item 4, said(he presumed) they were going to set up the regulation for a basic public health program. Then he said on page 2, line 19, says the same level of basic grants support. Mr. Chatterton asked what was basic and what was not basic? And what's going to be 90% of what's basic. Mr. Chatterton said Mr. Hall had said we were getting $500,000 of which $140,000 travels on through state funds for basic health services. Do we get any more funds from the state for the general arena of health services? Mr. Hall said they got a considerable amount of additional dollars. And explained the sources where they got these additional money but said what they are talking about in the bill are the basic services as defined here by interpretation and regulations-the basic services described in the bill itself and asked about the definition section. There was discussion as to what the state actually furnishes for public health services in Anchorage.

Mr. Phillips said his notes on the bill showed on line 18 he has "existing local budget" written in.

Mr. Parr asked Mr. Hall if he felt we really gained anything by going through this routine of 206 and 207? Are we really going to furnish better health protection, or having the same health protection with less money, or what are we really going to gain? Mr. Hall said the major gain we would achieve is have a formal system for state shared responsibility in a definite list of certain services. Mr Parr felt this could be done through revenue sharing.

Mr. Hall said they must be in fault in Anchorage, whether it be the legislators or the government, he doesn't know how they allowed the figure of $500,000 to remain so low over the years when the costs keep going up and the responsibility keep going up. Mr. Hall thought the mechanisim and equaity that would have to be established in the process of the hearings and legislative debate of who gets what in the process, there would be required the establishment of a plan. Felt this was significant.

Felt there should be a plan to have goals and have objectives that budgets can be built toward and that can be measured and evaluate the effectiveness of what they are doing. He didn't feel this could be provided without this type of legislation.

Mr. Parr stated the only ones they are concerned about are the receipients of the bill and if they are going to profit from it fine, but if they aren't he can't see why they go through the drill.

Mr. Hall felt there was a protection that is inherent if the bill passes. Said if they saw that the bill was going to pass they would move as strongly as they can to see whatever base is established is brought to an appropriate amount which is up and in that context it would be more state money for Anchorage and then they could provide more services.

Mr. Nakak thought the figure could be cut because the figure was so inflated to begin with, and felt Mr. Hall's assumption that it would be raised could be a wrong one.

Next to testify was Mr. Charles Oxereok, Divisional Director, Human Services Division, Alaska Federation of Natives Inc. Spoke to some of the current health problems of the Alaska natives in the rural level in the development of health services and its inter-relationship to HB 207. He too read his testimony and informed the committee that he would mail a copy of it to them. It was his feeling that the people are being neglected by the Health & Social Services program. He felt many of the problems they are having can be alleviated by placing an emphasis of preventative health care at the state level. He said in HB 207 does not call for indirect costs to be recognized by state government, does not call for advanced payments for the contract of regulations. Said in some instances the rural areas do not get a chance to get a grant. He said the population area is too high and said there are only 2 cities in Alaska where the population is 6,000. Said this should be reduced to at least 1,000. Said HB 207 is designed to deteriorate the current unity of the Regional Health organizations already providing health services in the rural areas. Said he hoped the committee would prevent some of the mistakes made by prior legislatures. Said one of the recommendations was to give advance notice of the Association of Regional Health directors to hold 3 hearings within the HSA bonding lines. He asked that this piece of legislation have a regional hearing conducted in those areas because he felt the notice was too far short to conduct a comprehensive testimony and indepth study of this piece of legislation.

Mr. Parr informed Mr. Oxereok that these bills had been up before and that both the Anchorage and Fairbanks legislative offices had been notified. Oxereok said the Alaska Federation of Natives should be notified because most of the communities do not utilize the legislative offices and most of them do not know they even exist.

Mr. Parr asked where he got the figure of 85,000 natives that he had used, because the one he usually heard was 60,000. Oxereok said the 60,000 is the state estimated figure and 85,000 comes from the Alaska Native enrollment office of BIA.

Mr. Parr then asked about his statement of being neglected by the State and yet did say the Indian Health Service is furnishing the medical services. He said they wouldn't want the state to duplicate the services already being received so he assumed he wanted the state to do something else. Wondered what.

Oxereok said what he was trying to point out was that the State has always relied on the Indian Health Service to provide the health services, now is the time for the State of Alaska to get involved in some of the native health services.

Mr. Parr asked about his statement that the State doesn't cotract with the Regional health organizations. He said there was a contract between the State andTanana Chiefs.

Mr. Parr asked if he said also that the health system agency boundaries don't match the native corporation boundaries. Mr. Parr thought they were going to match these up.

Mr. Parr then asked if he felt the 6,000 figure was too high what he thought an appropriate figure would be. Mr. Oxereok felt 1,000 would be more appropriate.

Next to testify was Conrad Baines, Jr., Executive Director of Seoutheast Alaska Health Corporation. He said his comments are directed only to HB 207. He said he felt the concept within 207 is a good concept to authorize contract agreements for public health services. Said he has attended several meetings since the idea started and met with some of the state staff on this bill several times but still there are many things unclear to him. It is unclear as to who can apply for contracts. He thought the law exluded native organizations, in rural areas especially. Said the 6,000 population figure is clearly discriminatory to rural areas. Thinks the idea is good but the state contracting process has many weak areas. Thought it should be revamped to reorganize so that the state can have one central procurement arm. Said the question Mr. Parr brought up about Tanana Chiefs was a contract for federal funds, EMS but the same idea was objectionable by Tanana Chiefs in that there was no cash advance and indirect costs were not an allowable item. Another concern is in regard to REAA boundaries. Felt they were drwan for education purposes.

Another concern was that it was unclear as to financial and over-all impact of the law. Can't figure out who will apply for contracts. Felt it would be shifting around of the personnel already existing. Said he had 2 points for suggestion in re-writing the bill. Said he felt there should be some amounts put in for rural areas. Felt someone is trying to make a simple process complicated in this bill. Felt the main intent was to give the state authority to contract with any corporation for health services. Said the way it is written it excludes this. Felt the bill is looking for is to add authority for the State to contract any entity such as the Federal Government.

Next to testify was Dr. Frazer, Director of Public Health. He said from a standpoint of historical perspective, it is natural for groups of people to want to control their own destiny.. Said they continually see, in the progress of society, the continuing progression between centralized and local control The purpose of these bills is to provide the municipalities and smaller groups with the ability to assume responsibilities for their public health services. Felt some of the statements that were made shows there is confusion between preventive services, public health services, and direct patient care. These bills provide potential for local communities like Anchorage and local areas to assume their public health responsibilties. Said the reason for going the Board route is they are enforcing state regulatory powers frequently, enforcing regulations and conducting services in accordance with regulations that the Commissioner will develop and therefore is the necessity for a responsible group.

There was discussion as to what the function of the Board would be.

Mr. Chatterton called attention to page 6, line 8 on the bill and asked about the 10%. Mr. Chatterton felt what they are getting now isn't costing them anything for 3 or 4 people but if the bill is enacted they will have to pay 10%.

Mr. Parr asked Dr. Frazer what besides "local control" do we gain from this bill? Mr. Frazer said the potential gain is through local control and perhaps the addition of local funding, self-determination in the direction of new programs in the area he wishes to advocate and incur. Might be more emphasis in family planning or immunization. There would be a little more option to directing the program to local problems.

Mr. Parr asked if he was saying that the amount of money wouldn't increase, that they would get better service for the same money? Dr. Frazer thought there was a whole spectrum of possibility ranging from poor service because of difficulty

in losing a central recruitment to the other end of the scale an increase idividualized program in an area which ismore effective. Did feel there was some gambel in this, going all the way from a disaster to a great success but felt the potential for local control permits this range.

Mr. Chatterton then asked him if he understood him correctly in saying that someone else could do his job more effectively then he can.

Mr. Parr said Section 151 does say the governing body may subcontract with a private health corporation serving a public health system. And there was discussion on this.

Mr. Parr asked Dr. Frazer to comment on the 6,000 figure and there was discussion on this.

Mr. Parr asked Dr. Frazer if both bills passed and became law what the total number of districts are that would be affected. Dr. Frazer thought maybe 25.

Mr. Parr said obviously there is a need supervision. Said this could be done in 2 ways. One, is by a number of reports coming in monthly and the other one by actually getting out and traveling to see what is going on. Which would they plan to follow up on this?

Dr. Frazer said the question of implementing these bills was addressed in a fiscal note and would require additional staff to draw up the regulations and implement them. Said he could speak from previous experience, when there is a problem they go out and work with the local facility and feels the personal dialogue and consultant basis has some advantages.

There was discussion on the grants and how they are made. and the authority for making them.

Next to testify was Mrs. Osterback from Sand Point and said she represented from Adak down to Perryville and said in her district they aren't benefited at all from the State Department of Public Health. Said they presently do not have a public health nurse, no village built clinics, They have a doctor come out from the ANS hospital 2 a year and a dentist 1 a year. She said people eligible for medicaide can't benefit from it because there is no one there that can sign the coupons. She said they had a nurse at Sand Point but is from the Baptist Mission.

Mr. Parr asked Mrs. Jund if she could check into the program of the medicaid benefits so the checks could be signed there.

Next to testify was Lois Jund, Deputy Commissioner for Program Management. She said there seemed to be a great deal of confusion expressed today and said they are talking about basic public health services in most areas, that will only be the public health nursing program and environmental health program. She said Anchorage is not covered by the 90/10 clause in HB 206, they are covered by 18.10.031(d). She said the Anchorage area has an enriched program and are providing many services from their area that State doesn't provide from State level.

Mrs. Jund said the statement made earlier she believed from Mr. Hall that they are putting in money and other areas aren't is not a true statement. Other municipalities do contribute in cash or in time. There is no formula at this time and that is what this bill is trying to do so that all municipalities and all areas are treated equal. She elaborated on the amounts of money Anchorage is getting.

The meeting adjourned at 5:15 p.m.

MINTUES OF MEETING OF

HOUSE, HEALTH, EDUCATION & SOCIAL SERVICES COMMITTEE

February 23,1977

The meeting was called to order at 3:00 p.m. by Chairman Parr. Members present were:

Mr. Parr, Mr. Bennett, Mr. Chatterton, Mr. Severseen, Mr. Phillips, Dr. Beirne, Mr. Nakak, Mr. Cotten and Mr. Ose came in later.

Chairman Parr announced to the committee that he had received a telephone call from the Public Health Officer in Fairbanks who had heard that this committee was going to meet in Tok. Mr. Parr said he knew nothing of such a meeting but if any members were planning to attend he would pass the phone number on to them.

Mr. Parr said the first bill on the agenda would be HB 206 which is a Governor's bill and asked Dr. Lois Jund, Deputy Commissioner for Program Management for the Department of Health and Social Services to testify. Dr. Jund stated she had worked on this bill for the last 2 years and gave some background on the 2 bills which were introduced as one bill last year (HB 596). She stated there has been a great deal of clamor throughout Alaska for local control of health services. Felt there should be a provision purely voluntary for those regions and municipalities that wish to assume responsibility for their own local health services that we have a mechanism whereby this can be accomplished. HB 206 deals only with health services and municipalities and provides that upon application in accordance with the approved health plan for that area, the state would provide 90% of what it had spent the preced , fiscal year in that area for the provisions of health services. The municipality would have to put up 10% of the cost so that the level of services would be the same, there is a maintenance of effort provision. She stated the advantages of both bills is that there would be local control and it would reduce the state payroll.

Mr. Cotten asked what size the board would be. Said he had noticed it was a Governor's bill and he recalls another bill that the Governor was against because it calls for an elected board.

Dr. Jund further stated she had received one phone call with regard to HB 207 indicating that they liked the present form, and has received one letter from the North Slope Borough on HB 206 which she read into the record and which supported the bill.

There was discussion as to what the additional cost will be to the tax payer, whether or not there will be sufficient expertise in the municipalities to administer the program, what decisions do the locals make once the authority is transferred and how much money are we talking about.

Mr. Chatterton asked what the exact figure was of the 1977 fiscal budget for public health services and was told 8 million dollars.

Mr. Chatterton called attention to page 2, starting on line 16 "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". He asked what municipalities would qualify, what the line item budget would be for that municipality and asked how this would affect Anchorage and Fairbanks.

Dr. Jund said that in Anchorage right now, there is no formula but after statehood somewhere along the line, the legislature appropriated a certain amount of money for the Anchorage health department which is now up to $500,000 per annum. Not all of this money goes to health, some is reserved for ARCO and ACCA. If Fairbanks elects to choose this bill, they will get 90% of $140,000.

Mr. Chatterton then asked to make a statement which was "I came into this committee meeting hoping that I could, for the first time, vote for one of the administration's bills and after this lousy presentation, I don't believe I can."

Mr. Bennett asked about the effect the malpractice lawsuits might have.

Mr. Parr asked whether Anchorage is now getting money under the proposed formula in #206 or only getting a lump sum which the legislature appropriates. He also said the cost of the REAA's as opposed to the cost of the SOS is almost an identical figure and he didn't understand why it should cost any more, it might cost the same, but questions the need for extra staff in the office in Juneau. He said extra staff was not added in the Dept. of Education for the REAA's.

There was much discussion on the decentralization aspect and the fact that a non-elected body will have to approve the plans which are submitted.

Mr. Bennett asked which area the impetus of the bill came from. He said if this is a petition from 800 or 900 people he looks at the legislation in one light but it if is a

departmental thing, or municipality, he looks at it completely different.

Next to testify was Mr. Sam Coxson representing the Anchorage Municipality. He called attention to page 2, line 16 through 19. He felt the language should be reviewed and would like to see it read "the department shall provide a grant to the municipality in an amount equal to 90% of the existing local budget for public health services furnished in the municipal.ty for that fiscal year."

Mrs. Jund called his attention to the language on page 4, Mr. Cosson then asked about the language on page 3, paragraph 4,. He wanted to know if they were essentially talking about combining service areas?

Mrs. Jund said this would apply to very small areas.

Mr. Coxson stated he would be glad to supply the committee with any written information the committee might want from Anchorage.

Mr. Parr asked if the Municipality of Anchorage was in favor of or against the bill. Mr. Coxson said he was not in a position to say.

Mr. Cotten asked if they would be interested in coming up with a position on the bill and commenting on what sort of increase they feel the state ought to give to them under the same provisions of this bill. Mr. Coxson said the bill is presently being reviewed and felt they should have a position on it in a week. Mr. Coxson said they would like to look at the possible add-on programs, what new programs they might consider, what the impact of that might be.

Mr. Parr asked Mr. Coxson to come back with some kind of position on it.

Mr. Parr informed the committee the bills were before them. Mr. Nakak said that he wasn't prepared to act on either piece of legislation at the time and asked to withhold action on them until further testimony comes in. There being no objection, both bills were held in committee.

Mr. Parr called the committee's attention to the memorandum regarding the meeting with members of the Dept. of Education on Friday evening at 7:30 in our meeting room.

The meeting adjourned at 4:40 p.m.

HB 207

February 11, 1977

The Honorable Hugh Malone
Speaker 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 amend AS 18.10, relating to health units and districts. It would replace the provisions of the chapter enacted in 1949, and the last of the provisions of the chapter enacted in 1955, with a system for encouraging municipalities with health power to administer health programs on the community level by authorizing financial grants to those which accept that responsibility, and to expand the provision of services.

A municipality which agreed to maintain the same level of public health services as furnished by the Department of Health and Social Services in the prior fiscal year would be eligible on application for a grant of ninety per cent of the state budget for public health services furnished in the municipality in that fiscal year, with the same level of basic grant support being provided in subsequent fiscal years. Then if such a municipality expanded or initiated new services, the department would grant fifty per cent of the cost of the additional services, within the limit of its appropriations.

The Department of Health and Social Services would have authority to evaluate the health needs of municipalities throughout the state under uniform guidelines, and respond to health problems at the local level by

using local powers. State efforts would be coordinated with local input to determine what needs are not being met in each area and priorities would be set for the best use of available funds.

This bill should go a long way toward updating the provision of health services in Alaska municipalities.

Sincerely,

Jay S. Hammond
Governor

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 "Municipalities" bill 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 equivelant 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 207
Title LOCAL HEALTH SERVICES - PUBLIC HEALTH DISTRICTS
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	92.0	96.6	101.4
200	TRAVEL		10.0	10.5	11.0	11.5	12.1
300	CONTRACTUAL		5.0	7.2	7.3	7.7	8.1
400	COMMODITIES		1.5	1.6	2.2	2.3	2.4
500	EQUIPMENT		2.5	0	0	0	0
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.						
	TOTAL		81.6	85.0	112.5	118.1	124.0

FUNDING (Thousands of Dollars)

GENERAL FUND		81.6	85.0	112.5	118.1	124.0
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

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 #596B 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 costshould 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
Prime Sponsor (First Legislator Named)

ALASKA STATE LEGISLATURE

TENTH Legislature FIRST Session

HOUSE BILL NO. 207

By THE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

"An Act relating to contracts for local health services; and providing for an effective date."

Contracts for local health svcs.

Introduced in the House ....2-11., 19..77

HISTORY IN THE HOUSE

19 77	
Feb. 11	Read first time and referred to Committee on 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. .....

31-002

NORTON SOUND HEALTH CORPORATION

Delegate of Alaska Federation of Natives

P. O. Box 966 Nome, Alaska 99762 443-2261

April 14, 1977

Representative Alfred C. Naknek
District 22
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Representative Naknek:

We have been informed by Lois Jund that House Bill 206 and 207 is likely to have difficulty in committee and could use as much support as possible. We basically support these two bills but wish some modification from the present form.

House Bill 207 requires the election of a local board who may in turn sub-contract with a regional health corporation. There is, however, nothing in the bill from preventing the board in providing the services itself, thus again, creating two agencies providing basically the same services to the same population. This is the situation presently in our district with Norton Sound Health Corporation providing services and the State Public Health Nurses providing services to the same population. This creates framentation of patient care.

We recommend that the State be allowed to contract directly with the health corporation bypassing an intermediate board. The attorney general states they cannot contract the Public Health Nurses regulatory powers. We therefore recommend that the State retain this regulatory powers but contract for services.

The other possibility might be for the State to recognize the regional health corporation board as a local health board. It may be that the board would have to meet certain requirements to insure broad representation..

Please call if there is any questions or if it is anticipated that the bills will be coming before the committees for hearing.

Sincerely,

Jeanette Morton

Jeanette A. Morton
Director
Health Care Services

JM:da

HOUSE BILL 207

RECOMMEND:

1. The State should be allowed to contract directly with the Health Corporations bypassing an intermediate board.

2. The State retain the regulatory powers of the Public Health Nurses but contract for the services avoiding duplication of services.

3. The State recognize the Regional Health Boards as local health boards.

Alaska State Legislature

Senate

JUNEAU, ALASKA

February 25, 1977

TO: Charlie Parr, Chairman
House HESS Committee

Glenn Hackney, Chairman
Senate HESS Committee

FROM: Senator Frank Ferguson FRF RE: HB 207

Attached is a copy of a letter from Norton Sound Health Corporation concerning HB 207, which is presently in the House HESS Committee. I hope that both the House and Senate HESS Committees will consider the arguments in this letter carefully in their review of HB 207.

FRF:kh

NORTON SOUND HEALTH CORPORATION

Delegate of Alaska Federation of Natives

P. O. Box 966 Nome, Alaska 99762 443-2261

February 18, 1977

Senator Frank Ferguson
Pouch V
Juneau, AK 99801

Dear Senator Ferguson:

Norton Sound Health Corporation would like to take a position on the proposed Bill regarding local health services to be introduced at the request of the Governor. The act is entitled "An Act Related to Contract for local Health Services".

The Bill provides for the election of local Public Health Service Area Boards. The Board Members are to be elected at large by qualified voters.

HB 207

The problem we have is that the election of another Board dealing with Health matters for a small population with limited resources creates a potential for disagreement, and fragmentation. This Board would have authority only over public health matters such as Public Health Nursing and possibly sanitation services. It would seem more appropriate to utilize an existing Health Board that is representative of the people in the region to enable comprehensive health planning.

There are already several health boards doing planning and trying to coordinate efforts. These include the Health Systems Agency Board for the region, also the Native Health Board in addition to the local Health Corporation Boards.

The proliferation of boards in the bush, many of which are very narrowly focused, is a problem. We recently ascertained that the citizens of White Mountain (about 125 people) are eligible to sit on about 39 boards and committees. When one realizes that about 50% of this population is adolescent and makes allowances for adults unable to meanfully participate on a board it becomes apparent how fragmented things are becoming.

Our suggestion is to allow a board already existing that represents the citizens of the region to contract for services from the state, rather than create a new board for a limited scope of work. As the legislation is proposed the corporation could contract with the local board of health but the local board might also develope a limited scope of service itself or it may contract with another agency.

The argument for the election of the new board is that part of the services to be contracted have regulatory functions. Our suggestion is

that the state retain the regulatory function to itself and allow the corporations to contract for services. With health resources limited it would seem we need to look for a comprehensive coordinated delivery system rather than separate components that may duplicate and fragment health care.

If we can answer any questions or clarify any position please contact us. We would be very interested in hearing from you the status of the bill and any comments you might have.

Sincerely,

Jeanatte Morton

Jeanatte A. Morton
Director of Health Care Services

JAM/dh

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 207
Title LOCAL HEALTH SERVICES - PUBLIC HEALTH DISTRICTS
Requested by BUDGET & MANAGEMENT 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	92.0	96.6	101.4
200 TRAVEL		10.0	10.5	11.0	11.5	12.1
300 CONTRACTUAL		5.0	7.2	7.3	7.7	8.1
400 COMMODITIES		1.5	1.6	2.2	2.3	2.4
500 EQUIPMENT		2.5	-	-	-	-
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		81.6	85.0	112.5	118.1	124.0

FUNDING (Thousands of Dollars)

GENERAL FUND		81.6	85.0	112.5	118.1	124.0
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME		2.5	2.5	2.5	2.5	2.5
PART TIME		0	0	0	0	0
TEMPORARY		0	0	0	0	0

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

These fiscal notes are analogous to notes prepared for Bill #596B 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
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 the Municipalities HB 206 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 contract 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.

POSITION PAPER/Department of Health and Social Services

POSITION PAPER
ON
HOUSE BILL 207

"An Act relating to contracts for local health services; and providing for an effective date."

House Bill 207 authorizes the Department of Health and Social Services to delegate certain state mandated public health responsibilities to local public health districts in areas not served by local governments with public health powers and establishes contractual arrangements to provide state financial assistance to such districts.

Just as House Bill 206 proposes to establish a grants mechanism for the voluntary assumption of public health services by the organized political subdivisions in Alaska; House Bill 207 would establish contractual arrangements for the delivery of selected public health services in areas not served by local governments with public health powers. The enactment of both bills will provide a means whereby the delivery of public health services may be decentralized throughout the state.

House Bill 207 is designed primarily for cities and areas within the unorganized borough which desire local autonomy over public health service delivery. The bill establishes a process whereby local public health service areas may be created by the legislature within the boundaries of Regional Educational Attendance Areas (REAA) when a majority of the voters of an REAA so determine. In order to meet the minimum population figures of 6,000 persons per health district established as a result of cost-effective considerations, two or more contiguous REAAs may combine as a single local public health service area. For those cities in the unorganized borough which are not in a local public health service area a minimum population figure of 2,000 persons has been established.

Each local public health service area, or a combination of such areas, then elects a Local Public Health Service Area Board which serves as the governing body of the public health district similarly to the way in which a city or borough assembly assumes authority over public health services in a municipality with health powers. Although admittedly a somewhat complex process, the above procedure permits local community participation in public health programs to be achieved in the unorganized borough in the absence of locally elected governing bodies with the ability to assume health powers.

The governing body of the local public health service area may then enter into contractual arrangements with the Department of Health and Social Services for the provision of specific public health services. The governing body of a local public health service area may in turn subcontract with a private health corporation serving its area to actually deliver the public health services described in its health services plan. As with the proposed delegation of health powers to municipalities in House Bill 206, such contracts will be subject to the approval of the appropriate regional health systems planning agency as a precaution against the duplication or fragmentation of services. As with the municipalities, local public health service areas will be required to follow an approved health services plan to assure that federal and state standards for the delivery of health services are maintained. The Department of Health and Social Services will necessarily monitor the activities conducted under this plan to assure the quality, quantity, continuity and comparability of services and to otherwise provide technical and consultative assistance

to the local public health service areas. 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 laboratory services, vital statistics, etc., which are not economically feasible to offer on a local basis.

Recognizing the factors present in Alaska which mitigate against the effective provision of locally sponsored health services--low population density, insufficient tax revenues, communication and transportation obstacles, etc.--House Bill 207 provides for the purely voluntary assumption of responsibility for local health service delivery by local entities. Communities choosing to participate in the program will understandably need financial assistance. House Bill 207 provides that the governing body of the public health district need match only 10 percent of the amount of the contract awarded and that amount may include in-kind contributions from the district. Federal funds received from Indian Self-Determination Act allotments (P. L. 93-638) are not exempted as a source of matching funds.

House Bill 207 was conceived as a means of permitting the objective of local autonomy over health matters to be achieved, where desired, within areas of Alaska unorganized politically. In so doing, this bill and House Bill 206, designed to apply to municipalities with health powers, adheres to the well-established national concept of local autonomy over public health functions, reserving state activities to functions of a statewide nature and to advising and evaluating local services. Even though Alaska's unique characteristics may make it economically difficult for every area to adopt the full range of public health services in every case, the steadily evolving interest in and awareness of local health issues on the part of consumers indicates the need for providing a means by which local community participation in specific public health programs may be organized. The Department of Health and Social Services supports House Bill 207.

Recommended by:

Robert Fraser — 2/23/77

Director, Division of Public Health — Date

Approved by:

Lars M. Isaacs — 2/23/77

Commissioner, Department of Health & Social Services — Date

CORDOVA COMMUNITY HOSPITAL
P. O. Box 160 Phone: (907) 424-3242 7552
CORDOVA, ALASKA 99574

April 5, 1977

Charlie Parr, Representative
Pouch V, State Capitol
Juneau, Alaska 99811

Dear Mr. Parr,

Thank you for your letter of March 31, 1977 regarding HB 206 and 207. With the work load you people have it is really gratifying to know that our letters of support or non-support are read - and answered.

You stated that if we could improve HB 206 you would not hesitate to support its passage. The concept of the bill is great and I'm not sure what changes would be made. As I understand it the bill would allow localities to administer their own health programs but that these programs would be controlled by the State through the grant mechanism. The professional requirements and licensing of the workers in the programs would remain with the State - i.e. Public Health Nurses would still have to meet the State requirement for Public Health Nurses. The only difference would be that the Public Health Nursing program would be administered by the locality - which is in the best position to know its needs. The same criteria would be true of all programs.

Rep Don Bennett also opposed the passage of these bills, I've attached a copy of my reply which is a little lengthy.

Again, the concept of these bills, especially 206 is very good. If some changes are necessary maybe they can be done in the HESS committee but the bills certainly warrant positive action.

Sincerely yours,

J. Emery Thibodeau
Hospital Administrator

Incl

JET: cf

The Cordova Community Hospital

CORDOVA COMMUNITY HOSPITAL

P. O. Box 160 Phone: (907) 424-~~3242~~ 7552
CORDOVA, ALASKA 99574

April 5, 1977

Don Bennett, Representative
Pouch V State Capitol
Juneau, Alaska 99811

Dear Don,

Thank you very much for replying to my letter of March 24th concerning HB 206 and 207. With the work load you people have it's really gratifying to know that our letters of support and/or non-support are read - and answered.

With regards to HB 206 and 207, I still support t em and hope that the legislators will give their support also, What you had to say in your letter regarding "suave grantsmanship" rather than trained professionals has, and may continue to be, all to true. I believe that this problem will be on the decline however.

HB 206 and 207 does not take control away from the State, but they do allow for local administration if it is warranted. The State would have complete control over the grant and still would continue to monitor the program along the approved program guidelines. The actual administration of the program, however, would be done on a locality basis, but only if the locality so choses and the State so approves. By administration I mean the hiring of personnel, acquiring working space, purchasing supplies, conducting meetings and all the other numerous jobs it takes to make a health system work. The State would still supply the major supervision through regional offices, training programs, on-site evaluations, state wide coordination and direct help in implementation of a health program.

The benefits of this type of system are (1) local pride in a program which results in greater participation, (2) the integration of programs at the local level bypassing a dual system approach, (3) greater supervisor control by the state due to the decrease in "red tape" administrative burdens, (4) savings to the state due to decreased personnel and support costs plus the addition of local monies to the programs, (5) the ability of local programs to raise money by charging fees for service.

The Cordova Community Hospital

The State will not lose anything except a lot of headaches.

There are probably less than twenty places in Alaska that are presently qualified to run their own program, this would be determined by the State however. If these places were allowed to administer their own programs I am sure they would be happy to do so.

I was just downstairs reviewing your letter with the State Social Worker and the Clinical Psychologist - who is funded by a state grant. We are all working together for a common goal, in the same town but under two systems. The problems were obvious when the Social Worker made reference to what her supervi ors office in Anchorage would say about a certain thing, her supervisors office in Anchorage is pretty far away and can't effectively make day to day decisions for Cordova - when she was only here once to interview applicants for the job.

We have in town what we like to refer to as an integrated health care system, the components with their control bases are noted below.

Program	Administrative Control	Control base
Hospital	City	Cordova
Nursing Home	City	Cordova
Doctors Clinic	Private	Cordova
Emergency Medical	City	Cordova
Social Services	State	Anchorage
Public Health	State	Juneau
Eligibility	State	Valdez - Juneau
Mental Health	City	Cordova
Alcoholism	City	Cordova

The Mental Health program is a grant from the State to administer our own program but that grant is controlled by the State and we report to the State.

The same is true of the Alcoholism Program except the grant is controlled by the Federal Government.

All of the above programs operate out of one facility except the eligibility worker and are in constant daily contact regarding patient care and other matters. It makes sense if they were all administratively supervised by a common group or person.

We do have a providers committee which is intended to give direction and control - and it does - to the total program goals. The Providers Committee meets monthly on a regular basis with interim meetings as needed. During these meetings monthly evaluations and program performance are discussed, along with discussions regarding particular patients who are served by more than one program, which is quite common.

Another problem with the State workers, that doesn't personally concern us but could effect the program, is the independence of each State division and their inability to interact in basic matters. The State Public Health Nurse has a car and her own private secretary who is paid by the State, the State Social Worker has neither of these and must use her own car and we provide her with a secretary. If these programs were under local administration these problems would be quickly resolved.

Well, this is fairly lengthy but we still believe that HB 206 and 207 is a must and HB 207 a good possibility. These bills do not allow a take over by non-profit organizations but they do allow local governments, if they so chose, to administer the health programs in their area - with the permission of the State.

Sincerely yours,

J. Emery Thibodeau
Hospital Administrator

JET: cf

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

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.

NORTON SOUND HEALTH CORPORATION

Delegate of Alaska Federation of Natives

P. O. Box 966 Nome, Alaska 99762 443-2261

February 18, 1977

Representative Al Nakak
Pouch V
Juneau, Alaska 99801

Dear Representative Nakak:

Norton Sound Health Corporation would like to take a position on the proposed Bill regarding local health services to be introduced at the request of the Governor. The act is entitled "An Act Related to Contract for local Health Services."

The Bill provides for the election of local Public Health Service Area Boards. The Board Members are to be elected at large by qualified voters.

The problem we have is that the election of another Board dealing with Health matters for a small population with limited resources creates a potential for disagreement, and fragmentation. This Board would have authority only over Public Health matters such as Public Health Nursing and possibly sanitation services. It would seem more appropriate to utilize an existing Health Board that is representative of the people in the region to enable comprehensive health planning.

There are already several Health Boards doing planning and trying to coordinate efforts. These include the Health Systems Agency Board for the region, also the Native Health Board in addition to the local Health Corporation Boards.

The proliferation of boards in the bush, many of which are very narrowly focused, is a problem. We recently ascertained that the citizens of White Mountain (about 125 people) are eligible to sit on about 39 boards and committees. When one realizes that about 50% of this population is adolescent and makes allowances for adults unable to meanfully participate on a board it becomes apparent how fragmented things are becoming.

Our suggestion is to allow a board already existing that represents the citizens of the region to contract for services from the State, rather than create a new board for a limited scope of work. As the legislation is proposed the Corporation could contract with the local Board of Health but the local Board might also develope a limited scope of service itself or it may contract with another agency.

The argument for the election of the new board is that part of the services to be contracted have regulatory function. Our suggestion is

that the state retain the regulatory function to itself and allow the corporations to contract for services. With health resources limited it would seem we need to look for a comprehensive coordinated delivery system rather than separate components that may duplicate and fragment health care.

If we can answer any questions or clarify any position please contact us. We would be very interested in hearing from you the status of the bill and any comments you might have.

Sincerely,

Jeanette A. Morton
Director of Health Care Services

JAM/dh

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.

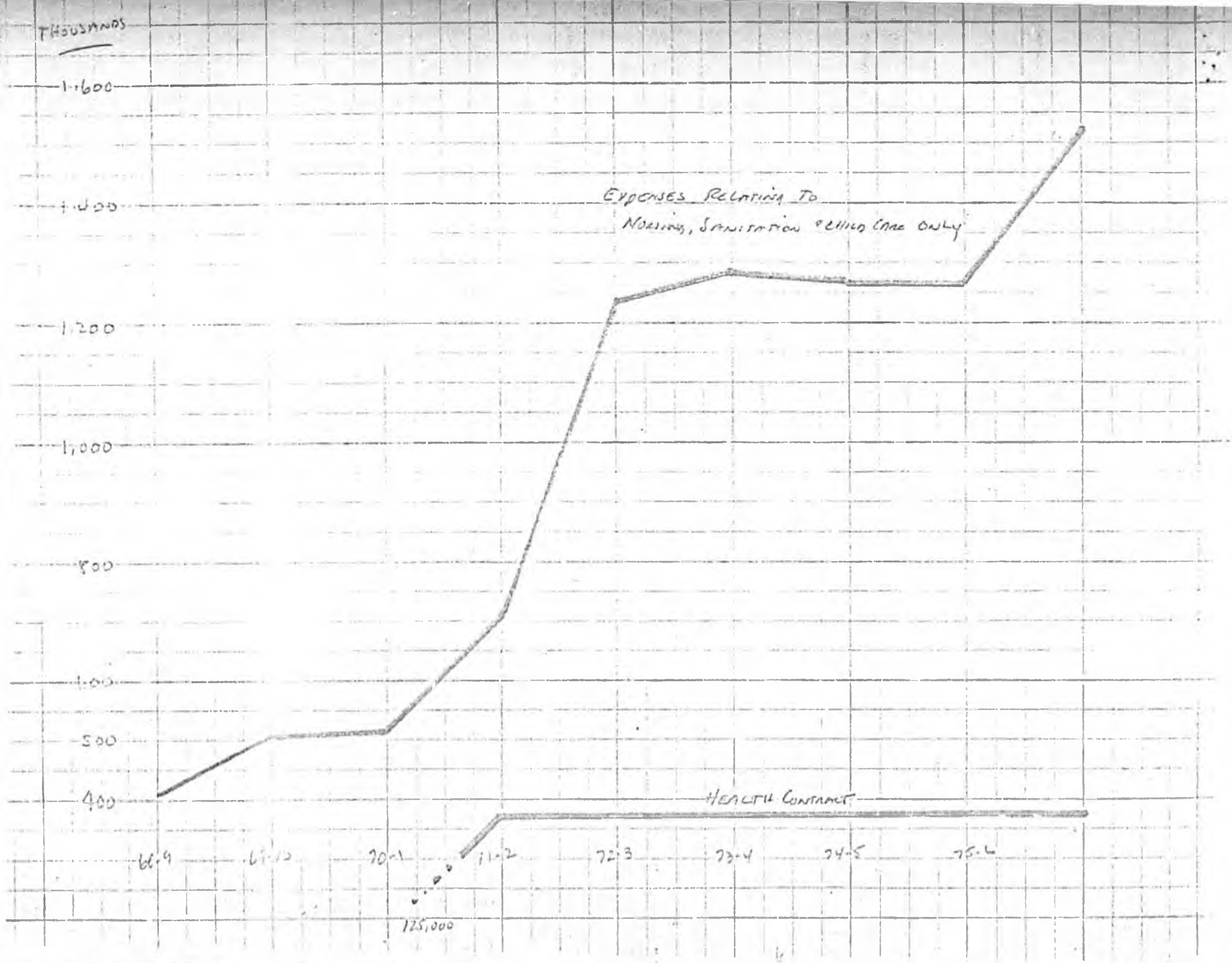
Today in Anchorage, the local taxpayers directly pay for 86.1% of the cost of providing public health services as well as their share of State taxes. The people in other communities are not directly paying for any public health services.

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
400
EXPENSES RELATING TO
NURSING, SANITATION & CLINIC CARE ONLY
HEALTH CONTRACT
66-9
67-10
70-1
71-2
72-3
73-4
74-5
75-6
125,000

NORTON SOUND HEALTH CORPORATION

Delegate of Alaska Federation of Natives

P. O. Box 966 Nome, Alaska 99762 443-2261

file

April 14, 1977

Representative Alfred C. Naknek
District 22
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Representative Naknek:

We have been informed by Lois Jund that House Bill 206 and 207 is likely to have difficulty in committee and could use as much support as possible. We basically support these two bills but wish some modification from the present form.

House Bill 207 requires the election of a local board who may in turn sub-contract with a regional health corporation. There is, however, nothing in the bill from preventing the board in providing the services itself, thus again, creating two agencies providing basically the same services to the same population. This is the situation presently in our district with Norton Sound Health Corporation providing services and the State Public Health Nurses providing services to the same population. This creates framentation of patient care.

We recommend that the State be allowed to contract directly with the health corporation bypassing an intermediate board. The attorney general states they cannot contract the Public Health Nurses regulatory powers. We therefore recommend that the State retain this regulatory powers but contract for services.

The other possibility might be for the State to recognize the regional health corporation board as a local health board. It may be that the board would have to meet certain requirements to insure broad representation..

Please call if there is any questions or if it is anticipated that the bills will be coming before the committees for hearing.

Sincerely,

Jeanette Morton

Jeanette A. Morton
Director
Health Care Services

JM:da

HOUSE BILL 207

RECOMMEND:

1. The State should be allowed to contract directly with the Health Corporations bypassing an intermediate board.

2. The State retain the regulatory powers of the Public Health Nurses but contract for the services avoiding duplication of services.

3. The State recognize the Regional Health Boards as local health boards.

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

HOUSE BILL 207

RECOMMEND.

1. The State should be allowed to contract directly with the Health Corporations bypassing an intermediate board.

2. The State retain the regulatory powers of the Public Health Nurses but contract for the services avoiding duplication of services.

3. The State recognize the Regional Health Boards as local health boards.

HB
290

POSITION PAPER/Department of Health and Social Services

Department of Health and Social Services
Position Paper
House Bill 290

Section I. House Bill 290, creating a Hospital and Health Care Center fund within the Department of Public Works is in conflict with AS 18.20.140 - AS 18.25.120 which provides that the Hospital and Medical Facility Construction program will be administered by the Department of Health and Social Services. The intent of the statute is clearly stated in Section 18.25.030 and Section 18.25.080. These sections are quoted as follows:

> Section 18.25.030 states it is the intent of sections 10 - 30 of this chapter to provide financial aid to municipalities, communities and associations for which an attempt at complete financing by themselves of a necessary project would entail great hardship. It is also intended that the department utilize the money authorized under sections 10 - 30 of this chapter so far as can be arranged to assist the municipalities, communities and associations in matching funds with the federal government under applicable federal law for hospital assistance.
>
> Section 18.25.080 states it is the intent of sections 70 - 110 of this chapter to assist communities and areas in developing and improving health service facilities by the purchase, construction, renovation, or establishment of hospitals, health centers, or clinics, or quarters for personnel, and the purchase of furnishings, supplies and equipment and making the other expenditures necessary to carry out the purpose of sections 70 - 110 of this chapter. Assistance is to be given in areas which would otherwise be denied adequate facilities, because the taxable values are limited in scope and an attempt at total community financing of a project would cause hardship or prevent its realization. It is also intended that the department utilize the money authorized under sections 70 - 110 of this chapter so far as can be arranged to assist municipalities in matching funds with the federal government under federal law.

All of the Federal construction programs administered by the Department of Health and Social Services have complex developmental, accounting and reporting requirements. To have State matching funds administered by another Department would seriously jeopardize project development and construction.

The department administers the following Federal Hospital and Medical Facilities Construction programs:

1. Title XVI of P.L. 93-641, the Health Planning and Resource Development Act. This Act replaced the Hill-Burton Construction program.

2. The Developmental Disabilities Services and Facilities Construction Act. (P.L. 91-517)

3. The Community Mental Health Centers Construction Act. (P.L. 88-164)

POSITION PAPER/Department of Health and Social Services

4. Section 232 of National Housing Act (Long Term Care Facility Construction Loans).

5. Section 242 of National Housing Act (Hospital Construction Loans).

6. Farmers Home Administration (Hospital Loan Program).

7. Economic Development Administration and Indian Health Service Funds.

The Bill confines itself to hospitals and health care projects owned by or to be constructed by municipalities or the State. No mention is made of facilities owned or constructed by nonprofit organizations. The department feels that a construction fund for hospitals and medical facilities should include nonprofit as well as public facilities.

Section 1 (a) line 10
The words Department of Public Works should be changed to read Department of Health and Social Services

Section 1 (c) should be changed to read
All facilities shall be built in accordance with applicable Federal construction regulations, State and Local building codes including the obtaining of required permits. The Commissioner of Health and Social Services shall provide the project sponsor with a copy of any Federal Regulations and State Building Code applicable to the project.

Section 2 (a) and (b) should be deleted
This section is not applicable to projects administered by the Department of Health and Social Services

Section 3 should be deleted
This section is not applicable to Department of Health and Social Services projects as payment procedures have been established.

Section 4 should be deleted
Technical assistance is provided to all project sponsors by personnel of the Department of Health and Social Services and in the case of Federally assisted projects, by the staff of the regional office of Facilities Engineering and Construction.

Section 5 (a) should be changed to read
Title acceptable to the department to a suitable project site shall be vested in the owner of the facility before work is begun on the site.

Section 5 (b) should be deleted
Maintenance of a health facility should be the responsibility of the owner.

The department supports House Bill 290 with the above changes.

POSITION PAPER/Department of Health and Social Services

Recommended by: [signature]
Coordinator
Office of Planning & Research

3/10/77
Date

Approved by: Lois M. Juul, Acting
Commissioner
Department of Health and
Social Services

3/16/1977
Date

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF REVENUE

STATE OFFICE BUILDING / POUCH SA – JUNEAU 99811

March 22, 1977

The Honorable Charles H. Parr
Chairman
House Health, Education and
Social Services Committee
Alaska State Legislature
State Capitol Building
Juneau, Alaska

Re: House Bill No. 290

Dear Mr. Parr:

House Bill No. 290, an Act creating the hospital and health care center fund, was introduced in the House on March 1, 1977 and was referred to the House Health, Education and Social Services and Finance Committees.

For the consideration of the House Health, Education and Social Services Committee, I am enclosing a Fiscal Note prepared by Mr. Jim Edenso, Deputy Commissioner, Department of Revenue, Juneau concerning the proposed legislation.

Very truly yours,

R. D. Stevenson
Special Assistant

cc: The Honorable Steve Cowper
Chairman
House Finance Committee
Alaska State Legislature
State Capitol Building
Juneau, Alaska

Jim Edenso
Deputy Commissioner
Department of Revenue
Juneau, Alaska

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HB 290

Title An act creating the hospital and health care center fund

Requested by Swanson, Eliason, Malone, Osi and Parr Date 3/1/77

II. FISCAL DETAIL

Agency Affected Department of Revenue

Program Category Affected General Government

Budget Request Unit(s) Affected Treasury Management

EXPENDITURES (Thousands of Dollars)

		FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100	PERSONAL SERVICES		15.8	15.8	15.8	15.8	15.8
200	TRAVEL						
300	CONTRACTUAL						
400	COMMODITIES		.1	.1	.1	.1	.1
500	EQUIPMENT		.8				
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.						
	TOTAL		16.7	15.9	15.9	15.9	15.9

FUNDING (Thousands of Dollars)

GENERAL FUND		16.7	16.7	16.7	16.7	16.7
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME		1	1	1	1	1
PART TIME						
TEMPORARY						

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

This notes enumerates a portion of the fiscal impact of HB 290 upon Treasury Management, specifically the need to add clerical staff if HB 290 becomes law. Potential loss of investment income, while real, is entirely dependent upon market conditions and is not calculable.

Every sale of State bonded debt is a composite of numerous authorizations, one of which could be for the construction of hospital and health care centers. Sale proceeds are presently commingled for investment purposes, and are accounted for under the State Bond Construction Fund. Income from the investment of sale proceeds is used for the payment of debt service.

The subject Act would require the segregation of bond sale proceeds into separate funds, and the return of income to the fund in which principal is deposited. Segregation of proceeds would preclude commingled investment and prevent the Department of Revenue from obtaining the most favorable rates available. Segregation would further increase the accounting task exponentially, and would require the addition of staff.

IV. DATE March 18, 1977 PREPARED BY Jim Edenso

AGENCY Department of Revenue

PHONE 465-2350

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

33-001 (Rev. 10/76)

MINUTES OF HOUSE

HEALTH, EDUCATION & SOCIAL SERVICES COMMITTEE

March 18, 1977

The meeting was called to order by Chairman Parr at 3:05 p.m.

Those present: Parr, Nakak, Cotten, Ose, Bennett, Beirne, and Mr. Phillips came in later.

Absent: Chatterton, Buchholdt.

HB 290

Chairman Parr announced the first order of business would be HB 290 and asked Mr. Swanson to speak on his bill.

Mr. Swanson asked to discuss 291 first and then 290. Said HB 291 is a bond issue that is a partial bond issue that the Governor just vetoed the whole bond issue out of the program last year and there was a multitude of projects in it which included a lot of alcoholic centers and alcohol money and he felt if they stayed strictly with a bond issue that dealt with health versus a self-imposed sickness, that this bond issue would have a better chance of moving. Said he held it sacred and dear to him to protect the people that can't help being sick where he doesn't have a lot of feeling about people that are sick with a self-imposed sickness. Said the bill he has proposed deals strictly with people that are unfortunate enough to get sick and the facilities to take care of them. Said the Fairbanks bond issue last year called for $300,000 for the addition on their family service center, the Cordova Health and family service center called for $300,000, the Sitka Community Hospital addition was 3 million dollars, the Nenance Health Center and family service center was $200,000 and this year he added Tok Health and Family Service Centers for $200,000. The Bethel Health and Social Services was in there last year for 1 million dollars and the Ketchikan General Hospital Island View Manor wing was in for a million and a half. Said he would suggest an amendment that item No. 5, the Tok Health and FAmily Service Center be eliminated. Said he had put the Tok facility in anotherpiece of legislation and is already in the budget so far.

Mr. Swanson said he was extremely interested in a health and family service center and felt a facility of this kind, especially for small communities that were large enough where they could get a physicians assistant to serve these places. Felt the money spent for this type of facility would be well spent.

Mr. Swanson then spoke on 290. Said he introduced the bill for 1 reason, where there is a health and family service center approved in a bond issue. On page 2, (c) on line 1, said (after reading the whole section) that he deliberately put that in to specifically put some local control in allowing this grant money to go to a community or municipality. He told the committee and gave an example of what happens to a small project that goes to a community in the area of a school building in the transfer of funds. He said last year they gave 1 million 60 thousand dollars for a school at Anderson and enacted a piece of legislation that governed the transfer of those moneys and allowed the Dept. of Public Works to promulgulate all the rules and regulations and gave a brief rundown of what it cost the City of Anderson before they got the money. Mr. Swanson said he would make a copy of the facts he gave and make it available to the committee.

Mr. Ose asked if there was personnel to operate the buildings after they are finished. Mr. Swanson felt a mutual agreement could be worked out with the cities.

Mr. Swanson said he wanted to address both bills because they were companion measures. Mr. Parr said"but 290 could be passed and a different bonding bill could go through for health facilities."

Mr. Swanson hoped that what is on the books today and the transfer of these grants be taken, regardless of the REAA, and apply this philosophy to them -- could save 30 - 40 percent of the money that is going to be wasted in paper shuffling.

Dr. Beirne asked why Mr. Swanson wanted all the buildings to be built by the DPW instead of leaving it up to the municipalities. Mr. Swanson said the bill addresses itself to that by mutual agreement in that the municipality can assume all of the responsibiliti of building the facility. (line 13, page 2).

Next to testify was Mr. Richard Holden, Deputy Commissioner of Public Works. Said it was the Dept's position that this money is going to the wrong dept. Felt it should be going to Dept. of Health & Social Services. He said they were the people statutorily charged with this responsibility. He said he thought Mr. Edenso had problems with the constitutionality of a dedicated GO Bond fund as outlined in the bill, and presumably if the fund were to be created in the Dept. of Health & Social Services, it would be the responsibility of the Dept. of Transportation and Public Facilities to construct such projects unless using the previous statute (SB 398 of the last session). The Commissioner of that Dept. wanted to grant funds to a local political subdivision to assume local control Said they have been running into quite a number of problems in granting funds to REAA's and although some of the district superintendent in the REAA's dispute this,

Mr. Holden didn't think it was necessarily that the Dept. of Public Works was over bearing. He said the numbers Mr. Swanson quoted show a misconception on the part of the people who gave him those numbers. He said the numbers he quoted came from a budget prepared by the Dept. of P.W. assuming it would do the design and construction of the Anderson school. Said since the funds were granted to the Upper Railbelt School District, those funds he quoted should be spent by the school district to assure that quality design and quality construction is maintained. Said he thought the Supt. who gave Mr. Swanson those numbers assumed that the Dept. of PW was going to charge him for running his architect.

Mr. Parr asked that in a case under 398 where the municipalities was going to build a building, there is no charge from Public Works. Mr. Holden said there is a charge.If the facility as contained in this bill is owned by the State, then it is a duty of the Dept. which is otherwise responsibile for designing construction to insure that the building is built properly. To that extent, the Dept. would insure that the grantee would be properly equipped to administrer a design. That it was properly equipped to administer construction.

Said normally when the DPW or its successor agency builds things of this kind, they are built by hiring a private firm to design adn a private contractor to construct. Obviously it is a state building.

Mr. Holden said the Dept. had another problem with the bill, Page, 2, Sec. (c) line 4,--Said it seemed to the Dept. that a responsible local government agency which was willing to assume control of the construction project could send off to the Uniform Building Code people and buy their own code. On line 11, instead of saying the Dept. shall provide he felt it should read the Dept. may. Page 3, line 3. Compensation for that assistance has to come from projects, said they don't have funds to provide the assistance. Said they would have to charge a project budget to the tune of 1 - 1 1/2 percent. Said line 7 they had a problem with also.

Mr. Parr asked Mr. Holden if he was objecting to the wording of Sect. 5 of the bill. Mr. Holden said he wasn't objecting to the language as laid out here but procedurally there are lots of problems particularly until the land claims is settled.

Mr. Parr said he read section 5 to mean that unless the Dept is satisfied that there is clear title to the land, nobody can put the first concrete block down. Mr. Holden said this was what they wanted.

Mr. Holden felt that they should be the lead agency.

Mr. Parr asked Mr. Holden where in the bill he got the indication that the Dept. is the one to decide whether or not there should be a hospital. He said the way he understood the intent of the bill was that the legislature appropriated money on a bond issue and the voters had ratified it. The voters have

said
/there will be a hospital or health care facility. Said he didn't understand Mr. Holden's point because the voters have already decided whether there should be one. Mr. Holden said Mr. Swanson stated that illnesses he was funding for here, people who were physcially sick. He said his point was that they aren't now equipped to decide whether the plans that came in were for clinic or alcoholism center. Said the DPW doesn't know that when they look at plans. Mr. Parr felt if it was their responsibility to build state buildings it was there responsibility to have the people to decide this. Mr. Holden said normally what happens is the funds for the specific program purpose are vested in the Dept. which is equipped to handle this.

Next to testify was Mr. Jim Edenso, Deputy Commissioner for the Department of Revenue. He said his Dept. opposes HB 290. He said in its current form it is attempting to establish precedent which does'nt exist in the current management policy of the state Dept.of Revenue and also for Administration. He said Sec. 1, (b), line 26 on page 1. the objections they had to that is that the act creates a separate bond construction fund for the proceeds of hospital and health care authorizations. A separate bond is not necessary to properly account for the proceeds of general obligation bond sales and establishes a dangerous precedent. He said bond proceeds are invested in on a co-mingle basis by the Dept. of Revenue. He said segregation of these proceeds into separate funds would preclude co-mingle investment and prevent the Dept. of Revenue from obtaining the best return available on management of such funds. He felt there were some constitutional problems with the bill. He said he believes the state constitution prohibits the dedication of funds. He said his recommendation to the Governor should this bill pass would be to veto the bill on the strength of the inclusion of paragraph (b) Sec. 1 on the first page.

Mr. Parr asked what money is being talked about in investing here? Are we talking about drawing some kind of interest on that money until we would pay a contractor? Mr. Edenso said that was correct, the money they were referring to would be obtained from a bond sale based upon the position of the voters in the state and any bond resolution that they pass on.

Next to testify was Lois Jund, Deputy Commissioner of Health and Social Services. Said she wasn't going to testify as to the constituionality of this bill. She said they don't really feel this legislation is necessary, and gave a little background. Said the proposed bill is actually in conflict with the statute on the book (AS 18.20.140 through AS 18.25.120) which provides that the hospital and medical facilities construction program will be administered by the Dept. of Health & Social Services.

She said there was a reason for this in that hospital construction standards tie in very closely with certification and licensing which is also under the Dept.'s jurisdiction and also with medical facilities planning. She said at the present time under the present statutes, the Dept. of Health and Social Service can do just about everything that is in HB 290. Said they do provide technical assistance on all projects under the Aid to Communities. The only they don't do is have a fund and she just heard that is somewhat unconstitutional so she doesn't feel there is a great necessity for the bill. She said one of the reasons it goes through their Dept. is so that they can take advantage of Hill Burton Construction funds. She said Public Works has really constructed very few of these facilities. She said in most instances the municipalities themselves have hired their own architects and enginners.

There was discussion as to whether the purpose of the bill was to cause expeditious procedures in order to get these health care facilities in the various locations. There was also discussion about the lack of state responsibilities to provide emergency care throughout the state, such as along the highway.

Mrs. Jund said she wondered if they were aware of the present statute, actually 2 statutes, Sec. 18.20.080 with attendant regulations which provides for hospital construction. Said they also have regulations on nursing homes 7 AAC 12.020. She said the other statute is assistance for community health facilities. She further stated that the Department is very actively working on emergency medical services for various communities.

Next to testify was Sharron Osborn who gave a little background on the EMS situation in Alaska. Said most of the money has been federal money and that money is earmarked for planning , not implementation. Said they have a statewide plan going in now that is developed at the regional level. So this year they will be getting implementation money. Said she would be glad to make the plan available which is presently being prepared and should be finalized the 1st week in April.

The bills were held over and no actic as taken on them.

Mr. Parr said he had received a note from the Speaker about the confirmations and he read the list he had received that were assigned to the Hess Committee. Said he felt it was the committee's feeling that we would only interview the Regent's candidates and Mr. Bennett was interested in the Nursing Home Administrators. Said he felt it was a waste of time and money in having some of the people come down to be interviewed when it wasn't necessary. Said he would suggest

on the professional ones, that he would be happy to write a letter to the associations and asked if the nominee had their concurrence.

The meeting adjourned at 4:30 p.m.

HB
291

POSITION PAPER/Department of Health and Social Services

HOUSE BILL 291

"An Act providing for the issuance of general obligation bonds in the amount of $6,500,000 for the purpose of paying the cost of constructing and equipping hospitals and health and family care centers; and providing for an effective date."

The Department of Health and Social Services has analyzed the projects enumerated in House Bill 291 individually, as set forth below. Although the Department recommends deleting entirely some of the projects proposed, it also recommends increasing other appropriations to provide adequate funds for constructing and equipping the facilities deemed necessary. The amended total, as proposed by the Department, would be $7,670,000.

In addition, the Department recommends deleting the reference to the "Department of Public Works" in line 24, page 1. The justification for this recommendation may be found in the Department's position paper on House Bill 290.

1. Fairbanks Health and Family Service Center ($300,000):

   This project should be deleted as a discussion with the Fairbanks City Manager indicates that the City funded and has completed the needed addition to the health center.

2. Cordova Health and Family Service Center ($300,000):

   This project should be deleted as the City of Cordova has recently modernized its hospital and included space for a health and family service center within the facility.

3. Sitka Community Hospital ($3,000,000):

   The original estimate for this project was $8,000,000. Funding to be as follows:

Federal Funds	$ 700,000
State Bond Funds	4,970,000
Local Funds	2,330,000
Total	$ 8,000,000

   The Department does not have federal funds available for this project. Although Congress did appropriate some construction funds for the 1977 fiscal year, the funds are being held by the Department of Health, Education and Welfare and their release appears doubtful. Should the funds be released, the amount the State would receive is also unknown, but indications are that Alaska would not receive its total $1,000,000 entitlement. If the federal funds are not allocated to the States, the total funds needed for the Sitka project would be $5,670,000. It is recommended there should be further

communications with representatives of the community regarding this project. It has been reported to the Department that the community is not interested in replacement of the hospital at this time.

4. Nenana Health and Family Service Center ($200,000):

As the City of Nenana is located on a main highway and the distance to the nearest medical facility is approximately 60 miles, the Department strongly supports the construction of this facility. In view of its location on the highway and the emergencies that will be encountered, the Department recommends that the estimated construction cost be increased to $300,000 to provide the needed facility plus equipment.

5. Tok Health and Family Service Center ($200,000):

This is a community owned facility staffed by the Tanana Valley Physicians Clinic in Fairbanks. Utilization of the clinic is steadily increasing due to Alcan highway traffic and increased utilization by patients from surrounding villages. The U.S. Coast Guard has moved twenty-five personnel and families to Tok who will depend on the clinic for medical care. The existing clinic building is inadequate for the volume of medical care being handled and adequate space is not available for emergencies and treatment of serious multiple injuries. The Department recognizes the importance of medical care being readily available to the residents of the Tok area, but is concerned about establishing a precedence by the State providing facilities for private profit-making organizations.

6. Bethel Health and Social Services Facility ($1,000,000):

This project should be deleted as a new public health center has recently been completed and a prematernal home now under construction is nearing completion.

7. Ketchikan General Hospital and Island View Manor Nursing Home Wing ($1,500,000):

The Department is currently working with the City of Ketchikan Hospital personnel and the project architect in developing plans for the modernization of this facility. Funds amounting to $1,000,000 were appropriated by Chapter 132 SLA 1974 for modernization of the nursing home wing. No funds were appropriated for modernization of the hospital although modernization would increase efficiency and improve patient care. The Department strongly supports the increase in funds for this project.

Subject to the above changes, the Department supporst House Bill 291.

Recommended by: _____
Coordinator, Office of Planning
and Research

3/16/77
Date

Approved by: _____
Commissioner, Department of Health
and Social Services

3/16/1977
Date

HB
296

Official Business

Alaska State Legislature

House of Representatives

Committee on

Health, Education & Social Services

Pouch V
State Capitol
Juneau, Alaska 99811

MEMORANDUM

TO: Members of the HESS Committee

FROM: Rocky Plotnick

DATE: January 18, 1978

SUBJECT: HB 296

During the 1977 session HB 341 was passed and the wording is identical to HB 296 EXCEPT the definitions. Currently, Alaska Law covers physicians, nurses, and persons certified by a hospital as competent to take blood samples. HB 296, which we are considering today, would specify chiropractors, dental hygienists, dentists, dispensing opticians, optometrists, pharmacists, physical therapists, podiatrists, psychologists, psychological associates, and hospitals. I have included copies of HB 341 (AS 09.65.095), the definitions for current law, (AS 08.64 and AS 08.68), and the definitions for HB 296, (AS 09.55.560 (1)). If enacted, the wording of HB 296 will have to be changed.

HB 296

establishes by a preponderance of the evidence that the provider has failed to inform the patient of the common risks and reasonable alternatives to the proposed treatment or procedure, and that but for that failure the claimant would not have consented to the proposed treatment or procedure.

(b) It is a defense to any action for medical malpractice based upon an alleged failure to obtain informed consent that

(1) the risk not disclosed is too commonly known or is too remote to require disclosure;

(2) the patient stated to the health care provider that he would undergo the treatment or procedure regardless of the risk involved or that he did not want to be informed of the matters to which he would be entitled to be informed;

(3) under the circumstances consent by or on behalf of the patient was not possible; or

(4) the health care provider after considering all of the attendant facts and circumstances used reasonable discretion as to the manner and extent that the alternatives or risks were disclosed to the patient because he reasonably believed that a full disclosure would have a substantially adverse effect on the patient's condition. (§ 37 ch 102 SLA 1976)

Effective date. — Section 51, ch. 102, SLA 1976, makes this section effective May 29, 1976, in accordance with AS 01.10.070(c).

Editor's note. — Section 47, ch. 102, SLA 1976, provides: "Sections 33 — 38 of this Act apply to all causes of action for medical malpractice which have not been filed in a court of this state before the effective date of this Act."

Sec. 09.55.560. Definitions. In §§ 530 — 560 of this chapter

(1) "health care provider" means a chiropractor licensed under AS 08.20; a dental hygienist licensed under AS 08.32; a dentist licensed under AS 08.36; a nurse licensed under AS 08.68; a dispensing optician licensed under AS 08.71; an optometrist licensed under AS 08.72; a pharmacist licensed under AS 08.80; a physical therapist licensed under AS 08.84; a physician licensed under AS 08.64; a podiatrist; a psychologist and a psychological associate licensed under AS 08.86; and a hospital as defined in AS 18.20.130, including a governmentally owned or operated hospital;

(2) "board" means an arbitration board established under § 535 of this chapter;

(3) "panel" means an expert advisory panel established under § 536 of this chapter. (§ 37 ch 102 SLA 1976)

Effective date. — Section 51, ch. 102, SLA 1976, makes this section effective May 29, 1976, in accordance with AS 01.10.070(c).

Editor's note. — Section 47, ch. 102, SLA 1976, provides: "Sections 33 — 38 of this Act apply to all causes of action for medical

POSITION PAPER/Department of Health and Social Services

POSITION PAPER

ON

HOUSE BILL NO. 296

"An act relating to the civil liability of health care providers."

House Bill 296 amends AS 09.65 - Miscellaneous Provisions of the Code of Civil Procedure by adding a new section providing health care providers protection against civil or criminal action liability suits arising out of battery for taking a blood sample. The new section stipulates the two governing conditions; namely, that the sample is taken at the request of a police officer with proper authority, and that excessive or unreasonable force was not used.

Hospital and medical laboratories are frequently requested by enforcement officers or the courts to take blood samples for legal purposes, especially for blood alcohol or drug determinations. The blood specimen is then submitted to another laboratory for analysis. In the provision of this service as a collector of a blood sample, the health care provider under present law is liable to civil suit. As a consequence, many of the health care providers are reluctant to cooperate with the authorities in taking a blood sample for legal purposes.

A recent court decision in the "Lower 48" ruled that the health care provider could not be made liable in a civil or criminal action arising out of battery if there was a court order or if the requesting arresting officer had a search warrant and if there was no use of excessive or unreasonable force. Health care providers in Alaska could therefore quote the precedent decision in the event of a criminal or civil action suit, but this would consume considerable time and effort as the suit would have to be brought into court.

Enactment of House Bill 296 would give statutory recognition to the protection of the health provider in this specific area and would prevent many time-consuming nuisance suits.

There will be no fiscal impact upon the Department of Health and Social Services if House Bill 296 is enacted.

The Department of Health and Social Services supports this legislation.

Recommended by: Frank P. Pauls — 3/14/77

Frank P. Pauls, Dr. Ph.
Acting Director
Division of Public Health

Approved by: for Louis M. Jacobs — 3/17/77

Francis S. L. Williamson
Commissioner
Department of Health & Social Services

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF LAW

OFFICE OF THE ATTORNEY GENERAL
POUCH K – STATE CAPITOL
JUNEAU 99811

March 10, 1977

Representative Charles H. Parr
Chairman
Committee on Health, Education and
Social Services
Alaska House of Representatives
Pouch V
Juneau, Alaska 99811

Re: House Bill 296

Dear Mr. Parr:

On looking over House Bill 296 which has been referred to your committee I notice that the title refers only to civil liability of health care providers, while section 1 mentions "civil or criminal" action.

Therefore to comply with Article II, Section 13 of the State Constitution and AS 24.30.020 which require that "the subject of each bill . . . be expressed in its title", we suggest that Page 1, Line 6 be amended to insert "and criminal" between "civil" and "liability".

Thank you for your consideration.

Sincerely,

AVRUM M. GROSS
ATTORNEY GENERAL

By: Richard L. Peter
Richard L. Peter
Assistant Attorney General

RLP:jf

The 1977 amendment, effective May 18, 1977, in subsection (a), added "Except as provided in this section" to the beginning of the subsection, substituted "a municipality" for "an incorporated borough, city, or other public corporation of like character," and deleted "or for an injury to the rights of the plaintiff arising from some act or omission of the unit of local government" from the end of the subsection. In subsection (b), the amendment substituted "A municipality" for "An incorporated borough, city or other political subdivision" at the beginning of the subsection and substituted "it" for "the incorporated borough, city or other political subdivision" at the end of the subsection. The amendment also rewrote subsection (c) and added subsections (d) and (e).

Editor's note. — Section 4, ch. 37, SLA 1977, effective May 18, 1977, provides: "This Act applies to all legal actions filed after the effective date of this Act."

Legislative committee reports. — For report on ch. 19, SLA 1975 (FCCS HCSSB 53), see 1975 House Journal, p. 144. For report on ch. 215, SLA 1975 (HCS CSSB 257 am FCC), see 1975 House Journal, p. 1455.

Sec. 09.65.090. Civil liability for emergency aid. (a) A person at a hospital or any other location who renders emergency care or emergency counseling an injured, ill, or emotionally distraught person who reasonably appears to the person rendering the aid to be in immediate need of emergency aid in order to avoid serious harm or death is not liable for civil damages as a result of an act or omission in rendering emergency aid.

(b) This section does not preclude liability for civil damages as a result of gross negligence or reckless or intentional misconduct. (§ 1 ch 32 SLA 1967; am § 1 ch 119 SLA 1971; am § 38 ch 102 SLA 1976)

Effect of amendment. — The 1976 amendment, effective May 29, 1976, rewrote subsection (a) and deleted the second sentence of subsection (b) which read "Gross negligence means reckless, wilful, or wanton misconduct."

Editor's note. — Section 47, ch. 102, SLA 1976, provides: "Sections 33 — 38 of this Act apply to all causes of action for medical malpractice which have not been filed in a court of this state before the effective date of this Act."

Sec. 09.65.095. Liability for administration of blood test. (a) No civil or criminal action arising out of battery may be brought against a health care provider for the act of taking a blood sample if the sample is taken

(1) at the request of a police officer when the arresting officer has a search warrant or court order authorizing the taking of the blood sample; and

(2) without the use of excessive or unreasonable force.

(b) As used in this section,

(1) "health care provider" means a nurse licensed under AS 08.68, a physician licensed under AS 08.64, and a person certified by a hospital as competent to take blood samples;

(2) "hospital" means a hospital as defined in AS 18.20.130(1), including a governmentally owned or operated hospital.

(c) Nothing in this section shall be construed to prohibit recovery of damages incident to the improper or negligent withdrawal of blood. (§ 1 ch 80 SLA 1977)

Sec. 08.64.170. License to practice medicine or osteopathy. (a) No person may practice medicine, podiatry, osteopathy or acupuncture in the state unless he is licensed under this chapter, except that

(1) a physician assistant may examine, diagnose or treat persons under the supervision, control, and responsibility of either a physician licensed under this chapter or a physician exempted from licensure under § 370 of this chapter;

(2) a physician-trained mobile intensive care paramedic may render emergency lifesaving service; and

(3) a person licensed under AS 08.36 may perform acupuncture in the regular practice of dentistry, subject to the regulations of the Board of Dental Examiners.

(b) Repealed by § 4 ch 101 SLA 1974.

(c) A chiropodist practicing in the state on May 16, 1972 is exempt from this section.

(d) A podiatrist practicing in the state on March 26, 1976 is exempt from this section, and shall be issued a license without examination if application is made within one year of the effective date of this act. (§ 35-3-81 ACLA 1949; am § 4 ch 148 SLA 1970; am § 1 ch 5 SLA 1972; am § 1 ch 21 SLA 1974; am §§ 3, 4 ch 101 SLA 1974; am §§ 1, 2 ch 24 SLA 1976)

Effect of amendments. — The first 1974 amendment, in subsection (a), substituted "medicine, osteopathy or acupuncture" for "medicine or osteopathy" in the introductory language and added a sentence which has been designated by the revisor as paragraph (3).

The second 1974 amendment designated the provisions of subsection (a) as subsection (a)(1), added paragraph (2) of that subsection, and repealed subsection (b).

The 1976 amendment inserted "podiatry" in the introductory language of subsection (a) and added subsection (d).

Legislative committee report. — For report on ch. 5, SLA 1972 (SCS CSHB 34), see 1971 House Journal, pp. 250, 251.

C.J.S. references. — 53 C.J.S. Licenses §§ 32 to 39; 70 C.J.S. Physicians and Surgeons §§ 8 to 14.

Sec. 08.64.180. Application for license. A person who desires to practice medicine, osteopathy or acupuncture in the state shall apply in writing to the department for a license. (§ 35-3-85 ACLA 1949; am § 1 ch 22 SLA 1960; am § 4 ch 143 SLA 1968; am § 3 ch 77 SLA 1969; am § 2 ch 21 SLA 1974)

Effect of amendment. — The 1974 amendment substituted "medicine, osteopathy or acupuncture" for "medicine or osteopathy."

Legislative committee report. — For report on ch. 143, SLA 1968 (HB 707), see 1968 House Journal, p. 836.

by the physician-trained mobile intensive care paramedic. (§ 14 ch 101 SLA 1974)

Sec. 08.64.367. Prescription or administration of laetrile by physicians. (a) No physician may be subject to disciplinary action by the State Medical Board for prescribing or administering amygdalin (laetrile) to a patient under his care who has requested the substance unless the State Medical Board in a hearing conducted under the Administrative Procedure Act (AS 44.62) has made a formal finding that the substance is harmful.

(b) No hospital or health facility may interfere with the physician-patient relationship by restricting or forbidding the use of amygdalin (laetrile) when prescribed or administered by a physician and requested by a patient unless the substance as prescribed or administered by the physician is found to be harmful by the State Medical Board in a hearing conducted under the provisions of the Administrative Procedure Act (AS 44.62). (§§ 1, 2 ch 227 SLA 1976)

Sec. 08.64.368. Permits for isolated areas.

Repealed by § 27 ch 148 SLA 1970.

Editor's note. — The repealed section derived from § 3, ch. 93, SLA 1965.

Article 5. General Provisions.

Section
370. Persons not affected
380. Definitions

Sec. 08.64.370. Persons not affected. This chapter does not apply to

(1) officers in the regular medical service of the armed services of the United States or the United States Public Health Service while in the discharge of their official duties;

(2) a physician or osteopath, who is not a resident of this state, who is asked by a physician or osteopath licensed in this state to help in the diagnosis or treatment of a case;

(3) the practice of the religious tenets of a church;

(4) Repealed by § 13 ch 127 SLA 1974.

(5) a person while serving as a student, intern, resident physician, or fellow at a hospital, clinic, or medical facility in the state;

(6) a physician in the regular medical service of the United States Public Health Service or the armed services of the United States volunteering his services without pay or other remuneration to a hospital, clinic, medical office, or other medical facility in the state. (§ 35-3-97 ACLA 1949; am § 4 ch 93 SLA 1965; am § 26 ch 77 SLA 1969; am §§ 23, 24 ch 148 SLA 1970; am §§ 1, 2 ch 88 SLA 1972; am § 13 ch 127 SLA 1974)

Effect of amendment. — The 1974 amendment repealed paragraph (4).

Legislative committee report. — For report on ch. 127, SLA 1974 (SCSHB 817 am S), see 1974 House Journal, p. 657.

Sec. 08.64.380. Definitions. As used in this chapter

(1) "board" means the State Medical Board;

(2) "practice of medicine" or "practice of osteopathy" means

(A) maintaining an office or place of business for the purpose of treating the sick or injured for pay; or

(B) the public display of one's name and the letters "M.D.", "M.B." or "D.O." or the words "physician" or "osteopath" or "osteopathic physician", or "osteopathic surgeon", or "osteopathic physician and surgeon", or a specialist designation such as "surgeon" or "dermatologist", "psychiatrist", or the like; or

(C) the assumption or promulgation of a title which tends to show that the person is willing or qualified to diagnose or treat the sick or injured; or

(D) for a fee prescribing, directing or recommending for the use of a person, a drug or medicine for the treatment, cure or relief of a disease, infirmity, bodily injury or defect; or

(E) for a fee performing a surgical operation for the cure, relief or reduction of disease, bodily injury, deformity, or defect; or

(F) Repealed by § 1 ch 117 SLA 1971.

(3) "unprofessional or dishonorable conduct" means

(A) a violation of the provisions of AS 11.15.060 or regulations lawfully adopted by the State Medical Board concerning abortion procedures and practice;

(B) habitual overuse of alcoholic beverages or depressant, hallucinogenic or stimulant drugs, as defined in AS 17.12.150(3), or addiction to the use of narcotic drugs as defined in AS 17.10.230(13);

(C) conviction of an offense involving moral turpitude;

(D) advertising professional services to the public except for notice of opening, closing, or removing practice, and except for directories listing physicians in a community on a uniform and nondiscriminatory basis, containing only factual, truthful descriptions of physicians and their services;

(E) making untruthful or fraudulent statements in the application for examination, or deceiving or cheating during the examination for license, or procuring a license by deceit or fraud;

(F) violating the Controlled Substances Act (P.L. 91-513; 84 Stat. 1242) or any other federal law pertaining to medical practice and drugs;

(G) violating the principles of medical ethics of the American Medical Association and of the Alaska State Medical Association;

(4) Repealed by § 27 ch 148 SLA 1970.

(5) "department" means the Department of Commerce.

(6) "acupuncture" means a medical practice to cure disease or relieve pain, alter function or induce anesthesia by piercing portions of the body with needles;

(7) "physician-trained mobile intensive care paramedic" means a person who

(A) has successfully completed the advanced first aid course prescribed by the board;

(B) is trained by a licensed physician

(i) to carry out all phases of cardio-pulmonary resuscitation,

(ii) to administer drugs under written or oral authorization of a licensed physician,

(iii) to administer intravenous solutions under written or oral authorization of a licensed physician; and

(C) has been examined and certified as a physician-trained mobile intensive care paramedic by the board or by the board's designated representatives;

(8) "emergency lifesaving service" means medical assistance given to a person whose physical condition, in the opinion of a reasonably prudent person, is such that his life is endangered;

(9) "practice of podiatry" means the medical, mechanical, and surgical treatment of ailments of the foot, the muscles and tendons of the leg governing the functions of the foot, and superficial lesions of the hand other than those associated with trauma; the use of preparations, medicines, and drugs as are necessary for the treatment of these ailments; the treatment of the local manifestations of systemic diseases as they appear in the hand and foot, except that

(A) a patient shall be concurrently referred to a physician or osteopath for the treatment of the systemic disease itself;

(B) general anaesthetics may be used only in colleges of podiatry approved by the State Medical Board and in hospitals approved by the joint commission on the accreditation of hospitals, or the American Osteopathic Association; and

(C) the use of X ray or radium for therapeutic purposes is not permitted. (§§ 35-3-94, 35-3-38 ACLA 1949; am § 27 ch 77 SLA 1969; am § 3 ch 103 SLA 1970; am §§ 25 — 27 ch 148 SLA 1970; am § 9 ch 32 SLA 1971; am § 1 ch 117 SLA 1971; am § 4 ch 85 SLA 1972; am § 4 ch 21 SLA 1974; am §§ 12, 13 ch 101 SLA 1974; § 1 ch 127 SLA 1975; am § 4 ch 24 SLA 1976)

Cross reference. — As to malpractice actions, see AS 09.55.530 — 09.55.560.

Effect of amendments. — The first 1974 amendment added paragraph (6).

The second 1974 amendment added subparagraph (C) to paragraph (3) and added paragraphs (7) and (8).

The 1975 amendment added the language beginning "and except for directories listing physicians" to the end of paragraph (3) (D).

The 1976 amendment added paragraph (9).

Legislative committee report. — For report on ch. 32, SLA 1971 (HB 111 am), see 1971 House Journal, p. 138.

The statutory definition of practicing medicine or surgery is very broad and within the literal meaning of the words

of a bachelor's degree. If after the annual review the board believes that the appointee has not made satisfactory progress toward award of a bachelor's degree, the department may dismiss the appointee, notwithstanding the provisions of AS 39.25.170.

(c) The executive officer shall:

(1) perform the administrative duties as required by the statutes and the department,

(2) carry out regulations and policy decisions, consistent with law, made by the Board of Nursing, and

(3) assist the board in the conducting of examinations, educational programs, preparation of minutes and other board administrative work.

(d) Repealed by § 1 ch 129 SLA 1974. (§ 1 ch 47 SLA 1967; am § 1 ch 81 SLA 1969; am § 2 ch 67 SLA 1973; am § 1 ch 129 SLA 1974; am § 49 ch 213 SLA 1976)

Effect of amendment. — The 1973 amendment added the second, third, fourth and fifth sentences of subsection (b).

The 1974 amendment repealed subsection (d).

The 1976 amendment substituted "Department of Commerce and Economic Development" for "Department of Commerce" in subsection (a).

Sec. 08.68.120. Bond.
Repealed by § 3 ch 59 SLA 1966.

Sec. 08.68.130. Disposition of fees.
Repealed by § 3 ch 59 SLA 1966.

Sec. 08.68.140. Applicability of Administrative Procedure Act. The board shall comply with the Administrative Procedure Act (AS 44.62).

Sec. 08.68.150. Expenses. Members of the board are entitled to the per diem and travel expenses allowed by law. (§ 7 ch 90 SLA 1957)

Article 2. Examination and Licensing.

Section
160. License required
165. Malpractice insurance
170. Qualifications of professional nurse applicants
180. Qualifications of practical nurse applicants
190. License by examination
200. License by endorsement
210. Temporary permits
220. Fees
230. Use of title and abbreviation
240. Nurses licensed or holding temporary permits under previous law
250. [Repealed]
251. Lapsed licenses
260. Inactive nurses
270. Grounds for denial, suspension or revocation
275. Limits or conditions on license; discipline

Sec. 08.68.160. License required. A person practicing or offering to practice professional or practical nursing in the state shall submit evidence that he is qualified to practice, and shall be licensed under this chapter. (§ 1 ch 90 SLA 1957)

of court. The injunction proceeding is in addition to other penalties and remedies provided in this chapter. (art VIII ch 90 SLA 1957)

Article 5. General Provisions.

Section
400. Exceptions to application of chapter
410. Definitions

Sec. 08.68.400. Exceptions to application of chapter. (a) This chapter does not apply to

(1) a qualified nurse licensed in another state employed by the United States Government or a bureau, or agency, or division of the United States Government while in the discharge of his official duties;

(2) nursing service given temporarily in the event of a public emergency or disaster;

(3) the practice of nursing by a student enrolled in a nursing education program accredited by the board when the practice is in connection with the student's course of study; or

(4) the practice of nursing by a nurse enrolled in an approved refresher course.

(b) For purposes of this section the word "nurses" includes professional and practical nurses, and "nursing" means professional and practical nursing. (art IX ch 90 SLA 1957; am § 10 ch 129 SLA 1974)

Effect of amendment. — The 1974 amendment added paragraph (4) to subsection (a).

Sec. 08.68.410. Definitions. As used in this chapter

(1) "board" means the Board of Nursing;

(2) "licensed professional nurse" is equivalent to the common title registered nurse;

(3) "licensed practical nurse" is equivalent to the title licensed vocational nurse;

(4) "practical nursing" also means vocational nursing;

(5) "practice of professional nursing" means the performance for compensation of observation, care and counsel of the ill, injured, or infirm, or the maintenance of health or prevention of illness of others, the supervision and teaching of personnel; or the administration of medications and treatments prescribed by a licensed physician or dentist which require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical, and social science; but the foregoing do not include acts of medical diagnosis, or the prescription of medical therapeutic or corrective measures unless authorized by regulations promulgated jointly by the State Medical Board and the Board of Nursing and as implemented by the Board of Nursing;

(6) "practice of practical nursing" means the performance for compensation of selected acts in the care or prevention of illness, and in the care of the ill, injured, or infirm under the direction of a licensed professional nurse or a licensed physician or a licensed dentist not requiring the substantial specialized skill, judgment and knowledge required in professional nursing;

(7) an "accredited nursing education program" is a program having curricula and standards which meet the requirements established by the board;

(8) "endorsement" is the licensing or registering of an applicant without examination through the acceptance of a license or registration issued by any state or territory after a comprehensive examination which is equivalent to the examination offered in this state, and providing the applicant meets all other qualifications required by law;

(9) "advanced nurse practitioner" means a registered professional nurse who by virtue of specialized education and experience, has become certified to perform acts of medical diagnosis, and prescription of medical, therapeutic or corrective measures as authorized by regulations promulgated under (5) of this section. (§ 2 ch 90 SLA 1957; am § 5 ch 37 SLA 1970; am § 3 ch 67 SLA 1973; am §§ 11, 12 ch 129 SLA 1974)

Effect of amendments. — The 1973 amendment added the language beginning "unless authorized" to the end of paragraph (5).

The 1974 amendment substituted "state or territory" for "state, territory, or foreign country" near the middle of paragraph (8) and added paragraph (9).

Chapter 70. Nursing Home Administrators.

Section
10. Creation of Board of Nursing Home Administrators
20. Membership board; source of appointments; term of office
30. Election of officers
40. Board meetings: Quorum
50. Duties and powers of the board
60. Expenses
70. Applicability of Administrative Procedure Act
80. License required
90. Application
110. Licensing
120. Examination
130. Provisional licenses
140. Expiration and renewal
150. Fees
160. Unlawful acts
170. Penalties
180. Definitions
190. Facilities operated by religious organizations

Sec. 08.70.010. Creation of Board of Nursing Home Administrators. There is established the Board of Nursing Home Administrators. (§ 1 ch 123 SLA 1975)

Legislative committee report. — For report on ch. 123, SLA 1975 (HCSSB 132 [Judiciary] am H), see 1975 House Journal, p. 1221.

Sec. 08.70.020. Membership board; source of appointments; term of office. (a) The board consists of five members: two nursing home

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF LAW

OFFICE OF THE ATTORNEY GENERAL

POUCH K — STATE CAPITOL
JUNEAU 99811

March 10, 1977

Representative Charles H. Parr
Chairman
Committee on Health, Education and
Social Services
Alaska House of Representatives
Pouch V
Juneau, Alaska 99811

Re: House Bill 296

Dear Mr. Parr:

On looking over House Bill 296 which has been referred to your committee I notice that the title refers only to civil liability of health care providers, while section 1 mentions "civil or criminal" action.

Therefore to comply with Article II, Section 13 of the State Constitution and AS 24.30.020 which require that "the subject of each bill . . . be expressed in its title", we suggest that Page 1, Line 6 be amended to insert "and criminal" between "civil" and "liability".

Thank you for your consideration.

Sincerely,

AVRUM M. GROSS
ATTORNEY GENERAL

By: Richard L. Peter
Richard L. Peter
Assistant Attorney General

RLP:jf

HB
340

ALASKA NATIVE COMMISSION ON ALCOHOLISM AND DRUG ABUSE

750 East Fireweed Lane
Anchorage, Alaska 99503

April 27, 1977

House HESS Committee
Representative Charles Parr, Chairman
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr and Committee:

The Alaska Native Commission on Alcoholism and Drug Abuse respectfully requests to officially go on your committee record as having endorsed and supported in good conscience, the existing House Bill 340, introduced as of March 11, 1977.

We have reviewed the bill in its entirety, section by section; and comfortably respect the professional insight of the Legislature in their objective evaluation of this bill's merits.

Optionally, this should provide for the arrangements of personnel, facilities, and technology within pre-arranged channels of communication and transportation for the effective and coordinated delivery of consistent and sequential alcoholism/drug treatment care and continuity thereof, by appropriate geographical areas, as established under recognition of Public Law 93-641, with the on-going regional development of Health Systems Agencies and Planning Groups, and Regional Native Health Organizations.

This should further organize the response capabilities of existing treatment and health services for the survival of the acutely ill alcoholism/drug dependant patient, and provide accessability to quality recovery of patients requiring these services.

It is with this interest and the commitment of our constituents, the Native Commonwealth of Alaska, that the Alaska Native Commission be given the credability and consideration for such on endorsement. It further would be most difficult for us to consider any novel revisions under a proposed HB-340, without the benefit of review and comment by all affected rural health entities and communities. With this we remain,

Respectfully yours,

George Barril

George Barril, Executive Director

GB/aw
cc: Governor, Jay S. Hammond
Commissioner, Francis F. Williamson
Coordinator, Robert Cole, S.O.A.
Senator, Mike Colletta, Chairman, Special Committee on Alcoholism

Amended in HB 340

Sec. 47.37.010. Declaration of policy. It is the policy of the state that alcoholics and intoxicated persons should not be criminally prosecuted for their consumption of alcoholic beverages and that they should be afforded a continuum of treatment so they may lead normal lives as productive members of society. (§ 1 ch 207 SLA 1972)

Purpose of the legislature in enacting this chapter. — See Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

This chapter establishes a comprehensive program for the treatment of alcoholism as a disease. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Public drunkenness should not be made the subject of criminal sanctions. — See Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

This chapter does not make drunkenness a defense to criminal liability for nonalcoholic substantive offenses committed by one under the influence of liquor. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

This chapter repealed by implication 13 AAC 02.175(c), which prohibits a person from being upon or along a highway while under the influence of an intoxicating liquor. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

There is an irreconcilable conflict between this chapter, a principal purpose of which is to decriminalize public drunkenness, and 13 AAC 02.175(c), making it a misdemeanor to appear upon or along a highway or street in an intoxicated condition. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Sec. 47.37.020. Office of alcoholism. An office of alcoholism is established in the department. The office shall be headed by a coordinator appointed by the commissioner. The coordinator shall be a qualified professional who has training and experience in the organization and administration of treatment services for persons with medical-social problems. The coordinator is in the classified service. (§ 1 ch 207 SLA 1972)

Sec. 47.37.030. Powers of office. The office may

(1) plan, establish, and maintain treatment programs as appropriate;

(2) make contracts necessary or incidental to the performance of its duties and the execution of its powers, including contracts with public and private agencies, organizations, and individuals, to pay them for services rendered or furnished to alcoholics or intoxicated persons;

(3) solicit and accept for use a gift of money or property or a grant of money, services, or property from the federal government, the state, or a political subdivision of it or a private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for a grant;

(4) administer or supervise the administration of the provisions relating to alcoholics and intoxicated persons of any state plan submitted for federal funding under federal health, welfare, or treatment legislation;

(5) coordinate its activities and cooperate with alcoholism programs in this and other states, and make contracts and other joint or

cooperative arrangements with state, local, or private agencies for the treatment of alcoholics and intoxicated persons and for the common advancement of alcoholism programs in this and other states;

(6) keep records and engage in research and the gathering of relevant statistics;

(7) do other acts necessary to implement the authority expressly granted to it;

(8) acquire, hold, or dispose of real property or any interest in it, and construct, lease, or otherwise provide treatment facilities for alcoholics and intoxicated persons; however, the office shall encourage local initiative, involvement and financial participation under grants-in-aid whenever possible in preference to the construction or operation of facilities directly by the office. (§ 1 ch 207 SLA 1972)

Sec. 47.37.040. Duties of office. The office shall

(1) develop, encourage, and foster statewide, regional, and local plans and programs for the prevention of alcoholism and treatment of alcoholics and intoxicated persons in cooperation with public and private agencies, organizations, and individuals, and provide technical assistance and consultation services for these purposes;

(2) coordinate the efforts and enlist the assistance of all public and private agencies, organizations, and individuals interested in prevention of alcoholism and treatment of alcoholics and intoxicated persons;

(3) cooperate with the division of corrections in establishing and conducting programs to provide treatment for alcoholics and intoxicated persons in or on parole from penal institutions;

(4) cooperate with the Department of Education, school boards, schools, police departments, courts, and other public and private agencies, organizations and individuals in establishing programs for the prevention of alcoholism and treatment of alcoholics and intoxicated persons, and preparing curriculum materials for use at all levels of school education;

(5) prepare, publish, evaluate, and disseminate educational material dealing with the nature and effects of alcohol;

(6) develop and implement, as an integral part of treatment programs, an educational program for use in the treatment of alcoholics and intoxicated persons which includes the dissemination of information concerning the nature and effects of alcohol;

(7) organize and foster training programs for all persons engaged in treatment of alcoholics and intoxicated persons;

(8) sponsor and encourage research into the causes and nature of alcoholism and treatment of alcoholics and intoxicated persons, and serve as a clearinghouse for information relating to alcoholism;

(9) specify uniform methods for keeping statistical information by public and private agencies, organizations, and individuals, and collect and make available relevant statistical information, including number

of persons treated, frequency of admission and readmission, and frequency and duration of treatment;

(10) advise the governor in the preparation of a comprehensive plan for treatment of alcoholics and intoxicated persons;

(11) review all state health, welfare, and treatment plans to be submitted for federal funding, and advise the commissioner on provisions to be included relating to alcoholism and intoxicated persons;

(12) assist in the development of, and cooperate with, alcohol education and treatment programs for employees of state and local governments and businesses and industries in the state;

(13) utilize the support and assistance of interested persons in the community, particularly recovered alcoholics, to encourage alcoholics to voluntarily undergo treatment;

(14) cooperate with the Department of Public Safety and the Department of Highways in establishing and conducting programs designed to deal with the problem of persons operating motor vehicles while intoxicated;

(15) encourage hospitals and other appropriate health facilities to admit without discrimination alcoholics and intoxicated persons and to provide them with adequate and appropriate treatment;

(16) encourage all health and disability insurance programs to include alcoholism as a covered illness;

(17) submit to the legislature an annual report covering the activities of the office. (§ 1 ch 207 SLA 1972)

Sec. 47.37.050. Interdepartmental coordinating committee. (a) An interdepartmental coordinating committee is created, composed of the coordinator and the commissioners of health and social services, education, highways, labor and public safety. The committee shall meet at least twice annually at the call of the commissioner of health and social services who is its chairman. The committee shall provide for the coordination and exchange of information on all programs relating to alcoholism, and act as a permanent liaison among state departments engaged in activities affecting alcoholics and intoxicated persons. The committee shall assist the commissioner of health and social services and the coordinator in formulating a comprehensive plan for prevention of alcoholism and for treatment of alcoholics and intoxicated persons.

(b) In exercising its coordinating functions, the committee shall assure that the appropriate state agencies

(1) provide all necessary medical, social, treatment, and educational services for alcoholics and intoxicated persons and for the prevention of alcoholism, without unnecessary duplication of services;

(2) cooperate in the use of facilities and in the treatment of alcoholics and intoxicated persons;

(3) adopt approaches for the prevention of alcoholism and the treatment of alcoholics and intoxicated persons consistent with the policy of this chapter. (§ 1 ch 207 SLA 1972)

foster home, group home, institution or other place for the regular reception or care of children under 16 years of age, or (2) engage in the business of receiving or caring for children under 14 years of age, with or without compensation, in a nursery in which five or more children not related by blood or marriage, or legal adoption, to the owner, operator or manager of the business are lodged. (§ 3 ch 17 SLA 1951; am § 3 ch 42 SLA 1973; am § 3 ch 253 SLA 1976)

Effect of amendment.
The 1976 amendment, effective July 1, 1976, deleted "nursery" preceding "institution or other place" in clause (1) and in clause (2), substituted "14 years of age" for "16 years of age," "five or more children" for "a child," and "are lodged" for "is lodged or boarded" and inserted "in a nursery."

Chapter 37. Uniform Alcoholism and Intoxication Treatment Act.

Section
80. Qualifications of board members
170. Treatment and services for intoxicated persons and persons incapacitated by alcohol
250. Nonapplicability

Sec. 47.37.010. Declaration of policy.

Quoted in In re S.D., Sup. Ct. Op. No. 1255 (File No. 2530), 549 P.2d 1190 (1976).

Sec. 47.37.080. Qualifications of board members. Of the nine members

(1) two shall be persons who are licensed to practice medicine in the state, one of whom shall be certified in psychiatry by the American Board of Psychiatry and Neurology or eligible for that certification, except that if a psychiatrist is not available a clinical psychologist may be appointed;

(2) one shall be a practicing attorney who has been admitted to the practice of law by the state supreme court;

(3) two shall be persons who have evidenced an interest in the problems of alcoholism and who have knowledge of the social problems encountered in the rehabilitation of alcoholics;

(4) one shall be a public health nurse;

(5) one shall be a representative of the liquor industry;

(6) one shall be from the public at large;

(7) one shall be a social worker. (§ 1 ch 207 SLA 1972; am § 1 ch 72 SLA 1976)

Effect of amendment. — The 1976 amendment rewrote this section.

Sec. 47.37.060. Advisory board on alcoholism. There is established in the Department of Health and Social Services an advisory board on alcoholism. (§ 1 ch 207 SLA 1972)

Editor's note. — Section 3, ch. 207, SLA 1972, provides: "Because the provisions in this Act relating to the Advisory Board on Alcoholism (AS 47.37.060 — 47.37.120) are identical to the provisions in AS 44.29.030 — 44.29.090 which are repealed in sec. 2 of this Act, nothing in this Act requires the appointment of a new board."

Sec. 47.37.070. Composition. The advisory board on alcoholism consists of nine members appointed by the governor. (§ 1 ch 207 SLA 1972)

Revisor's note (1972). — In ch. 207, SLA 1972, AS 47.37.070 — 47.37.270 were designated AS 47.37.062 — 47.37.310.

Sec. 47.37.080. Qualifications of board members. (a) Two members shall be persons who are licensed to practice medicine in the state, one of whom shall be certified in psychiatry by the American Board of Psychiatry and Neurology or is eligible for that certification, except that if a psychiatrist is not available, a clinical psychologist may be appointed.

(b) One member shall be a practicing attorney who has been admitted to the practice of law by the supreme court of the State of Alaska.

(c) One member shall be a person who has evidenced an interest in the problems of alcoholism and who has knowledge of the social problems encountered in the rehabilitation of alcoholics.

(d) One member shall be a public health nurse.

(e) One member shall be a representative of the liquor industry.

(f) One member shall be a member of Alcoholics Anonymous.

(g) One member shall be from the public at large.

(h) One member shall be a social worker. (§ 1 ch 207 SLA 1972)

Sec. 47.37.090. Term of office. (a) The members of the board initially appointed under § 80(a) of this chapter serve terms of four years.

(b) The member initially appointed under § 80(b) of this chapter serves a term of three years.

(c) The member initially appointed under § 80(c) of this chapter serves a term of two years.

(d) The members initially appointed under § 80(d)—(h) of this chapter serve terms of four years. Subsequent terms for all board members are four years.

(e) A vacancy occurring in the membership of the board shall be filled by appointment of the governor for the unexpired portion of the vacated term.

(f) Board members serve at the pleasure of the governor. (§ 1 ch 207 SLA 1972).

Sec. 47.37.100. Compensation, per diem, or expenses. Members of the advisory board on alcoholism are not entitled to a salary, but are entitled to per diem, reimbursement for travel and other expenses authorized by law for other boards. (§ 1 ch 207 SLA 1972)

Sec. 47.37.110. Duties. The board shall act in an advisory capacity to the commissioner in the following matters:

(1) special problems affecting mental health which alcoholism may present;

(2) educational and research activities conducted by the office in respect to the problems presented by alcoholism;

(3) social problems which affect rehabilitation of alcoholics;

(4) legal processes which affect the treatment and rehabilitation of alcoholics;

(5) a program of public relations concerning the problem of alcoholism conducted by a department of the state government or by an organized group whose purpose is the rehabilitation of alcoholics. (§ 1 ch 207 SLA 1972)

Sec. 47.37.120. Alcoholism program coordinator. The alcoholism program coordinator shall carry out the development and implementation of a comprehensive program dealing with the treatment of, research on and education concerning alcoholic problems as they affect the state. (§ 1 ch 207 SLA 1972)

Sec. 47.37.130. Comprehensive program for treatment; regional facilities. (a) The office shall establish a comprehensive and coordinated program for the treatment of alcoholics and intoxicated persons. Subject to the approval of the commissioner, the coordinator may divide the state into appropriate regions to conduct the program and establish standards for the development of the program on the regional level. In establishing the regions, consideration shall be given to the city and borough lines and population concentrations and when feasible, programs shall be established with maximum local community involvement.

(b) The program of the office shall include

(1) emergency treatment provided by a facility affiliated with or part of the medical service of a general hospital;

(2) inpatient treatment;

(3) intermediate treatment; and

(4) outpatient and follow-up treatment.

(c) The office shall provide adequate and appropriate treatment for alcoholics and intoxicated persons admitted under §§ 160—190 of this chapter within the limits of available state and federal funds.

(d) The office shall maintain, supervise and control all facilities operated by it subject to the regulations of the department. The administrator of each facility shall make an annual report of its activities to the coordinator in the form and manner the coordinator specifies.

(e) If possible, the office shall coordinate the activities of the program with all appropriate public and private resources.

(f) The coordinator shall prepare, publish, and distribute annually a list of all approved public and private treatment facilities.

(g) The office may contract for the use of any facility as an approved public treatment facility if the coordinator, subject to the regulations of the department, considers this an effective and economical course to follow. (§ 1 ch 207 SLA 1972)

Sec. 47.37.140. Public and private treatment facilities. (a) The office shall establish standards for facilities before their approval as public or private treatment facilities, and fix the fees to be charged for the required inspections of those facilities. The standards shall concern only the health conditions to be met and standards of treatment to be afforded patients.

(b) The office shall inspect, on a regular basis, approved public and private treatment facilities at reasonable times and in a reasonable manner.

(c) The office shall maintain a list of approved public and private treatment facilities.

(d) Each approved public and private treatment facility shall file with the office on request, data, statistics, schedules, and information which the office reasonably requires. An approved public or private treatment facility that without good cause fails to furnish any data, statistics, schedules, or information as requested, or files fraudulent returns of them, shall be removed from the list of approved treatment facilities.

(e) The coordinator, after holding a hearing under the provisions of the Administrative Procedure Act (AS 44.62), may suspend, revoke, limit, restrict, or refuse to grant an approval for a treatment facility, for failure to meet its standards.

(f) Upon petition of the office and after a hearing held upon reasonable notice to the facility, the district court may issue a warrant to an officer or employee of the office authorizing him to enter and inspect at reasonable times, and examine the books and accounts of an approved public or private treatment facility refusing to consent to inspection or examination by the office or which the office has reasonable cause to believe is operating in violation of this chapter. (§ 1 ch 207 SLA 1972)

Sec. 47.37.150. Acceptance for treatment. The coordinator shall promulgate regulations for the admission of persons into the treatment program, considering available treatment resources and facilities, for the purpose of early and effective treatment of alcoholics and intoxicated persons. In establishing the regulations the coordinator shall be guided by the following standards:

(1) if possible a patient shall be treated on a voluntary rather than an involuntary basis;

Supplement

Sec. 47.37.170. Treatment and services for intoxicated persons and persons incapacitated by alcohol. (a) An intoxicated person may come voluntarily to an approved public treatment facility for emergency treatment. A person who appears to be intoxicated in a public place and to be in need of help or a person who appears to be intoxicated in or upon a licensed premise where intoxicating liquors are sold or consumed who refuses to leave upon being requested to leave by the owner, an employee or a peace officer may be taken into protective custody and assisted by a peace officer or a member of the emergency service patrol to his home, an approved public treatment facility, an approved private treatment facility, or another appropriate health facility. If all of the preceding facilities, including the person's home, are determined to be unavailable, a person taken into protective custody and assisted under this subsection may be taken to a state or municipal detention facility in the area.

(b) A person who appears to be incapacitated by alcohol in a public place shall be taken into protective custody by a peace officer or a member of the emergency service patrol and immediately brought to an approved public treatment facility, an approved private treatment facility, or another appropriate health facility or service for emergency medical treatment. If no treatment facility or emergency medical service is available, a person who appears to be incapacitated by alcohol in a public place shall be taken to a state or municipal detention facility in the area, if that appears necessary for the protection of the person's health or safety.

(i) A person taken to a detention facility under (a) or (b) of this section may be detained only (1) until a treatment facility or emergency medical service is made available, or (2) until he is no longer intoxicated or incapacitated by alcohol, or (3) for a maximum period of 12 hours, whichever occurs first. A detaining officer or a detention facility official may release a person who is detained under (a) or (b) of this section at any time to the custody of a responsible adult. A peace officer or a member of the emergency service patrol, in detaining a person under (a) or (b) of this section and in taking him to a treatment facility, an emergency medical service or a detention facility, is taking him into protective custody and he shall make reasonable efforts to provide for and protect the health and safety of the detainee. In taking a person into protective custody under (a) and (b) of this section, a detaining officer, a member of the emergency service patrol or a detention facility official may take reasonable steps to protect himself, including a full protective search of the person of a detainee. Protective custody under (a) and (b) of this section does not constitute an arrest and no entry or other record may be made to indicate that the person detained has been arrested or charged with a crime, except that a confidential record may be made which is necessary for the administrative purposes of the facility to which the person has been taken or which is necessary for statistical purposes where the person's name may not be disclosed.

(j) For purposes of (b) of this section, "incapacitated by alcohol" means a person who, as the result of consumption of alcohol, is rendered unconscious or has his judgment or physical mobility so impaired that he cannot readily recognize or extricate himself from conditions of apparent or imminent danger to his health or safety. The definition in AS 47.37.270(8) applies to other portions of this chapter.
(am §§ 1—4 ch 101 SLA 1976)

Effect of amendment. — The 1976 amendment substituted the language beginning "or a person who appears to be intoxicated" and ending "taken into protective custody and assisted" for "if he consents, may be assisted" and inserted "a member of" preceding "the emergency service patrol" in the second sentence of subsection (a), added the third sentence of that subsection, rewrote subsection (b), and added subsections (i) and (j).

As the rest of the section was not affected by the amendment, it is not set out.

Legislative committee report. — For report on ch. 101, SLA 1976 (CSSSSB 336 am H), see 1976 House Journal, p. 555.

Sec. 47.37.250. Nonapplicability. (a) Nothing in this chapter affects a statute, ordinance, or regulation relating to (1) drunken driving, driving under the influence of alcohol, or other similar offenses involving alcohol and the operation of a vehicle, aircraft, boat, machinery, or other equipment, (2) the sale, purchase, dispensation, possession, or use of alcoholic beverages at specified times and places or by a particular class of persons, including prohibitions against drinking intoxicating beverages in specified public places, or (3) being upon the traveled portion of a highway so as to be a hazard to the motoring public.

(b) Nothing in this chapter affects AS 11.70.030, relating to the defense of voluntary intoxication. (§ 1 ch 207 SLA 1972; am § 1 ch 186 SLA 1976)

Effect of amendment. — The 1976 amendment deleted "or" from the end of clause (1), added "including prohibitions against drinking intoxicating beverages in specified public places, or" to the end of clause (2), and added clause (3).

Chapter 45. Alaska Longevity Bonus.

Section
10. Persons who may qualify for longevity bonus

Sec. 47.45.010. Persons who may qualify for longevity bonus. (a) A person who is 65 years of age or over, who was domiciled in the territory on or before January 3, 1959 and who has maintained a continuous domicile in the territory or state for 25 years may apply to the commissioner of administration for qualification to receive a monthly bonus of $125.
(am § 1 ch 33 SLA 1976)

(2) a patient shall be initially assigned or transferred to outpatient or intermediate treatment, unless he is found to require inpatient treatment;

(3) a person shall not be denied treatment solely because he has withdrawn from treatment against medical advice on a prior occasion or because he has relapsed after earlier treatment;

(4) an individualized treatment plan shall be prepared and maintained on a current basis for each patient;

(5) provision shall be made for a continuum of coordinated treatment services, so that a person who leaves a facility or a form of treatment will utilize other appropriate treatment and facilities. (§ 1 ch 207 SLA 1972)

Sec. 47.37.160. Voluntary treatment of alcoholics. (a) An alcoholic may voluntarily apply for treatment directly to an approved public treatment facility.

(b) Subject to regulations promulgated by the coordinator, the administrator in charge of an approved public treatment facility may determine who shall be admitted for treatment. If a person is refused admission to an approved public treatment facility, the administrator shall, if possible, refer the person to another approved public treatment facility.

(c) When a patient receiving inpatient care leaves an approved public treatment facility, he shall be encouraged to consent to appropriate outpatient or intermediate treatment. If it appears to the administrator in charge of the treatment facility that the patient is an alcoholic who requires help, the office shall arrange for assistance in obtaining supportive services and residential facilities. (§ 1 ch 207 SLA 1972)

Sec. 47.37.170. Treatment and services for intoxicated persons and persons incapacitated by alcohol. (a) An intoxicated person may come voluntarily to an approved public treatment facility for emergency treatment. A person who appears to be intoxicated in a public place and to be in need of help, if he consents, may be assisted by a peace officer or the emergency service patrol to his home, an approved public treatment facility, an approved private treatment facility, or another appropriate health facility.

(b) A person who appears to be incapacitated by alcohol shall be taken into protective custody by a peace officer or a member of the emergency service patrol and immediately brought to an approved public treatment facility for emergency treatment. If no approved public treatment facility is readily available he shall be taken to an emergency medical service customarily used for incapacitated persons. The peace officer or a member of the emergency service patrol, in detaining the person and in taking him to an approved public treatment facility, is taking him into protective custody and he shall make every reasonable effort to protect his health and safety. In taking the person into protective custody, the

detaining officer may take reasonable steps to protect himself. Protective custody does not constitute an arrest under this section and no entry or other record shall be made to indicate that the person has been arrested or charged with a crime.

(c) A person who voluntarily appears or is brought to an approved public treatment facility shall be examined by a licensed physician as soon as possible. After the examination, he may be admitted as a patient or referred to another health facility. The approved public treatment facility which refers him shall arrange for his transportation.

(d) No person who, after medical examination, is found to be incapacitated by alcohol at the time of his admission or to have become incapacitated at any time after his admission, may be detained at a facility after he is no longer incapacitated by alcohol. No person may be detained at a facility if he remains incapacitated by alcohol for more than 48 hours after admission as a patient, unless he is committed under § 180 of this chapter. A person may consent to remain in the facility as long as the physician in charge considers it appropriate.

(e) A person who is not admitted to an approved public treatment facility, is not referred to another health facility, and has no funds, may be taken to his home, if any. If he has no home, the approved public treatment facility shall assist him in obtaining shelter.

(f) If a patient is admitted to an approved public treatment facility, his family or next of kin shall be promptly notified. If an adult patient who is not incapacitated requests that there be no notification of next of kin, his request shall be granted.

(g) Peace officers or members of the emergency service patrol who comply with this section are acting in the course of their official duty and are not criminally or civilly liable for it.

(h) If the physician in charge of the approved public treatment facility determines it is for the patient's benefit, an attempt shall be made to encourage the patient to submit to further diagnosis and appropriate voluntary treatment. (§ 1 ch 207 SLA 1972)

Section does not violate 4th amendment. — While a statute countenancing an unreasonable search would be in violation of the 4th amendment to the United States Constitution and the similar Alaska Const., art. I, § 14, the provisions of this section constitute no such violation. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

An officer transporting a person incapacitated by drink has a valid reason to make a limited search for possible weapons which might be used to injure him. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Items held subject of illegal search and seizure. Where under this chapter, defendant should have been taken to a treatment facility or an emergency medical service, and where at that point the police would normally release him from custody and thus would not have direct access to items in the possession of the intoxicated person, any items that were revealed or came into the possession of the police officer solely as a result of a more detailed search performed when defendant was placed in jail were the subject of an illegal search and seizure and should be suppressed. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Sec. 47.37.180. Emergency commitment. (a) An intoxicated person who (1) has threatened, attempted to inflict, or inflicted physical harm on another or is likely to inflict physical harm on another unless committed, or (2) is incapacitated by alcohol, may be committed to an approved public treatment facility for emergency treatment. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment.

(b) The certifying physician, spouse, guardian, or relative of the person to be committed, or any other responsible person, may make a written application for commitment under this section, directed to the administrator of the approved public treatment facility. The application shall state facts to support the need for emergency treatment and be accompanied by a physician's certificate supporting the need for emergency treatment and stating that the physician has examined the person sought to be committed within two days before the certificate's date.

(c) Upon approval of the application by the administrator in charge of the facility, the person may be brought to the facility by a peace officer, a health officer, a member of the emergency service patrol, the applicant for commitment, the patient's spouse, the patient's guardian, or any other interested person. The person shall be retained at the facility to which he was admitted, or transferred to another appropriate public or private treatment facility, until discharged under (e) of this section. However, no person may be detained under this section for more than 48 hours unless a district or superior court judge has reviewed and approved the commitment application.

(d) The administrator in charge of an approved public treatment facility may refuse an application if in his opinion the application and certificate fail to sustain the grounds for commitment.

(e) When on the advice of his medical staff the administrator determines that the grounds for commitment no longer exist, he shall discharge a person committed under this section. No person committed under this section may be detained in a treatment facility for more than five days. If a petition for involuntary commitment under § 190 of this chapter has been filed within the five days and the administrator in charge of an approved public treatment facility finds that grounds for emergency commitment still exist, he may detain the person until the petition has been heard and determined, but no longer than 10 days after filing the petition.

(f) A copy of the written application for commitment and of the physician's certificate, and a written explanation of the persons' right to legal counsel, shall be given to the person within 24 hours after commitment by the administrator, who shall provide a reasonable opportunity for the person to consult with legal counsel. (§ 1 ch 207 SLA 1972)

Sec. 47.37.190. Involuntary commitment of alcoholics. (a) After a hearing initiated by petition of his spouse or guardian, a relative, the certifying physician, or the administrator in charge of an approved public treatment facility, a person may be committed to the custody of the office by the superior court. The petition shall allege that the person is an alcoholic who habitually lacks self-control in using alcoholic beverages and that he (1) has threatened, attempted to inflict, or inflicted physicial harm on another and that unless committed is likely to inflict physical harm on another; or (2) is incapacitated by alcohol. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment. The petition shall be accompanied by a certificate of a licensed phyisican who has examined the person within two days before submission of the petition, unless the person whose commitment is sought has refused to submit to a medical examination, in which case the fact of refusal shall be alleged in the petition. The certificate shall set out the physician's findings in support of the allegations of the petition.

(b) After the petition is filed, the court shall fix a date for a hearing no later than 10 days after the date the petition was filed. A copy of the petition and of the notice of the hearing, including the date fixed by the court, shall be served on (1) the petitioner; (2) the person whose commitment is sought; (3) the next of kin of the person whose commitment is sought; (4) the administrator in charge of the approved public treatment facility in which the committed person has been committed for emergency care, and any other person the court considers appropriate. A copy of the petition and certificate shall be delivered to each person notified.

(c) If, not less than two days before the date fixed for the hearing, the person sought to be committed or his counsel or advisor files a written request with the superior court, the court shall summon and impanel a jury of six adult residents of the judicial district in which the court officiates, preferably from the court's jury list or the last voters list, if available, to hear and consider evidence concerning the condition of the person sought to be committed. (§ 1 ch 207 SLA 1972)

Sec. 47.37.200. Hearing on petition for involuntary commitment of alcoholics. (a) At the hearing required under § 190(b) of this chapter, the court or the jury, if requested under § 190(c) of this chapter, shall hear all relevant testimony, including, if possible, the testimony of at least one licensed physician who has examined the person whose commitment is sought. The person whose commitment is sought shall be present unless the court believes that his presence is likely to be injurious to him, in which case the court shall appoint a guardian ad litem to represent him throughout the proceeding. The court may examine the person in open court, or if advisable, examine him out of court. If the person has refused to be examined by a licensed physician, he shall be given an opportunity to request examination by a court-appointed

licensed physician. If he fails to request a medical examination and there is sufficient evidence to believe that the allegations of the petition are true, or if the court believes that more medical evidence is necessary, the court may issue a temporary order committing him to the office for a period of not more than five days for purposes of a diagnostic examination.

(b) If after hearing all relevant evidence, including the results of any diagnostic examination by the office, the court or the jury finds that grounds for involuntary commitment have been clearly established, the court shall issue an order of commitment to the office. No court may order the commitment of a person unless it determines that the office is able to provide adequate and appropriate treatment for him.

(c) A person committed under §§ 190 — 200 of this chapter shall remain in the custody of the office for treatment for a period of up to 30 days. At the end of the 30-day period, he shall be discharged automatically unless the office, before the expiration of the period, obtains a court order for his recommitment upon the grounds set out in § 190(a) of this chapter for a further period of up to 90 days. If a person has been committed because he is an alcoholic likely to inflict physical harm on another, the office shall apply for recommitment if after examination it is determined that the likelihood still exists.

(d) A person recommitted under (c) of this section who has not been discharged by the office before the end of the 90-day period shall be discharged at the expiration of that period unless the office, before expiration of the period, obtains a court order on the grounds set out in § 190(a) of this chapter for recommitment for a further period not to exceed 90 days. If a person has been committed because he is an alcoholic likely to inflict physical harm on another, the office shall apply for recommitment if after examination it is determined that the likelihood still exists. No more than two recommitment orders may be permitted under (c) and (d) of this section.

(e) Upon the filing of a petition for recommitment under (c) or (d) of this section, the court shall fix a date for hearing no later than 10 days after the date the petition was filed. A copy of the petition and of the notice of hearing, including the date fixed by the court, shall be served on (1) the petitioner; (2) the person whose commitment is sought; (3) the next of kin of the person whose commitment is sought; (4) the original petitioner under § 190(a) of this chapter, if different from the petitioner for recommitment; (5) any other person the court considers appropriate. Section 180(c) of this chapter applies to hearings for recommitment under this section. At the hearing the court or the jury shall proceed as provided in (a) of this section.

(f) The office shall provide adequate and appropriate treatment for a person in its custody. The office may transfer a person in its custody from one approved public treatment facility to another if the transfer is medically advisable.

(g) A person committed to the custody of the office for treatment shall be discharged at any time before the end of the period for which he has been committed if either of the following conditions is met:

(1) when an alcoholic committed on the grounds of likelihood of infliction of physical harm on another is no longer considered an alcoholic or the likelihood of his infliction of physical harm no longer exists; or

(2) when, in the case of an alcoholic committed on the grounds of the likelihood of infliction of physical harm on another, either

(A) further treatment will not be likely to bring about significant improvement in the person's condition, or

(B) treatment is no longer adequate or appropriate.

(h) The court shall inform the person whose commitment or recommitment is sought of his right to contest the application, be represented by counsel at every stage of the proceedings relating to his commitment and recommitment, to have counsel appointed by the court or provided by the court, if he is unable to obtain counsel, and to a jury trial, if requested, as specified in § 190(c) of this chapter. If the court believes that the person needs the assistance of counsel, the court shall require, by appointment if necessary, counsel for him regardless of his objection. The person whose commitment or recommitment is sought shall be informed of his right to be examined by a licensed physician of his choice. If the person is unable to obtain a licensed physician and requests examination by a physician, the court shall employ a licensed physician for the examination.

(i) If a private treatment facility agrees with the request of a competent patient or his parent, sibling, adult child, or guardian to accept the patient for treatment, the administrator of the public treatment facility shall transfer him to the private treatment facility.

(j) A person committed under this chapter may at any time seek discharge from commitment by writ of habeas corpus under AS 12.75. (§ 1 ch 207 SLA 1972)

Sec. 47.37.210. Records of alcoholics and intoxicated persons. (a) The registration and other records of treatment facilities shall remain confidential and are privileged to the patient.

(b) Notwithstanding (a) of this section, the coordinator may make available information from patient's records for purposes of research into the causes and treatment of alcoholism. No information may disclose a patient's name. (§ 1 ch 207 SLA 1972)

Sec. 47.37.220. Visitation and communication of patients. (a) Patients in any approved treatment facility under this chapter shall be granted reasonable opportunities for adequate consultation with counsel, and for continuing contact with family and friends including the use of telephone facilities, consistent with an effective treatment program.

(b) No mail or other communication to or from a patient in any approved treatment facility may be intercepted, read, or censored. (§ 1 ch 207 SLA 1972)

Sec. 47.37.230. Establishment of emergency service patrol. (a) The office and cities and boroughs may establish emergency service patrols. An emergency service patrol consists of persons trained to give assistance in public places to persons who are intoxicated. Members of an emergency service patrol shall be capable of providing first aid in emergency situations and shall be capable of transporting intoxicated persons to their homes and to and from public treatment facilities.

(b) The coordinator shall promulgate regulations for the establishment, training, and conduct of emergency service patrols. (§ 1 ch 207 SLA 1972)

Sec. 47.37.240. Payment for treatment. (a) A patient in an approved treatment facility, or the person obligated to provide for the cost of treatment of a person committed under this chapter, is liable to the office for the cost of maintenance and treatment of the patient in accordance with rates established by the coordinator.

(b) The coordinator shall promulgate regulations governing financial ability that take into consideration the income, savings and other personal and real property of the person liable for the cost and maintenance of the patient. (§ 1 ch 207 SLA 1972)

Sec. 47.37.250. Nonapplicability. (a) Nothing in this chapter affects a statute, ordinance, or regulation relating to (1) drunken driving, driving under the influence of alcohol, or other similar offenses involving alcohol and the operation of a vehicle, aircraft, boat, machinery, or other equipment, or (2) the sale, purchase, dispensation, possession, or use of alcoholic beverages at specified times and places or by a particular class of persons.

(b) Nothing in this chapter affects AS 11.70.030, relating to the defense of voluntary intoxication. (§ 1 ch 207 SLA 1972)

This section refers only to the sale, purchase, dispensation or use of alcoholic beverages. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

And not to being intoxicated at "specific times and places". — See Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

A construction to expand the nonapplicability section to include anyone intoxicated on a highway would have the effect of emasculating the statute. Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Sec. 47.37.260. Application of Administrative Procedure Act. Except as otherwise provided in this chapter, the Administrative Procedure Act (AS 44.62) applies to and governs all administrative action taken by the coordinator under this chapter. (§ 1 ch 207 SLA 1972)

Sec. 47.37.270. Definitions. In this chapter

(1) "alcoholic" means a person who habitually lacks self-control in using alcoholic beverages, or uses alcoholic beverages to the extent that his health is substantially impaired or endangered, or his social or economic function is substantially disrupted;

(2) "approved private treatment facility" means a private agency meeting the standards prescribed in § 140(a) of this chapter and approved under § 140(c) of this chapter;

(3) "approved public treatment facility" means a treatment agency operating under the direction and control of the office or providing treatment under this chapter through a contract with the office under § 130(g) of this chapter and meeting the standards prescribed in § 140(a) of this chapter and approved under § 140(c) of this chapter;

(4) "commissioner" means the commissioner of health and social services;

(5) "coordinator" means the coordinator of the office of alcoholism;

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

(7) "emergency service patrol" means a patrol established under § 230 of this chapter;

(8) "incapacitated by alcohol" means a person who is unconscious or has his judgment otherwise so impaired that he is incapable of realizing and making a rational decision with respect to his need for treatment, as evidenced objectively by extreme physical debilitation, physical harm or threats of harm to others or chronic inability to hold regular employment;

(9) "incompetent person" means a person who has been adjudged incompetent by the appropriate court;

(10) "intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol;

(11) "office" means the office of alcoholism within the Department of Health and Social Services;

(12) "treatment" means the broad range of emergency, outpatient, intermediate, and inpatient services and care which may be extended to alcoholics and intoxicated persons, including diagnostic evaluation, medical, psychiatric, psychological, and social service care, vocational rehabilitation and career counseling. (§ 1 ch 207 SLA 1972)

Quoted in Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Chapter 40. Purchase of Services.

Section	Section
10. Purchase of services	50. Services
20. Licensing and supervision	60, 70. [Repealed]
30. Required accounting procedures	80. Definitions
40. Determination of full cost of services	

Repeaked in HB 340

Sec. 47.30.470. Powers and duties of department. The department shall:

(1) ascertain and keep current a list of all institutions in the state which have available facilities for the care and treatment of alcoholics;

(2) encourage the development and advancement of standards of treatment of alcoholics in institutions;

(3) promote and encourage educational activities to make the public aware of the effects of intemperate use of alcoholic beverages, and promote and encourage the education of the general public about scientific facts regarding alcoholism;

(4) utilize whatever facilities and services are available or can be made available through community organization for carrying out the purposes of this section,

(5) engage in research and educational activities that will aid in the understanding of alcoholism and in the treatment of alcoholics;

(6) administer a community grant-in-aid program for alcoholism;

(7) submit an annual report concerning alcoholism in Alaska and the grant-in-aid program within 10 days after the convening of the legislature in each regular session. (§ 2 ch 163 SLA 1966; am §§ 1, 3 ch 101 SLA 1970)

Revisor's note (1970). — In ch. 101, SLA 1970, effective July 1, 1970, paragraph (7) of AS 47.30.470 was not given an AS designation and just appeared as § 3 of that act.

Chronic alcoholism is no defense to a charge of public intoxication. Johnson v. City of Fairbanks, 6 Alas. L.J. No. 11, p. 321 (Oct., 1968).

Stated in Peter v. State, Sup. Ct. Op. No. 1112 (File No. 2185), 531 P.2d 1263 (1975).

Sec. 47.30.475. Grant-in-aid program. (a) A nonprofit corporation, a city or borough government, or other political subdivision of the state, or a combination of these, is eligible for grant-in-aid funds under this section. Applications shall be sent to the department.

(b) The department shall award grants under this section with the advice of the Advisory Board on Alcoholism, in the interest of providing or developing a comprehensive program of alcoholic rehabilitation and prevention. Grants will be awarded on a competitive basis. The department shall consider the amount of money that is available for all applications and whether an application would contribute to the wise development of a comprehensive program.

(c) Grants shall be awarded in a ratio of 75 per cent state money to 25 per cent community money, except that in communities designated as poverty areas the ratio shall be 90 per cent state money to 10 per cent community money, for the purposes of providing staff and limited improvement, renovation or new construction of facilities for alcoholic detoxification, rehabilitation or "half-way house" care. No grant for improving, renovating or constructing may exceed $50,000 except when there is a lack of applicants for available money and then only with the

approval of the Advisory Board on Alcoholism. The department is not required to award all money available under this program, or the full percentages specified in this subsection, when another source of money is available or could reasonably be made available to the applicant.

(d) Money used by the applicant to qualify for state money may be from any source other than the state. The cost of developing an application is not reimbursable from the grant. The value of real property to be used directly in conjunction with the grant may be used in calculating the required amount of community money, as allowed by regulations of the department. (§ 2 ch 101 SLA 1970; am § 1 ch 126 SLA 1975)

Effect of amendment. — The 1975 amendment, in subsection (c), substituted the language beginning "except that in communities" and ending "10 per cent community money" for "for the purpose of providing staff, and in the ratio of 75 per cent state money and 25 per cent community money" in the first sentence, inserted "staff and" in that sentence, and substituted "percentages" for "percentage" in the third sentence.

Sec. 47.30.477. Grant-in-aid program regulations. The department shall adopt regulations implementing § 475 of this chapter. The regulations shall provide for the method of application, the time for consideration of applications, the processing of applications, the type of record keeping, the requirements for reporting the progress and statistics regarding the program, the notification of the applicant as to the action taken on the application, and the issuance of licenses for facilities receiving grants-in-aid under § 475 of this chapter. The department shall also establish the necessary forms of application and may adopt other regulations considered necessary to meet the requirements of health and safety and the orderly administration of the grant-in-aid program. (§ 2 ch 101 SLA 1970)

Sec. 47.30.480. Judicial notice. The superior courts of this state may take judicial notice of the fact that an alcoholic is suffering from an illness and is in need of proper medical, advisory or rehabilitative treatment. (§ 2 ch 163 SLA 1966)

Sec. 47.30.490. Acceptance of funds. The department may accept on behalf of the state and deposit, apart from other public funds, grants from the federal government or gifts or contributions from other sources to assist in carrying out the purposes of § 470 of this chapter. (§ 2 ch 163 SLA 1966)

Sec. 47.30.500. Definitions. In §§ 470—490 of this chapter

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

(2) "alcoholism" means a condition related to alcohol and concerns a physical compulsion which exists, coupled with a mental obsession;

(3) Repealed by § 2 ch 207 SLA 1972.

(4) "poverty area" means a district in which 15 per cent or more of the population, based on the 1970 census data, polls under 125 per cent of the Community Services Administration poverty guidelines. (§ 2 ch 163 SLA 1966; am § 6 ch 104 SLA 1971; am § 2 ch 126 SLA 1975)

Effect of amendments. — The 1971 amendment substituted "Department of Health and Social Services" for "Department of Health and Welfare" in paragraph (1).

The 1972 amendment repealed paragraph (3).

The 1975 amendment added paragraph (4).

Chronic alcoholism, per se, cannot be plead as a defense to the charge of being drunk in public, disorderly conduct, or any other crime. City of Fairbanks v. Johnson, 5 Alas. L.J. No. 12, p. 260 (Dec., 1967).

It cannot be concluded on the current state of medical knowledge, that chronic alcoholics in general suffer from such an irresistible compulsion to drink and to get drunk in public that they are utterly unable to control their performance of either or both of these acts and thus cannot be deterred at all from public intoxication. Vick v. State, Sup. Ct. Op. No. 539 (File No. 987), 453 P.2d 342 (1969).

Defendant was not entitled to be relieved of accountability for the offense of public drunkenness because of his habits and drinking pattern in the use of alcoholic beverages. To impose a sentence of imprisonment upon conviction of that offense is not the imposition of cruel and unusual punishment in violation of the federal and state constitutions. Vick v. State, Sup. Ct. Op. No. 539 (File No. 987), 453 P.2d 342 (1969).

Article 5. Community Mental Health Services.

Section
520. Legislative purpose
530. Duties of department
540. Eligible local community entities
550. Cost-sharing formula; limitations
560. Funds for local programs
570. Eligible costs; maintenance of local effort
580. Comprehensive services
590. Patient rights and the confidential nature of records and information
600. Applicability to existing programs
605. Mental Health Advisory Council
610. Definitions
620. Short title

Effective date of article. — Section 3, ch. 121, SLA 1975, provides: "This Act takes effect July 1, 1975."

Editor's note. — Section 2, ch. 121, SLA 1975, effective July 1, 1975, provides: "Upon the creation of the Statewide Health Coordinating Council, as required by the National Health Planning and Resource Development Act of 1974, PL 93-641, sec. 605(a), (c) and (d) of this Act are repealed and the duty specified under sec. 605(b) of this Act shall be assumed by the Statewide Health Coordinating Council."

Sec. 47.30.520. Legislative purpose. It is the purpose of the legislature in enacting the Community Mental Health Services Act to assist local communities in planning, organizing and financing community mental health services through locally developed, administered and controlled community mental health programs. It is further intended to better utilize existing resources at both state and local levels in order to:

Sec. 44.29.010. Commissioner of Health and Social Services. The principal executive officer of the Department of Health and Social Services is the commissioner of health and social services. (§ 12 ch 64 SLA 1959; am § 2 ch 104 SLA 1971)

Am. Jur. and C.J.S. references. — 25 Am. Jur., Health, §§ 3 to 41, 48; 42 Am. Jur., Public Funds, § 57; 48 Am. Jur., Special or Local Assessments, § 1 et seq. 39 C.J.S. Health, § 1 et. seq.

Sec. 44.29.020. Duties of department. The Department of Health and Social Services shall administer the state programs of public health and social services, including: (1) maternal and child health services; (2) preventive medical services; (3) public health nursing services; (4) sanitation and engineering services; (5) nutrition services; (6) health education; (7) laboratories; (8) mental health treatment and diagnosis; (9) management of state institutions; (10) medical facilities; (11) old age assistance; (12) aid to dependent children; (13) aid to the blind; (14) child welfare services; (15) general relief; (16) licensing and supervision of child care facilities; and (17) probation and parole supervision. (§ 12 ch 64 SLA 1959; am § 3 ch 104 SLA 1971; am § 47 ch 71 SLA 1972)

Effect of amendment. — The 1972 amendment substituted "public health and social services" for "public health and welfare" near the beginning of this section.

Legislative committee report. — For report on ch. 71, SLA 1972 (HCSSB 383 am H), see 1972 House Journal, p. 898.

Article 2. Advisory Board on Alcoholism.

Section
30—90. [Repealed]

Secs. 44.29.030—44.29.090.
Repealed by § 2 ch 207 SLA 1972.

Editor's note. — The repealed article derived from § 1, ch. 163, SLA 1966; §§ 1—6, ch. 132, SLA 1967; §§ 4, 5, ch. 104, SLA 1971.

Article 3. Advisory Board on Drug Abuse.

Section
100. Advisory board on drug abuse
110. Composition
120. Term of office
130. Compensation, per diem, and expenses
140. Duties
150. Drug abuse program coordinator

Sec. 44.29.100. Advisory board on drug abuse. There is established in the Department of Health and Social Services an advisory board on drug abuse. (§ 1 ch 198 SLA 1972)

Sec. 44.29.110. Composition. The advisory board on drug abuse shall consist of 12 members, broadly representative of all drug-related fields, who are known for their experience or interest in drug abuse and who shall be appointed by the governor. (§ 1 ch 198 SLA 1972)

Sec. 44.29.120. Term of office. (a) Members of the advisory board on drug abuse shall be appointed for overlapping terms of three years.

(b) Of the 12 initial appointees four shall be appointed for one-year terms, four for two-years terms, and four for three-year terms.

(c) Subsequent terms for all board members are three years.

(d) A vacancy occurring in the membership of the board shall be filled by appointment of the governor for the unexpired portion of the vacated term.

(e) Board members serve at the pleasure of the governor.

(f) The governor shall replace any members who by poor attendance or lack of contribution to the board's work demonstrate their ineffectiveness as board members. (§ 1 ch 198 SLA 1972)

Sec. 44.29.130. Compensation, per diem, and expenses. Members of the advisory board on drug abuse are not entitled to a salary, but are entitled to per diem, reimbursement for travel and other expenses authorized by law for other boards. (§ 1 ch 198 SLA 1972)

Sec. 44.29.140. Duties. The board shall act in an advisory capacity to the commissioner of health and social services in the following matters:

(1) special problems affecting mental health which drug abuse or addiction may present;

(2) educational research and public informational activities conducted by the Department of Health and Social Services and others in respect to the problems presented by drug abuse;

(3) social problems which affect rehabilitation of drug users and addicts;

(4) legal processes which affect the treatment and rehabilitation of drug users and addicts;

(5) development of programs of prevention, treatment and rehabilitation for drug abusers and addicts;

(6) review of applications and subsequent recommendations to the commissioner of health and social services on use of funds for grants for local drug abuse projects and programs;

(7) evaluation of effectiveness of drug abuse programs in the state. (§ 1 ch 198 SLA 1972)

Sec. 44.29.150. Drug abuse program coordinator. The drug abuse program coordinator shall carry out the development and implementation of a comprehensive program to prevent and treat the use and abuse of drugs as they affect the people in Alaska. The comprehensive program may include educational activities, research, grants for treatment centers, or any other activities considered effective

for prevention or treatment. The drug abuse coordinator is appointed by the governor. (§ 1 ch 198 SLA 1972)

Chapter 31. Department of Labor.

Article
1. Organization (§§ 44.31.010 — 44.31.020)
2. Employment Advisory Commission (Repealed)

Article 1. Organization.

Section
10. Commissioner of labor
20. Duties of department

Sec. 44.31.010. Commissioner of labor. The principal executive officer of the Department of Labor is the commissioner of labor. (§ 13 ch 64 SLA 1959; am § 1 ch 93 SLA 1960)

Am. Jur. and C.J.S. references. — 31 Am. Jur., Labor, §§ 748, 749, 751 to 755; 35 Am. Jur., Master and Servant, § 136; 42 Am. Jur., Public Administrative Law, §§ 8 to 250; 42 Am. Jur., Public Officers, § 30; 49 Am. Jur., States, Territories and Dependencies, § 52.

55 C.J.S. Manufacturers § 1 et seq.; 98 C.J.S. Work and Labor § 1 et seq.

Sec. 44.31.020. Duties of department. The Department of Labor shall:

(1) enforce the laws, and adopt regulations under them concerning employer-employee relationships, including the safety, hours of work, wages, and conditions of workers, including children;

(2) accumulate, analyze and report labor statistics;

(3) operate systems of workmen's compensation and unemployment insurance; and

(4) gather data reflecting the cost of living in the various election districts of the state upon request of the director of personnel under AS 39.27.030 — 39.27.040. (§ 13 ch 64 SLA 1959; am § 1 ch 93 SLA 1960; am § 2 ch 226 SLA 1970; am § 112 ch 127 SLA 1974)

Effect of amendment. — The 1974 amendment deleted "women and" preceding "children" near the end of paragraph (1).

Article 2. Employment Advisory Commission.

Section
100 — 200. [Repealed]

Secs. 44.31.100 — 44.31.200.
Repealed by § 4 ch 74 SLA 1969.

To be put in the files
for the next hearing

Stanley Austin, M.D.

Internal Medicine
Anaesthesia Services

501 'L' Street
Anchorage, Alaska 99501
Tel [907] 279-8275

May 4, 1977.

The Hon. Charles Parr,
Chairman, House Health, Education & Social Services Committee,
Pouch V,
JUNEAU, Ak 99811.

Dear Representative Parr,

Further to my recent telegram on the subject of the bill in favor of the combination of the Advisory Boards on Drug Abuse and Alcoholism under the heading of one single advisory board, I have pleasure in indicating, in the following observations, my sentiments concerning the propriety of the amalgamation of these, and perhaps other, Boards. I am a private practitioner in the above specialties, and have taken a special interest in the origination and treatment of alcoholism since 1969, while working in anesthesia brings me virtually daily in contact with the application of narcotics, and requires some knowledge of the action of other pharmacological agents, especially vis-à-vis their influence on the behavior of anesthetics. Anesthesia is again, also coming more to the fore in the resuscitation of persons suffering from forms of shock, dehydation, and many types of overdose from medicinal and other agents.

At first sight, the bill is attractive for a number of reasons. It is taxonomically neat, in including in one unit, the Advisory Boards concerned with the problems caused by the use of abuse originally of substances classified as drugs (which tacitly to many implied narcotics), and currently by the utilization of any chemical which may give rise to dangerous physical, social and other consequences. Since alcohol would come into that category, it would seem superficially logical to deal with alcoholism under a combined Board identified with Drug or Chemical or Substance Abuse, by reasoning which is somewhat enhanced by claims from its proponents, of the increasing statistics of combined abuse and cross-addiction and tolerance. The momentum of the thrust toward some form of mixing of the Boards is further augmented by a philosophy that there is a basic psychiatric or psychological disturbance, with the implication that the ideal would be a trilogy of three Boards under the auspices of Mental Health, an idea very possibly fostered by the development of such federal agencies as ADAMHA, with implied pressures at the state level toward the adoption of a standardized and similar title. Not the least influence in this direction may be the First Lady's involvement with Mental Health in the new Administration.

Stanley Austin, M.D.

Internal Medicine
Anaesthesia Services

501 'E' Street
Anchorage, Alaska 99501
Tel (907) 279-8275

However, I believe that the constitution of a Board for Drug Abuse & Alcoholism, or for a trilogy of these Boards under the one title of Mental Health, might not turn out to be the ideal council that it would, at first sight, promise to become. To my mind there appear to be a number of factors which might obviate the smooth functioning of the combined Board which has been proposed.

I will not bore you with a repetition of the differences in development, personality, duration, prognosis and other facets of alcoholism and addiction to central nervous systems pharmaceuticals, except to note that in the treatment of opiate and alcohol dependence the goals are clearly different, one in the substitution of a less addicting for a much more harmful agent, the other being rapid withdrawal and total sobriety, and to note that sudden withholding of certain medical nervous system depressants may cause convulsions. My main concern is that, while personally being acquainted with the medical utilization of narcotics and barbiturates, and with the treatment of alcoholism, and therefore being personally very interested, and willing to serve on such a combined Board, it might be a difficult undertaking to establish a combined Board of officers with a complete understanding of the problems involved in alcoholism, non-alcoholic habituation and perhaps mental disease as well. I would indicate that at nearly every meeting of the Advisory Board on Alcoholism there are definite differences of opinion on a wide range of aspects of the problem, ranging from the amount of funding appropriate to a program to questions of legislation, legality and interdepartmental proprieties. One is inclined to wonder how much more tensions might rise on a combined Drug Abuse and Alcoholism Board, especially when, I gather, the finally constituted Board would be responsible for deciding the appropriations for all the Abuse and Alcoholism programs in the State.

Should the final Board be reconstituted under the final title of Drug Abuse, Alcoholism and Mental Health, or perhaps more correctly Mental Disease (or Psychiatry)? I think that doing so would imply the assumption, which consumed some odd ten years ago some millions of federal funds for research, that all alcoholics and users of euphoriants are the victims of an underlying psychiatric condition. My understanding is that this has not been shown to be so, although it is considered that most opiate abusers are suffering from some form of depression. However, some studies in Washington would indicate that an underlying psychiatric disturbance is no more common in primary alcoholics than among the remainder of the non-alcoholic public.

Again, if such a proposed Board were constructed, it would be faced with twice the load of duty and responsibility, and perhaps find it necessary to ~~quiton~~ assemble as frequently as the total number of Boards that it would replace, are currently meeting. One of our members, one of them more knowldgeable ones, has indicated that he would find it impossible

Stanley Austin, M.D.

Internal Medicine
Anaesthesia Services

501 'E' Street
Anchorage, Alaska 99501
Tel (907) 279-8275

-ble to maintain an attendance at all the meetings that might result from the the recombination fof the Boards. I think that if the trendgenerated in this way from the restructuring of the Boards were to continue, it might conceivably eventuate in the withdrawal of the busier professionals, with perhaps the emergence of a"rubber stamp" type of organization, an undesireable move int the face of the increased expertise that might be a tacit prerequisite for membership on a Board of this final type.

After noting the interpersonal psychodynamics and the parliammetary maneuvering generated at the time of the introduction to each other of the Alcoholism and Drug Abuse Boards, at the time nearly two years ago when the amalgamation was first directly proposed, my feeling is that because of the underlying differences in concepts and causology, it would be an unwise step to restructure more than one of this sort of Board into one unit, and that it would enkindle, as I mentioned in the POM telegram, more problems and difficulties than it would solve, and I would seriously doubt that this unification would in the long run be particularly economical.

Yours sincerely,

Stanley Austin

Stanley Austin M.D.

sa

P.S. I omitted mention of my membership on the advisory Bd. on Alcoholism

S.A.

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 340
Title An Act relating to treatment of alcoholism and drug abuse
Requested by Office of the Governor Date 3/10/77

II. FISCAL DETAIL
Agency Affected Health and Social Services
Program Category Affected Social Services
Budget Request Unit(s) Affected Alcohol Abuse and Drug Abuse

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		0	0	0		

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

This bill would combine the offices of Alcoholism and Drug Abuse, and would also combine their respective Advisory Boards. The proposed budget for a new Office of Alcoholism and Drug Abuse is attached, and in total equals the sum of the two budgets originally submitted by the Governor for the two separate offices. These original budgets were reduced by $40.8 by the Governor's Budget Review Committee in anticipation of the proposed merger. The combined budget therefore carries forward the savings of $40.8, but, if adopted, would not affect the total Governor's budget as originally submitted.

IV. DATE 3/10/77 PREPARED BY Rebal Eneeman
AGENCY Alcoholism
PHONE 586-6201

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

33-001 (Rev. 10/76)

HB 340

March 11, 1977

The Honorable Hugh Malone
Speaker 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 combine the Office of Alcoholism and the Office of Drug Abuse into a single agency. It would also extend the alcoholism grant-in-aid program to drug abuse treatment facilities. The bill also clarifies present ambiguities and incorporates all drug and alcohol treatment statutes into AS 47.37, the Uniform Alcoholism and Intoxification Treatment Act, which would then lose its uniformity with legislation of other states but would be better suited to the facts of Alaska life. Although AS 47.37 will no longer be the Uniform Act, since it will include drugs other than alcohol, the non-criminal approach of the Uniform Act will be retained.

Qualifications for membership on a new joint advisory board would be changed to satisfy the requirements of the federally-created State Health Coordinating Council of which the board would constitute a committee.

The bill would move non-duplicative portions of AS 47.30.470 - 47.30.500 to chapter 37 of that title, and repeal the remainder. AS 47.37.475(c) now authorizes grants to non-profit corporations and political subdivisions "in a ratio of 75 per cent state money to 25 per cent community money"; the attached bill would include profit-making corporations. A preference would be given to applications from communities which devote local government revenues generated by the sale of intoxicating liquor to the treatment of alcoholism.

It is anticipated that the changes proposed by this measure would reduce operating costs of the combined agencies, and lower the amount and number of grants-in-aid by encouraging the investment of private capital. The bill would also repeal AS 44.29.100 - 44.29.150 which contains the present brief authority for a drug treatment program.

Sincerely,

Jay S. Hammond
Governor

Budget Submission

RECEIVED
MAR 8 1977
BUDGET & MANAGEMENT

FY 78

BUDGET REQUEST UNIT Alcohol and Drug Abuse

BRU CODE (Found on top of Form 4)

CATEGORY: Social Services

AGENCY: Health and Social Services DIVISION:

Name and Position of Program Manager: Robert Cole/Mary Beth Hilburn Phone: 586-6201

Name and Position of Agency Contact: Marsha Hubbard, Budget Analyst IV Phone: 465-3094

DATE February 25, 1977

Francis S. Williamson
(Signature of Agency Head)

Commissions and/or Advisory Boards which have been contacted for input:

Advisory Boards on Alcoholism and Drug Abuse have had input into combining of Offices of Alcoholism and Drug Abuse but time did not permit review of this combined budget.

RECEIVED
MAR 8 1977
BUDGET & MANAGEMENT

REVISED

BUDGET SUBMISSION

1 Definition Statement

STATUTORY BASIS: AS 47.37.010-270
AS 47.37.470-500
AS 47.37.060-069
AS 44.29 Section 1 Article 3

GOALS: The primary goals of this BRU are:
1) The prevention, treatment and control of alcohol and drug abuse in Alaska; and
2) the reduction of alcohol and drug related costs on units of State government, individuals, and local communities.

DESCRIPTION: The Office of Alcoholism and Drug Abuse is responsible for administration of grants to local alcoholism and drug abuse programs, encompassing outpatient counseling, detoxification, halfway houses, 15-30 day residential treatment, methadone maintenance, and education and referral services. "Administration" includes program and financial planning, coordination of programs, plus regulating and evaluating local programs. In addition, the goal of prevention of abuse and related problems is pursued through on-going analysis of alcohol and drug impacts, leading to periodic policy and legislative recommendations aimed at reducing the incidence of abuse. Finally, prevention is pursued through a public information campaign, funds for which are requested in HB 241 (SB 158).

RATIONALE FOR THIS PROGRAM:*	OBJ. NO.	RELATED BUDGET YEAR OBJECTIVE(S):
As of January, 1977, our best estimates on the extent and nature of alcohol impacts is contained in the Interdepartmental Coordinating Committee (ICC) report. A sample of findings is as follows: 1) "Alcohol dependence" was judged to be a significant contributing factor in 45% of child neglect cases reported to state social workers in 1975. 2) The Division of Public Assistance estimates that in 15% of all AFDC cases, alcohol contributes significantly to such eligibility factors as lowered income or one parent absent or incapacitated.		In general, the goal of the Alcohol and Drug Abuse program is to reduce the incidence of alcohol and drug related problems and costs. Specific objectives concerning reduction of problem indicators have not been developed basically for two reasons: 1) Though there is broad consensus in State government that current drug and alcohol problems are unacceptably high, there is no consensus concerning what level of drug and alcohol problems would be "acceptable" and therefore constitute a legitimate target. 2) We do not presently have a management information system capable of reporting most problem

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

* LISTED IN ORDER OF DESCENDING IMPORTANCE.

02-1001 (Rev 6/75)

RATIONALE FOR THIS PROGRAM.*	OBJ. NO.	RELATED BUDGET YEAR OBJECTIVE(S):
3) Approximately 30% of law enforcement effort in the Department of Public Safety is traceable to alcohol-related offenses, including OMVI, disorderly conduct, and a significant portion of violent crime. 4) Further impact of alcohol on society is evident from the following figures on catastrophic accidents: a) According to the Fire Marshal, approximately 30% of deaths due to fire were alcohol-related in 1975. (10 of 31) b) According to the Coast Guard, approximately 60% of deaths by boating accident in 1975 were alcohol-related. (30 of 47) c) According to the Alaska Traffic Safety Bureau, 46% of traffic fatalities in 1975 were alcohol-related. 5) A report done for the Office of Alcoholism in 1973 estimated that there were 15,610 alcoholics in Alaska at that time. The figure was derived by the Jellinek formula based on cirrhosis death rates. 6) A recent needs assessment concluded that there are at least 700 individuals addicted to opiate derivatives in the Anchorage area. This figure is based primarily on information from municipal police. The 35 methadone maintenance slots in Anchorage were used last year to capacity, though advertising of the program is primarily word of mouth. 7) Amphetamine use in the Fairbanks area is observed to be extremely high by people working long hours and operating dangerous machinery.		indicators each year such that legitimate comparisons can be made with prior years. Per capita alcohol consumption can be monitored each year with some precision, and may serve as a proxy measure for alcohol problems generally. However, even this is not available for other drugs for which sale is often illegal. Monitoring the involvement of alcohol and other drugs in the area of crime, for example, would require a routine reporting system established for the police at least, and would need to rely on police participation and judgment criteria consistent through time. Estimation formulas for, say, the number of alcoholics in a society produce order of magnitude estimates based on such data as cirrhosis death rates. Use of cirrhosis rates entails a significant lag between changes in the size of an alcoholic population and detection of change by use of the formula. We presently have no reliable way of knowing whether and to what extent Alaska's alcoholic population is changing from year to year. Until some of these data problems are overcome, we are left with one-time snapshots of alcohol and drug impacts, but little basis for setting annual targets such that marginal changes in problem indicators can be measured.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

* LISTED IN ORDER OF DESCENDING IMPORTANCE.

02-1001A

RATIONALE FOR THIS PROGRAM:*	OBJ. NO.	RELATED BUDGET YEAR OBJECTIVE(S):
8) In Fairbanks there have been two armed holdups of pharmacies in the last six months. There have been six break-ins of pharmacies, and numerous forged prescriptions.		

BRU -Alcohol and Drug Abuse BRU CODE _____ REVISED _____

* LISTED IN ORDER OF DESCENDING IMPORTANCE.

02-1001A

2 Analytic Statement

Special Definitions:

Alcoholism means the condition of being physically and/or psychologically addicted to ethyl alcohol.

Alcohol Abuse means the condition of consuming ethyl alcohol to the extent that either physical/mental damage to the user can or does occur or that the user has ingested ethyl alcohol to such extremes that he poses a threat to himself or others.

Alcohol-related event (e.g., "crime", "child abuse", etc.) means behavior acted out by a human being under the influence of ethyl alcohol which common sense, observation, and statistical analysis has determined would probably not have occurred, had the individual not been under the influence.

Under the Influence means having one's mood and/or behavior altered to a visible degree as a result of the ingestion of ethyl alcohol. Visible may mean: 1) as determined by blood-alcohol content, urinalysis or similar clinical methods or, 2) as agreed upon as a result of direct observation by one or more persons.

Addiction: a condition caused by a substance which has the following characteristics:

a. tolerance to the substance develops, more is needed to attain some results and avoid withdrawal.
b. physical symptoms occur when the substance is withheld abruptly.

Drug Abuse is the use of drugs to the extent that they interfere with physical, mental or social functioning.

Multidrug Abuse is the abuse of more than one drug.

Methadone: a synthetic narcotic which prevents the onset of symptoms of withdrawal from opiates. There is no euphoria, no needle, no nodding connected with taking this drug instead of heroin.

Methadone Maintenance: a treatment for heroin addicts which replaces a low dose of methadone for heroin while the addict is being rehabilitated, gets a job, finishes his (her) education, re-establishes contact with family, then the replacement drug is gradually withdrawn.

In the absence of a functioning management information system, the key proxy measure we wish to establish this year for the extent of alcohol-related problems is per capita consumption. Due to the time lag in receiving data, the Form 3 will show the most recent three years for which data is available, in this case 1973-1975.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

02-1002

FY 76 client statistics from local alcoholism treatment programs were too often incomplete to be useful in the aggregate. Spot checks on FY77 client reports indicate that they are much improved. However, FY 77 data has not yet been aggregated due to a variety of delays, including coding and keypunch delays. State Office plans for FY 77 call for 3000 existing cases of alcohol addiction and abuse to be treated through the community grant-in-aid program as follows:

1. Diagnoses of the 3,000 cases of alcohol addiction and/or alcohol abuse.
2. Emergency care to 2,000 cases of public inebriance.
3. In-patient care to 1,500 cases of alcohol addiction and abuse.
4. Out-patient care to 1,000 cases of alcohol abuse and addiction.
5. Aftercare and follow-up to 3,000 cases of alcohol abuse and alcoholism.
6. Counseling to 1,000 spouses and children of abusers and addicts.
7. Rehabilitate at least 750 of the 3,000 alcohol addicts and abusers treated through the system.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

OBJ. NO.	ALTERNATE STRATEGIES WEIGHED IN PROCESS OF FORMULATING THIS BUDGET PROPOSAL.	CY AUTH	MAINT.	BY REQUEST AGCY	BY REQUEST GOV.	BY LEG. APPROP.
	Alternative A Reduce alcohol abuse and related problems by reducing per capita alcohol consumption. There is a considerable body of research (summarized in the ICC report) indicating that the incidence of excessive drinking increases and decreases in direct proportion to per capita alcohol consumption. Per capita consumption may be reduced in several ways, including price increases and restrictions on advertising, both of which are being pursued through legislation this session. Alternative B Reduce per capita alcohol and drug consumption and/or abuse through educational efforts conducted through media and/or the schools. Alcohol and drug abuse education has been carried out primarily through workshops and the distribution of films and literature. Additional funds ($416.0) requested in HB 241 would be used primarily to finance state involvement in media education (stressing information rather than dramatizations), and would also finance development of an alcohol education curriiculum for the public schools. Alternative C Treatment and rehabilitation of alcoholics through outpatient counselling, halfway house services, and/or 30 day residential treatment may reduce the number of individuals suffering from alcohol dependence. Detoxification services are funded as a protective measure for those incapacitated by alcohol; and as a (hopefully) early screening system allowing local treatment and counseling programs to make contact with those in need of help. Most of the State's effort has traditionally been in this area. This alternative is an appropriate way to help existing alcoholics. It is not a					

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

OBJ. NO.	ALTERNATE STRATEGIES WEIGHED IN PROCESS OF FORMULATING THIS BUDGET PROPOSAL.	CY AUTH	MAINT.	BY REQUEST AGCY	BY REQUEST GOV.	BY LEG. APPROP.
	prevention strategy and does not, by itself, appear to significantly affect the incidence of most alcohol-related problems in areas such as crime and personal injury accidents throughout Alaskan society. Alternative D The State's primary approach for the individual abusing drugs other than alcohol (aside from legal sanctions) has been a somewhat comparable array of treatment and rehabilitation services. These range from counseling to methadone maintenance for heroin addicts. Alternative E Provide recreational alternatives where they are presently scarce. The idea is that drug use can be diminished as other and more satisfying means of fulfilling human need, or filling leisure time, become accessible. Recreational activities such as dances, skiing parties, and trips have been provided in areas such as Petersburg (when kids help raise the money), and the local police believe that a subsequent drop in alcohol and drug related offenses occured as a result. The Office Of Alcoholism and Drug Abuse plans to be involved in all of these alternative strategies in FY 78. In future years budgets, we expect to quantify State involvement in these various alternatives, and hope eventually to develop criteria for comparing the cost-effectiveness of each.					

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

3 Program Accomplishment Plan

OBJ. NO.	MEASURE	PRIOR YEAR (PY) PLAN	PRIOR YEAR (PY) ACTUAL	CURRENT YEAR PLAN (CY)	BUDGET YEAR (BY) MAINTENANCE	BUDGET YEAR (BY) AGENCY REQUEST	BUDGET YEAR (BY) GOVERNOR'S BUDGET	BUDGET YEAR (BY) LEGISLATIVE INTENT
	Number of persons obtaining drug free status through drug abuse programs	182	236	200	236			
	Number of heroin addicts in treatment discharged as drug free, or entering drug free modalities	88	89	97	97			
			1973	1974	1975			
	Per capita consumption of absolute alcohol in Alaska in gallons. (18 years and older)		4.13	4.40	4.54			

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

3 PROGRAM ACCOMPLISHMENT PLAN

02-1003 (Rev 6/75)

Alcohol and Drug Abuse — Administration

R01-02J-2070 STATE OF ALASKA COMPONENT OPERATING EXPENDITURES BY OBJECT GROUP RUN DATE 09/02/76

BUDGET COMPONENT _____ BUDGET REQUEST UNIT _____

OBJECT GROUP	OBJECT GROUP DESCRIPTION	FISCAL YEAR 1976 LEG. APPROP.	FINAL AUTH.	ACTUAL	FISCAL YR 1977 AUTHORIZED	REVISED	FISCAL YEAR 1978 MAINTENANCE	CHANGE	REQUEST	GOV. BUDG
00	PERSONNEL SERVICES	190.1	447.9	396.7	326.5	12.1	533.8	42.4	576.2	
00	TRAVEL	73.5	117.8	62.3	90.9	1.1	79.2		79.2	
00	CONTRACTUAL SERVICES	165.1	259.3	207.5	311.1		125.8		125.8	
00	COMMODITIES	17.0	24.6	12.6	19.5		19.7		19.7	
00	EQUIPMENT	.5	6.3	4.3	3		3.0		3.0	
00	LANDS, BUILDINGS, IMPROVEMENTS									
00	GRANTS, CLAIMS, SHARED REVENUE									
00	MISCELLANEOUS									
		446.2	855.8	683.4	748.3	13.2	761.5	42.4	803.9	
01	INTER-AGENCY TRANSFERS			6.3						
FUNDING SOURCE										
02	FEDERAL RECEIPTS	122.3	355.9	280.0	222.0		250.8		250.8	
03	RECUIPED GEN. FUND MATCHING	70.6	70.6	69.0						
04	OTHER GENERAL FUND	118.1	342.7	298.3	526.3	13.2	510.7	42.4	553.1	
05	INTER-AGENCY RECEIPTS		22.1	17.6						
028	OTHER- Prog. Receipts		20.7	18.5						
042	OTHER- Fed. Title III and XVII	135.2	42.0							
	OTHER-									
	OTHER-									
POSITIONS										
70	PERMANENT FULL TIME	10.0	10.0	10.0	14.0		30.0	2.0	22.0	
71	PERMANENT PART TIME						1.0		1.0	
72	TEMPORARY (FULL TIME EQUIV.)									
73	NUMBER OF MAN MONTHS	120.0	120.0	120.0	168.0		246.0	24.0	270.0	

Alcohol Abuse — Grants

RO1-02J-2070 STATE OF ALASKA COMPONENT OPERATING EXPENDITURES BY OBJECT GROUP RUN DATE 09/02/76

BUDGET COMPONENT _____ BUDGET REQUEST UNIT _____

OBJECT GROUP	OBJECT GROUP DESCRIPTION	FISCAL YEAR 1976 LEG. APPROP.	FINAL AUTH.	ACTUAL	FISCAL YR 1977 AUTHORIZED	REVISED	FISCAL YEAR 1978 MAINTENANCE	CHANGE	REQUEST	GOV. BUDG
100	PERSONNEL SERVICES									
200	TRAVEL									
300	CONTRACTUAL SERVICES									
400	COMMODITIES									
500	EQUIPMENT									
600	LANDS, BUILDINGS, IMPROVEMENTS									
700	GRANTS, CLAIMS, SHARED REVENUE	2170.0	2477.6	2222.5	2657.7		2636.2		2636.2	
800	MISCELLANEOUS									
001	INTER-AGENCY TRANSFERS									
FUNDING SOURCE										
002	FEDERAL RECEIPTS	200.0	547.6	500.6	801.0		694.9		694.9	
003	RECUIRED GEN. FUND MATCHING	329.3	329.3	308.2						
004	OTHER GENERAL FUND	170.0	1103.8	1031.8	1856.7		1941.3		1941.3	
005	INTER-AGENCY RECEIPTS									
028	OTHER- Prog. Receipts	278.1	278.1	163.1						
042	OTHER- Fed. Title IX and XX	1192.6	318.8	318.8						
	OTHER-									
	OTHER-									
POSITIONS										
070	PERMANENT FULL TIME									
071	PERMANENT PART TIME									
072	TEMPORARY (FULL TIME EQUIV.)									
073	NUMBER OF MAN MONTHS									

Drug Abuse – Grants

R01-02J-2070 STATE OF ALASKA COMPONENT OPERATING EXPENDITURES BY OBJECT GROUP RUN DATE 09/02/76

BUDGET COMPONENT _____ BUDGET REQUEST UNIT _____

JECT OUP	OBJECT GROUP DESCRIPTION	FISCAL YEAR 1976 LEG.APPROP.	FINAL AUTH.	ACTUAL	FISCAL YR 1977 AUTHORIZED	REVISED	FISCAL YEAR 1978 MAINTENANCE	CHANGE	REQUEST	GOV.BUDG
.00	PERSONNEL SERVICES									
00	TRAVEL									
00	CONTRACTUAL SERVICES									
00	COMMODITIES									
00	EQUIPMENT									
00	LANDS, BUILDINGS, IMPROVEMENTS									
00	GRANTS, CLAIMS, SHARED REVENUE	619.6	642.4	638.4	680.0		768.5		768.5	
00	MISCELLANEOUS									
01	INTER-AGENCY TRANSFERS									
NDING SOURCE 02	FEDERAL RECEIPTS	111.7	134.5	134.5	100.0		164.7		164.7	
03	RECUIRED GEN. FUND MATCHING									
04	OTHER GENERAL FUND	507.9	507.9	503.9	580.0		603.8		603.8	
05	INTER-AGENCY RECEIPTS									
	OTHER-									
	OTHER-									
	OTHER-									
	OTHER-									
SITI ONS										
70	PERMANENT FULL TIME									
71	PERMANENT PART TIME									
72	TEMPORARY (FULL TIME EQUIV.)									
73	NUMBER OF MAN MONTHS									

5 Analysis of Maintenance Level

ITEM & EXPLANATION	AMOUNT	FUNDING SOURCE	100 PERSONAL SERVICES	200 TRAVEL	300 CONTR. SERVICES	400 COMM.	500 EQUIPMENT	OTHER
01 - Administration Component								
FY 77 Authorized	748.3	222.0 Fed. 526.3 GF	326.5	90.9	311.1	19.5	.3	
FY 77 Salary and Per Diem Increase	13.2	GF	12.1	1.1				
Subtotal	761.5	220.0 Fed. 539.5 GF	338.6	92.0	311.1	19.5	.3	
FY 77 Cash Vacancy	5.0	GF	5.0					
FY 78 Salary Adjustments	5.7	GF	5.7					
Inflation - 6%	.6	GF		.4		.2		
Less FY 78 Cash Vacancy Assessment	(5.0)	GF	(5.0)					
Subtotal	767.8	222.0 Fed. 545.8 GF	344.3	92.4	311.1	19.7	.3	
Reallocation of funds for office rent expense in Anchorage	--	GF		(12.6)	12.6			
Purchase of office furniture and equipment for Anchorage regional office	2.7	GF					2.7	
Deletion of training funds due to inclusion of training in HB 241	(12.9)	GF			(12.9)			
Deletion of funds for consultants to work on third-party reimbursement for local alcoholism programs. (Cost Accountant position in Personal Services will be performing this function.)	(14.5)	GF			(14.5)			

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

5 Analysis of Maintenance Level

ITEM & EXPLANATION	AMOUNT	FUNDING SOURCE	100 PERSONAL SERVICES	200 TRAVEL	300 CONTR. SERVICES	400 COMM.	500 EQUIPMENT	OTHER
Changes resulting from combination of offices:								
Deletion of travel funds saved as a result of combining the Advisory Board on Alcoholism and the Drug Abuse Advisory Board	(10.3)	GF		(10.3)				
Miscellaneous other changes such as decreased Printing and Advertising requirements, etc.	(5.7)	GF			(5.7)			
Subtotal	727.1	222.0 Fed. 505.1 GF	344.3	69.5	290.6	19.7	3.0	
Federal Funding								
Pipeline Impact Response Project funds for FY 77 were transferred by RP 77-55 into Personal Services for two Regional Alcoholism Program Coordinators. The numbers identified here reflect the change between FY 77 Authorized and anticipated FY 78 requirements. FY 78 Salary Adjustments for these positions are included.	(35.3)	Fed.	36.3	(1.7)	(69.9)			
Alcohol Information System grant requirements for FY 78 necessitate distribution of the funds between Personal Services and Travel, indicated as the change from FY 77								

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

5 Analysis of Maintenance Level

ITEM & EXPLANATION	AMOUNT	FUNDING SOURCE	100 PERSONAL SERVICES	200 TRAVEL	300 CONTR. SERVICES	400 COMM.	500 EQUIPMENT	OTHER
Authorized. This amount represents one month of the second grant period (initially authorized in FY 77) and eleven months of the final grant period.	70.0	Fed.	116.6	3.4	(50.0)			
Less IDARP Grant from the National Institute on Drug Abuse. This grant provided $71.1 for the support of 1 1/2 positions and training funds. It will expire at the end of FY 77.	(71.1)	Fed.			(71.1)			
Receipt of additional Federal NIDA Formula Funds provides funds to continue to maintain the positions funded by the IDARP grant. These funds were added to the budget in FY 77 by RP 77-96.	50.8	Fed.	36.6	8.0	6.2			
Increase in training grant. The National Institute on Drug Abuse awards a training grant to the Office of Drug Abuse to develop a training system and provide training to drug abuse personnel. In FY 77 these funds were added to the budget by RP 77-96.	20.0	Fed.			20.0			
FY 78 Maintenance Level	761.5	256.4 Fed. 505.1 GF	533.8	79.2	125.8	19.7	3.0	
02 - Alcoholism Grant Component								
FY 77 Authorized	2,657.7	801.0 Fed. 1856.7 GF						2,657.7

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

5 Analysis of Maintenance Level

ITEM & EXPLANATION	AMOUNT	FUNDING SOURCE	100 PERSONAL SERVICES	200 TRAVEL	300 CONTR. SERVICES	400 COMM.	500 EQUIPMENT	OTHER
Allowance for anticipated population increases of 5% in Anchorage and 4% in Fairbanks in FY 78 to provide existing level of service.	53.5	GF						53.5
Allowance for inflationary increases of program costs	31.1	GF						31.1
Federal Funding								
Pipeline Impact Response Project Grant funds will decrease in FY 78 according to the original grant award notification.	(36.1)	Fed.						(36.1)
Alcohol Information System Grant requirements for FY 78 will not require any funds in this component. (The Grant Component funds in FY 77 were transferred to the Administration Component by RP 77-26X.)	(70.0)	Fed.						(70.0)
FY 78 Maintenance Level	2,636.2	694.9 Fed. 1941.3 GF						2,636.2
03 - Drug Abuse Grant Component								
FY 77 Authorized	680.0	100.0 Fed. 580.0 GF						680.0
Increase grant funds to allow for a projected 5% population increase in Anchorage and a 4% increase in Fairbanks. Because all existing community-based drug abuse programs are meeting								

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

5 Analysis of Maintenance Level

ITEM & EXPLANATION	AMOUNT	FUNDING SOURCE	100 PERSONAL SERVICES	200 TRAVEL	300 CONTR. SERVICES	400 COMM.	500 EQUIPMENT	OTHER
demonstrated needs which will increase, and have received positive evaluations, no funds are available for the population increases in the urban areas.	14.1	14.1 GF						14.1
Increase grants component in order to meet rising program costs as well as to allow programs to meet the demands for client services.	74.4	64.7 Fed. 9.7 GF						74.4
FY 78 Maintenance Level	768.5	164.7 Fed. 603.8 GF						768.5

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

5 ANALYSIS OF MAINTENANCE LEVEL

6 Analysis of Change

ITEM & EXPLANATION	AMOUNT	FUNDING SOURCE	100 PERSONAL SERVICES	200 TRAVEL	300 CONTR. SERVICES	400 COMM.	500 EQUIPMENT	OTHER
01 - Administration Component								
The functions of one Associate Coordinator from the Office of Alcoholism will be absorbed by other individuals after reorganization. It is proposed that this existing position be reclassified to a Health Facilities Surveyor, in order to expand this office's effort in the area of on-site program evaluation. (See Position D on organization chart)	28.4	GF	28.4					
Request for new position--Clerk Typist II. (See Position F on organization chart). It is anticipated that additional clerical support will be needed for the regional coordinator and two facilities surveyors assigned to the Northern/Southeastern regions.	14.0	GF	14.0					
FY 78 Change	42.4	GF	42.4					

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

6 ANALYSIS OF CHANGE FROM MAINTENANCE LEVEL

10 Personal Services Summary

ITEM	PRIOR YEAR (PY) ACTUAL	CURRENT YEAR (CY) AUTHORIZED	BUDGET YEAR (BY) AGENCY Maintenance	AGENCY Change	AGENCY Request	GOVERNOR'S BUDGET	LEGISLATURE
CURRENT PERSONAL SERVICES							
SALARIES	345,094	283,934	246,678	22,668	269,346		
OVERTIME	1,990						
BENEFITS	49,742	59,626	62,903	5,780	68,683		
VACANCY		(5,000)	(5,000 %)	(%)	(5,000 %)	(%)	
SUB--TOTAL	396,826	338,560	304,581	28,448	333,029		
NEW PERSONAL SERVICES							
SALARIES			182,607	11,136	193,743		
OVERTIME							
BENEFITS			46,565	2,840	49,405		
VACANCY			(%)	(%)	(%)	(%)	
SUB--TOTAL			229,172	13,976	243,148		
TOTAL Pers. Svcs.	396,826	338,560	533,753	42,424	576,177		
FUNDING SOURCE: FEDERAL RECEIPTS	117,336	19,300	208,851		208,851		
FUNDING SOURCE: REQUIRED G. F. MATCHING							
FUNDING SOURCE: OTHER GENERAL FUND	262,182	319,300	324,902	42,424	367,326		
FUNDING SOURCE: INTER--AGENCY TRANSFERS							
FUNDING SOURCE: OTHER:	17,308						
POSITIONS: PFT: POSITONS & (MONTHS)	10 (120)	14 (168)	20 (240)	2 (24)	22 (264)	( )	
POSITIONS: PPT/SEAS: POS. & (MONTHS)	( )	( )	1 (6)	( )	1 (6)	( )	
POSITIONS: TEMP: POS. & (MONTHS)	( )	( )	( )	( )	( )	( )	
POSITIONS: TOTAL MONTHS	120	168	246	24	270		

BRU Alcohol and Drug Abuse BRU CODE REVISED

10 PERSONAL SERVICES SUMMARY

11A Current Position Summe

(1) 01 Administration	PCN (2)	PAY RGE. (3)	MO. SAL. (4)	CURRENT YEAR (CY) AUTHORIZED NO. POS. (5)	CY NO. MO. (6)	CY ANNUAL AMOUNT (7)	BUDGET YEAR (BY) NO. POS. (8)	BY NO. MO. (9)	BY ANNUAL AMOUNT Maintenance (10)	BY ANNUAL AMOUNT Change (11)	
1											
2 Supervisory											
3											
4 Alcoholism Program Coordinator	0274	22B		1	12	31,560					
5 Reclass-Coordinator		23A					1	12	32,760		A
6											
7 Associate Coordinator (Alc.)	0275	18A		1	12	22,668					
8 Reclass-Admin. Off. II		19A					1	12	24,408		L
9											
10 Subtotal				2	24	54,228	2	24	57,168		
11											
12 3.5% Salary Increase FY 77						1,898					
13 7.0% Salary Increase FY 78									4,002		
14											
15 Subtotal Supervisory				2	24	56,126	2	24	61,170		
16											
17 Other Bargaining Units											
18											
19 Drug Abuse Prog. Coordinator	0238	22F		1	12	36,576					
20 Reclass-Associate Coordin.		18A					1	12	22,668		B
21											
22 Grant Administrator	0276	17A		1	12	21,048	1	12	21,048		J
23 Administrative Assistant I	0282	12A		1	12	14,772	1	12	14,772		N
24 Research Analyst I	0284	13A		1	12	15,744	1	12	15,744		O
25 Clerk Typist III	0277	8A		1	12	11,484	1	12	11,484		P
26 Clerk Typist II	0278	7B		1	12	11,136	1	12	11,136		R
27 Clerk Typist II	0279	7B		1	12	11,136	1	12	11,136		S
28 Health Facilities Surveyor	0280	18A		1	12	22,668	1	12	22,668		H
29 Health Facilities Surveyor	0281	18A		1	12	22,668	1	12	22,668		E
30 Associate Coordinator (Alc.)	0265	18A		1	12	22,668					
31 Reclass-Health Fac. Survey.		18A					1	12		22,668	D
32											

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

11A PERSONAL SERVICES CURRENT POSITIONS SUMMARY

11A Current Position Summa

(1)	PCN (2)	PAY RGE. (3)	MO. SAL. (4)	CURRENT YEAR (CY) AUTHORIZED NO. POS. (5)	NO. MO. (6)	ANNUAL AMOUNT (7)	BUDGET YEAR (BY) NO. POS. (8)	NO. MO. (9)	ANNUAL AMOUNT Maintenance (10)	ANNUAL AMOUNT Change (11)	
1 Associate Coord.(Drug Abuse)	0233	18A		1	12	22,668					
2 Reclass-Grant Administrato		17A					1	12	21,048		M
3											
4 Admin. Assistant I(Drug Abuse)	0234	12B		1	12	15,240					
5 Reclass-Clerk Typist II		7B					1	12	11,136		K
6											
7											
8 Subtotal				12	144	227,808	12	144	185,508	22,668	
9											
10											
11 Subtotal Supervisory and				14	168	283,934	14	168	246,678	22,668	
12 General Government											
13											
14 Benefits FY 77 21.0%						59,626					
15 Benefits FY 78 25.5%									62,903	5,780	
16											
17 Component Subtotal				14	168	343,560	14	168	309,581	28,448	
18											
19 Cash Vacancy						(5,000)			(5,000)		
20											
21 Component Total				14	168	338,560	14	168	304,581	28,448	
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											

BRU Alcohol and Drug Abuse BRU CODE REVISED

11A PERSONAL SERVICES CURRENT POSITIONS SUMMARY p.2 of 2

11 Current Position Summary

(1)	PCN (2)	PAY RGE. (3)	MO. SAL. (4)	CURRENT YEAR (CY) AUTHORIZED NO. POS. (5)	NO. MO. (6)	ANNUAL AMOUNT (7)	BUDGET YEAR (BY) NO. POS. (8)	NO. MO. (9)	ANNUAL AMOUNT Maintenance (10)	ANNUAL AMOUNT Change (11)
1 BRU FY 77 Authorized				14	168	338,560				
2										
3 BRU FY 78 Total							14	168	304,581	28,448
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
		23 SALARY				283,934			246,678	22,568
		24 OVERTIME								
		25 BENEFITS				59,626			62,903	5,780
		26 SUB-TOTAL				343,560			309,581	28,448
		27 VACANCY				(5,000)			(5,000 %)	(%)
TOTAL ANNUAL AMOUNTS						338,560			304,581	28,448
PERMANENT FULL TIME: POSITIONS & (months)				14	(168)		13	(156)		1 (12)
PERMANENT PART TIME/SEASONAL: POSITIONS & (months)					( )			( )		( )
TEMPORARY, FULL TIME EQUIVALENT: POSITIONS & (months)					( )			( )		( )
TOTAL MONTHS					168			156		12

BRU Alcohol and Drug Abuse BRU CODE REVISED

11 PERSONAL SERVICES CURRENT POSITION SUMMARY

12A New Position Summary

CLASSIFICATION TITLE (1)	LOCATION	PRIORITY (2)	PCN (3)	PAY RGE (4)	MONTHLY SALARY (5)	REVISED PROGRAM NO. (6)	TOTAL POSITION COST FROM FORM 13 (7)	BUDGET YEAR (BY) NO. POS. (8)	NO. MO. (9)	ANNUAL AMOUNT AGENCY MAINTENANCE (10)	ANNUAL AMOUNT AGENCY CHANGE (11)	GOVERNOR (12)
01 Administration												
Supervisory Unit												
Regional Alcoholism Program Coordinator	Anchorage		0313	21	2,356	77-55	38,965	1	12	28,272	G	
Regional Alcoholism Program Coordinator	Juneau		0312	21	2,356	77-55	39,965	1	12	28,272	C	
Program Assessment and Development Officer	Juneau			22	2,534		41,833	1	12	30,408	T	
Subtotal								3	36	86,952		
7% Salary Increase FY 78										6,087		
Subtotal Supervisory							120,763			93,039		
General Government Unit												
Cost Accountant	Juneau			20	2,187		34,436	1	12	26,244	U	
Research Analyst III	Juneau			18	1,889		28,948	1	12	22,668	V	
Associate Coordinator(drug A) Reclass-Facilities Surveyor	Anchorage		0302	18	1,889	77-57	31,448	1	12	22,668	I	
Statistical Clerk III (PPT)	Juneau		0301	10	542	77-57	8,163	1/2	6	6,504	Q	
Clerk Typist III	Juneau		8		957		14,412	1	12	11,484	W	
Clerk Typist II	Juneau		7		928		13,976	1	12		11,136	F

BRU Alcohol and Drug Abuse BRU CODE REVISED

12A PERSONAL SERVICES NEW POSITIONS SUMMARY

12 New Position Summary

	CLASSIFICATION TITLE (1)	LOCATION	PRIORITY (2)	PCN (3)	PAY RGE (4)	MONTHLY SALARY (5)	REVISED PROGRAM NO. (6)	TOTAL POSITION COST FROM FORM 13 (7)	BUDGET YEAR (BY) NO. POS. (8)	NO. MO. (9)	ANNUAL AMOUNT AGENCY MAINTENANCE (10)	ANNUAL AMOUNT AGENCY CHANGE (11)	GOVERNOR (12)
1	Subtotal-General Govt.							129,883	5½	66	89,568	11,136	
2													
3	Subtotal-Sup. and GG							250,646	8½	102	182,607	11,136	
4													
5	FY 78 Benefits. 25.5%										46,565	2,840	
6													
7	Component Total							250,646	8½	102	229,172	13,976	
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
								23 SALARIES			182,607	11,136	
								24 OVERTIME					
								25 BENEFITS			46,565	2,840	
								26 SUB-TOTAL					
								27 VACANCY			%	%	%
								TOTAL ANNUAL AMOUNT			229,172	13,976	
								PERMANENT FULL TIME: POSITIONS & (months)			7 (84)	1 (12)	( )
								PERMANENT PART TIME/SEASONAL: POSITIONS & (months)			1 (6)	( )	( )
								TEMPORARY, FULL TIME EQUIVALENT: POSITIONS & (months)			( )	( )	( )
								TOTAL MONTHS			90	12	

BRU Alcohol and Drug Abuse BRU CODE REVISED

12 PERSONAL SERVICES NEW POSITION SUMMARY

02-1012 (Rev. 7/76)

13 Request for New Positions

POSITION TITLE Regional Alcoholism Program Coordinator			21 RANGE	Sup. BARG. UNIT	LOCATION Anchorage		APPROV.	DISAPPROV.
						GOV.		
TYPE OF POSITION (PFT, PPT, SEAS.) PFT	NEW	RP# 77-55	MAINT. X		BRU PRIORITY	FORM 12 PAGE/LINE 1/4	LEG.	
		PCN # 0313	CHANGE					

TYPE OF EXPENDITURE	AMOUNT	FUNDING SOURCE GF	OTHER	RECEIPT CODE	DETAIL OF RELATED EXPENSES
PERSONAL SERVICES	37,965	28,474	9491	829	
TRAVEL	1,000				Transportation and per diem expenses
CONTRACTUAL					for program assistance and evaluation.
COMMODITIES					
EQUIPMENT					
OTHER					
TOTAL	38,965	29,474	9,491	829	BRU COMPONENT Administration

JUSTIFICATION: AS 47.37.040 states that the Office of Alcoholism shall

1) Develop and encourage statewide, regional and local plans and programs for prevention and treatment of alcoholism and provide technical assistance and consultation services for these purposes; and

2) coordinate the efforts of all public and private agencies interested in prevention and treatment of alcoholism.

The National Institute of Alcohol Abuse and Alcoholism (Department of Health, Education and Welfare) required as a condition of the Pipeline Impact Response Project Grant award that two consultants be hired, subject to NIAAA approval, to assist in the implementation, development, and supervision of the Pipeline Grant program.

This position will serve a dual function as a Regional Alcoholism Program Coordinator for the southcentral region and a supervisor of the federal Pipeline Grant funds disbursed to local community programs. The personnel requirement initially was handled on a contract basis and then temporary hire status in FY 76. RP 77-55 established the permanent position in FY 77. This position is one-quarter funded by the Federal grant with an equivalent amount of Federal funding used to partially support several existing positions in the office which perform work on this grant.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

13 PERSONAL SERVICES REQUEST FOR NEW POSITION

The Regional Alcoholism Program Coordinator position is essential to supervise services provided by the office to state-funded alcoholism and drug abuse programs within the assigned region. The position will be responsible for the operation of the regional office and supervision of two Health Facilities Surveyors, a Grant Administrator and a Clerk Typist II. Duties of the position will include responsibility for compliance of the programs with State and Federal requirements; training and assistance to the programs in the areas of prevention, treatment, financial management, and third party reimbursement; and extensive work with local community leaders, State employees in related fields, other public and private agencies and organizations, and various concerned citizens to work toward comprehensive treatment, education, and prevention programs in each local area.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

13 Request for New Positions

POSITION TITLE	RANGE	BARG. UNIT	LOCATION		APPROV.	DISAPPROV.
Regional Alcoholism Program Coordinator	21	Sup.	Juneau	GOV.		
TYPE OF POSITION (PFT, PPT, SEAS.) PFT / NEW / RP# 77-55 / PCN # 0312	MAINT. X / CHANGE		BRU PRIORITY ____ FORM 12 PAGE/LINE 1/7	LEG.		

TYPE OF EXPENDITURE	AMOUNT	FUNDING SOURCE GF	OTHER	RECEIPT CODE	DETAIL OF RELATED EXPENSES
PERSONAL SERVICES	37,965	28,474	9491	829	
TRAVEL	2,000				Transportation and per diem expenses for program assistance and evaluation.
CONTRACTUAL					
COMMODITIES					
EQUIPMENT					
OTHER					
TOTAL	39,965	30,474	9491	829	BRU COMPONENT Administration

JUSTIFICATION: AS 47.37.040 states that the Office of Alcoholism shall

1) Develop and encourage statewide, regional, and local plans and programs for prevention and treatment of alcoholism and provide technical assistance and consultation services for these purposes; and

2) coordinate the efforts of all public and private agencies interested in prevention and treatment of alcoholism.

The National Institute of Alcohol Abuse and Alcoholism (Department of Health, Education and Welfare) required as a condition of the Pipeline Impact Response Project Grant award that two consultants be hired, subject to NIAAA approval, to assist in the implementation, development, and supervision of the Pipeline Grant programs.

This position will serve a dual function as a Regional Alcoholism Program Coordinator for the southeastern and northern regions and a supervisor of the federal Pipeline Grant funds disbursed to local community programs. The personnel requirement initially was handled on a contract basis and then temporary hire status in FY 76. RP 77-55 established the permanent position in FY 77. This position is one-quarter funded by the Federal grant with an equivalent amount of Federal funding used to partially support several positions in the office which performs work on this grant.

BRU Alcohol and Drug Abuse BRU CODE ____ REVISED ____

13 PERSONAL SERVICES REQUEST FOR NEW POSITION

This Regional Alcoholism Program Coordinator position is essential to supervise services provided by the office to state-funded alcoholism and drug abuse programs within the assigned regions. The position is responsible for the operation of the regional office and supervision of two Health Facilities Surveyors and a Clerk Typist. Duties of the position will include responsibility for compliance of programs with State and Federal requirements; training and assistance to the programs in the areas of prevention, treatment, financial management, and third party reimbursement; and extensive work with local community leaders, State employees in related fields, other public and private agencies and organizations, and various concerned citizens to work toward comprehensive treatment, education, and prevention programs in each local area.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

13 EXPLANATION

13 Request for New Positions

POSITION TITLE	Program Assessment & Development Officer	RANGE 22	BARG. UNIT Sup.	LOCATION Juneau		APPROV.	DISAPPROV.
TYPE OF POSITION (PFT, PPT, SEAS.) PFT	NEW X	RP#	MAINT. X	BRU	FORM 12	GOV.	
		PCN #	CHANGE	PRIORITY	PAGE/LINE 1/10	LEG.	

TYPE OF EXPENDITURE	AMOUNT	FUNDING SOURCE CF	FUNDING SOURCE OTHER	FUNDING SOURCE RECEIPT CODE	DETAIL OF RELATED EXPENSES
PERSONAL SERVICES	40,833		40,833	829	Transportation/per diem for informational
TRAVEL	1,000				requirements as they arise.
CONTRACTUAL					
COMMODITIES					
EQUIPMENT					
OTHER					
TOTAL	41,833		41,833		BRU COMPONENT Administration

JUSTIFICATION:

This position would supervise a federally funded management unit, comprised of this and three other positions: Cost Accountant, Research Analyst III, and Clerk Typist III. The federal "Alcohol Information System" grant is available to states adopting The Uniform Alcoholism and Intoxication Act. In Alaska, the grant amounts to $120,000 and has been used during the past two years to fund a major research effort concerning economic, human, and social impacts of alcohol in Alaska, legal provisions on all levels of government relating to alcohol sales and use, and an attempt to set up traceable indicators of alcohol impacts through time. The project was accomplished by hiring on contract and temporary assignments. It is requested that the federally funded management unit be established with permanent positions for the duration of the federal grant. FY 78 grant should equal $120.0. FY 79 funding is unknown.

FY 78 projects anticipated for this unit include: 1) Implementation of a system to routinely monitor alcohol impacts through time. 2) Determine the potential for third-party reimbursement for local treatment programs and determine what local programs must do in order to qualify and collect payments. Assist programs in meeting these requirements. 3) Preparation of required reports and State Plan. 4) Plans developed for both federal and state authorities (e.g. the budget) have not been successful in identifying management objectives concerning alcohol impacts in such a way that State office activities can be properly evaluated. The management unit will attempt to incorporate research results

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

13 PERSONAL SERVICES REQUEST FOR NEW POSITION

from the past two years into State office plans such that plans may relate directly to alcohol problem impacts rather than deal exclusively with planned inputs or activities of the office.

BRU Alcohol and Drug Abuse BRU CODE REVISED

13 Request for New Positions

POSITION TITLE: Cost Accountant			'20 RANGE	GG BARG. UNIT	LOCATION: Juneau		APPROV.	DISAPPROV.
TYPE OF POSITION (PFT, PPT, SEAS.): PFT	NEW: X	RP#	MAINT.: X		BRU	FORM 12 PAGE/LINE: 1/21	GOV.		
		PCN #	CHARGE		PRIORITY		LEG.		

TYPE OF EXPENDITURE	AMOUNT	FUNDING SOURCE: GF	FUNDING SOURCE: OTHER	FUNDING SOURCE: RECEIPT CODE	DETAIL OF RELATED EXPENSES
PERSONAL SERVICES	32,936		32,936	829	
TRAVEL	1,500				Travel for meetings with potential third party contributors and examination of cost information.
CONTRACTUAL					
COMMODITIES					
EQUIPMENT					
OTHER					
TOTAL	34,436		34,436		BRU COMPONENT: Administration

JUSTIFICATION:

One of four positions requested for federally funded management unit. Primary responsibility for the cost accountant in FY 78 would be to determine the potential for third party reimbursement for local treatment programs, and determine what local programs must do in order to qualify and collect. This position also would assist the programs in meeting these requirements.

BRU: Alcohol and Drug Abuse BRU CODE REVISED

13 PERSONAL SERVICES . REQUEST FOR NEW POSITION

02-1013 (Rev)

13 Request for New Positions

POSITION TITLE	Research Analyst III		18 RANGE	GG BARG. UNIT	LOCATION	Juneau		APPROV.	DISAPPROV.
TYPE OF POSITION (PFT, PPT, SEAS.)	PFT	NEW X	RP #	MAINT. X	BRU	FORM 12 PAGE/LINE 1/24	GOV.		
			PCN #	CHARGE	PRIORITY		LEG.		

TYPE OF EXPENDITURE	AMOUNT	FUNDING SOURCE GF	OTHER	RECEIPT CODE	DETAIL OF RELATED EXPENSES
PERSONAL SERVICES	28,448		28,448	829	
TRAVEL	500				
CONTRACTUAL					
COMMODITIES					
EQUIPMENT					
OTHER					
TOTAL	28,948		28,948		BRU COMPONENT Administration

JUSTIFICATION:

One of four positions requested for federally funded management unit. It is anticipated that this position would work closely with the Program Assessment and Development Officer in the inplementation of the alcohol information system, preparation of the State Plan, and incorporation of the system into annual plans developed by the State office for state and federal authorities.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

13 PERSONAL SERVICES REQUEST FOR NEW POSITION

13 Request for New Positions

POSITION TITLE	Health Facilities Surveyor	18 RANGE	GG BARG. UNIT	LOCATION	Anchorage		APPROV.	DISAPPROV.
TYPE OF POSITION (PFT, PPT, SEAS.) PFT	NEW	RP# 77-57	MAINT. X	BRU	FORM 12	GOV.		
		PCN # 0302	CHARGE	PRIORITY	PAGE/LINE 1/26	LEG.		

TYPE OF EXPENDITURE	AMOUNT	FUNDING SOURCE GF	OTHER	RECEIPT CODE	DETAIL OF RELATED EXPENSES
PERSONAL SERVICES	28,448		28,448	829	
TRAVEL	3,000				
CONTRACTUAL					
COMMODITIES					
EQUIPMENT					
OTHER					
TOTAL	31,448		31,448		BRU COMPONENT Administration

JUSTIFICATION:

RP 77-57 provided interim approval for establishment of an Associate Coordinator position in Anchorage for the Office of Drug Abuse, funded on a federal grant from The National Institute of Drug Abuse (NIDA). The Associate Coordinator position was primarily involved in program evaluation in FY 77. For FY 78 we request that the position be reclassified as a Health Facilities Surveyor, which is the same range, and continue to perform program evaluations in the field. Federal funds from NIDA will be available in FY 78 to fund this position.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

13 PERSONAL SERVICES REQUEST FOR NEW POSITION

13 Request for New Positions

POSITION TITLE: Statistical Clerk III			10 RANGE	GG BARG. UNIT	LOCATION: Juneau		APPROV.	DISAPPROV.
TYPE OF POSITION (PFT, PPT, SEAS.): PPT	NEW	RP# 77-57	MAINT. X		BRU	FORM 12	GOV.		
		PCN # 0301	CHANGE		PRIORITY	PAGE/LINE 1/28	LEG.		

TYPE OF EXPENDITURE	AMOUNT	FUNDING SOURCE: GF	OTHER	RECEIPT CODE	DETAIL OF RELATED EXPENSES
PERSONAL SERVICES	8,163		8,163	829	
TRAVEL					
CONTRACTUAL					
COMMODITIES					
EQUIPMENT					
OTHER					
TOTAL	8,163		8,163		BRU COMPONENT: Administration

JUSTIFICATION:

RP 77-57 provided interim approval for establishment of a Statistical Clerk III position in The Office of Drug Abuse funded by NIDA. The position is responsible for compiling, editing, tabulating, cross tabulating and analyzing data associated with the data system for alcoholism and drug abuse programs. She/he then prepares tables, graphs, charts and texts explaining the data.

Federal funds from NIDA will be available to fund this half-time position in FY 78.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

13 PERSONAL SERVICES REQUEST FOR NEW POSITION

13 Request for New Positions

POSITION TITLE		RANGE	BARG. UNIT	LOCATION		APPROV.	DISAPPROV.
Clerk Typist III		8	GG	Juneau	GOV.		
TYPE OF POSITION (PFT, PPT, SEAS.)	NEW	RP#	MAINT.	BRU	FORM 12		
PFT	X	PCN #	CHANGE	PRIORITY	PAGE/LINE 1/30	LEG.	

TYPE OF EXPENDITURE	AMOUNT	FUNDING SOURCE GF	FUNDING SOURCE OTHER	FUNDING SOURCE RECEIPT CODE	DETAIL OF RELATED EXPENSES
PERSONAL SERVICES	14,412		14,412	829	
TRAVEL					
CONTRACTUAL					
COMMODITIES					
EQUIPMENT					
OTHER					
TOTAL	14,412		14,412		BRU COMPONENT Administration

JUSTIFICATION:

One of four positions requested for federally funded management unit. Clerical support for the other three positions.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

13 PERSONAL SERVICES REQUEST FOR NEW POSITION

02-1813 (Rev)

13 Request for New Positions

POSITION TITLE: Clerk Typist II			7 RANGE	GG BARG. UNIT	LOCATION: Juneau		APPROV.	ISAPPROV.
TYPE OF POSITION (PFT, PPT, SEAS.): PFT	NEW: X	RP#	MAINT.		BRU	FORM 12	GOV.		
		PCN #	CHANGE		PRIORITY	PAGE/LINE: 1/32	LEG.		

TYPE OF EXPENDITURE	AMOUNT	FUNDING SOURCE: GF	OTHER	RECEIPT CODE	DETAIL OF RELATED EXPENSES
PERSONAL SERVICES	13,976	13,976			
TRAVEL					
CONTRACTUAL					
COMMODITIES					
EQUIPMENT					
OTHER					
TOTAL	13,976	13,976			BRU COMPONENT: Administration

JUSTIFICATION:

This position would provide clerical support to the Regional Alcoholism Program Coordinator and two Health Facilities Surveyors serving the northern and southeastern regions.

BRU: Alcohol and Drug Abuse BRU CODE: _____ REVISED: _____

13 PERSONAL SERVICES REQUEST FOR NEW POSITION

14 Travel

CODE	TRAVEL CLASSIFICATION	PRIOR YEAR (PY) ACTUAL	CURRENT YEAR (CY) AUTHORIZED	BUDGET YEAR (BY) AGENCY Maintenance	AGENCY Change	AGENCY Request	GOVERNOR'S BUDGET
200	TOTAL TRAVEL	62.3	92.0	79.2		79.2	
210/220	FIELD/ADMINISTRATIVE TRAVEL	57.8					
	IN-STATE TRANSPORTATION		43.3	34.5		34.5	
	IN-STATE PER DIEM		33.4	28.1		28.1	
	OUT-OF-STATE TRANSPORTATION		3.0	3.3		3.3	
	OUT-OF-STATE PER DIEM		1.8	2.1		2.1	
230	CONVENTIONS AND MEETINGS	4.5					
	IN-STATE TRANSPORTATION		4.2	4.5		4.5	
	IN-STATE PER DIEM		3.6	3.9		3.9	
	OUT-OF-STATE TRANSPORTATION		1.5	1.6		1.6	
	OUT-OF-STATE PER DIEM		1.2	1.2		1.2	
920	INTER-AGENCY TRANSFERS (Non-Add)						

EXPLANATION: FY 77 Authorized included approximately 216 days of supervisors per diem @ $5/day increase = $1,100 (entered in revision column of Form 4A)

FY 78 Maintenance - 01 Component

Field/Administrative Travel

Travel is required for office personnel to conduct site visits of all State funded local programs for inspection, evaluation, monitoring, and technical assistance. This function is essential to ensure compliance with State and Federal standards, guidelines, and regulations as well as to assist the local programs in providing quality alcoholism services. In addition the Office must maintain a careful knowledge of each program so that decisions on funding are based on the effectiveness and efficiency of the program.

Legislation submitted this year would combine The Governor's Advisory Board on Alcoholism with The Advisory Board on Drug Abuse. Travel funds are budgeted for quarterly meetings of the combined Board. Travel savings of $10.3 are realized due to the combination of boards.

BRU Alcohol & Drug Abuse BRU CODE _____ REVISED _____

02-1014 (Rev)

Out-of-state travel is required to send Coordinator, Associate Coordinator, or other staff members as appropriate, to meet with Federal officials regarding grant applications, State Plan, and Federal regulations to ensure compliance.

In-State Transportation	$34,500
In-State Per Diem	28,100
Out-of-State Transportation	3,300
Out-of-State Per Diem	2,100

Conventions and Meetings

Travel is required to attend meetings and training sessions not sponsored by the State and provide consultation with organizations such as:

1. Joint Commission on Accreditation of Hospitals - Alcohol Program Division
2. Alcohol and Drug Problems Association of America
3. National Council on Alcoholism
4. Council of State and Territorial Alcoholism Authorities
5. The annual meetings of the Alcohol, Drug Abuse, and Mental Health Authority

In-State Transportation	$ 4,500
In-State Per Diem	3,900
Out-of-State Transportation	1,600
Out-of-State Per Diem	1,200

15 Contractual Services

CODE	CONTRACTUAL SERVICES CLASSIFICATION	PRIOR YEAR (PY) ACTUAL	CURRENT YEAR (CY) AUTHORIZED	BUDGET YEAR (BY) AGENCY Maintenance	AGENCY Change	AGENCY Request	GOVERNOR'S BUDGET
300	TOTAL CONTRACTUAL	207.4	311.1	125.8		125.8	
310	COMMUNICATION SERVICES	23.9	16.6	22.0		22.0	
320	PRINTING AND ADVERTISING	6.5	4.8	3.7		3.7	
330	RENTS AND UTILITIES	21.5	23.6	55.3		55.3	
340	REPAIRS, SERVICES AND ALTERATIONS	1.1	2.1	1.5		1.5	
350	TRANSPORTATION OF THINGS	.5	2.8	1.2		1.2	
360A	EQUIPMENT RENTAL-HIGHWAY WORKING CAPITAL FUND						
360B	EQUIPMENT RENTAL-WORD PROCESSING	2.4	2.7	1.8		1.8	
360C	EQUIPMENT RENTAL-OTHER	8.5	9.2	10.3		10.3	
370	INSURANCE AND BONDING						
380	PROFESSIONAL FEES AND SERVICES	112.7	236.4	30.0		30.0	
390	OTHER	30.3	12.9				
930	INTER-AGENCY TRANSFERS (Non-Add)	1.6	1.4	1.4		1.4	

EXPLANATION: FY 78 MAINTENANCE - 01 COMPONENT

310 Communication Services
Telephone, postage and telegraph. An additional $2,000 is required for the Anchorage office; this additional cost is federally funded. $22,000

320 Printing and Advertising
Printing of State Plan, reports, data forms, and newspaper notices of Advisory Board Meetings as required by law. 3,700

330 Rents and Utilities
2,543 square feet at $2,980 per month is required for office space in the Anderson-Wilson Building in Juneau. This includes a 15% inflation figure anticipated for FY 78 since there has not been an increase in the lease rate since September 1975 - $35,760 55,260

Additionally, $19,500 is required for lease costs of the Anchorage office. This includes 1,300 net square feet of space at $1.25 per square foot per month.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

02-1015 (Rev)

340	Repairs, Services and Alterations Audio-visual and office machine repairs and service maintenance.	$ 1,500
350	Transportation of Things Transportation of equipment and materials to Advisory Board meetings and to local programs.	1,200
360B	Equipment Rental - Word Processing IBM Mag Card rental--$150/month X 12 months.	1,800
360C	Equipment Rental - Other Xerox machine rental for Juneau and Anchorage offices. $800 of this cost is federally funded.	10,300
380	Professional Fees and Services Continue to contract to develop and maintain a drug abuse training system and actually provide training for drug abuse program personnel and ancillary service personnel. These funds are to be provided through a continuing grant from the National Institute of Drug Abuse.	30,000
930	Inter-agency charges Printing performed by Central Duplicating, Dept. of Administration.	1,400
	Total 01 Component	$125,800

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

16 Commodities

CODE	COMMODITIES CLASSIFICATION	PRIOR YEAR (PY) ACTUAL	CURRENT YEAR (CY) AUTHORIZED	BUDGET YEAR (BY) AGENCY Maintenance	Change	Request	GOVERNOR'S BUDGET
400	TOTAL COMMODITIES	12.5	19.5	19.7		19.7	
410	CLOTHING						
420	FOOD FOR HUMAN CONSUMPTION						
440	FUEL (OTHER THAN FOR MOTOR VEHICLES)						
450	MAINTENANCE & CONSTRUCTION MATERIALS						
460	MOTOR VEHICLE,PARTS,SUPPLIES & ACCESSORIES	.1					
470	PROFESSIONAL & SCIENTIFIC SUPPLIES	6.7	6.8	7.0		7.0	
480	STATIONERY AND OFFICE SUPPLIES	5.7	6.8	7.6		7.6	
490	OTHER SUPPLIES,MATERIALS AND PARTS		5.9	5.1		5.1	
940	INTER-AGENCY TRANSFERS (Non-Add)						

EXPLANATION: FY 78 MAINTENANCE - 01 COMPONENT

470 Professional and Scientific Supplies $7,000

The Office of Alcoholism and Drug Abuse is responsible for coordinating alcoholism and drug abuse educational and preventive efforts. Reference books, journals, pamphlets and other relevant literature is made available to State Office staff and program personnel throughout the state on a request basis. In the absence of physician training funds, films on crisis intervention and handling drug overdoses are rented and made available to physicians.

480 Stationery and Office Supplies $7,600

General office materials and supplies, including tapes for Advisory Board meetings and public hearings, and newspaper subscriptions.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

490 Other Supplies, Materials, and Parts $5,100

Instructional kits such as developing Understanding of Self and Others have been supplied to teachers on request, the "Coping With Series" have also been made available as funds allowed. Films and tapes have been purchased for school and community organizations as educational materials are needed.

BRU: Alcohol and Drug Abuse BRU CODE _____ REVISED _____

17 Equipment

CODE	EQUIPMENT CLASSIFICATION	PRIOR YEAR (PY) ACTUAL	CURRENT YEAR (CY) AUTHORIZED	BUDGET YEAR (BY) AGENCY Maintenance	AGENCY Change	AGENCY Request	GOVERNOR'S BUDGET
500	TOTAL EQUIPMENT	4.3	.3	3.0		3.0	
510	VEHICLES,BOATS,AIRPLANES						
520	OFFICE FURNITURE AND EQUIPMENT	4.3	.3	3.0		3.0	
530	EQUIPMENT PECULIAR TO THE PROGRAM						
560	SHOP AND MAINTENANCE EQUIPMENT						
590	OTHER EQUIPMENT						
950	INTER--AGENCY TRANSFERS (Non--Add)						

EXPLANATION:

ITEM NO.	DESCRIPTION OF ITEMS REQUESTED	EQUIP. CODE	NO. OF UNITS	UNIT COST	REPLACEMENT	NEW
2	Desk, Executive	520	4	315		1,260
3	Filing Cabinet-4 drawer legal with lock	520	2	200		400
4	Chairs, Executive	520	4	145		580
5	Chairs, Side	520	2	115		230
6	Bookcases-48" 3 shelves	520	4	85		340
7	Calculator, 12-digit with tape	520	1	200		200

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

18 Lands Grants Miscellaneous

CODE	EXPENDITURE CLASSIFICATION	PRIOR YEAR (PY) ACTUAL	CURRENT YEAR (CY) AUTHORIZED	BUDGET YEAR (BY) AGENCY Maintenance	AGENCY Change	AGENCY Request	GOVERNOR'S BUDGET
600	LAND,BUILDING,NON STRUCTURAL IMPROVEMENTS						
690	ASHA PAYMENT						
950	INTER-AGENCY TRANSFERS (Non-Add)						
700	TOTAL GRANTS,CLAIMS,SHARED REVENUE	2,222.5	2,657.7	2,636.2		2,636.2	
970	INTER-AGENCY TRANSFERS (Non-Add)						
800	MISCELLANEOUS						

EXPLANATION: FY 78 Maintenance - 02 Component

AS 47.30.470 provides for the department to award grants to communities for providing or developing a comprehensive program of alcoholism treatment and prevention.

Pipeline Impact Response Project grant funds will decrease in FY 78 to $494,854.

NIAAA Formula Grant funds will remain at the current level of $200,000.

State General Funds are increased by $53,500 to allow for projected population increase and subsequent alcoholism services requirements in Anchorage and Fairbanks. These funds are required to maintain current service levels for the increased population. The Anchorage Municipality Planning Department anticipates a 5%

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

population increase for FY 78 and Fairbanks is projecting a 4% increase, despite a Statewide projection of 0% population increase. An additional SGF increase of $31,100 is required for inflationary increases for program costs, bringing the total of State General Funds to $1,941,300.

FY 77 Grants:

Program	Grant Awards
Alaska Labor & Management Employee Affairs	$ 200,000
Municipality of Anchorage	790,580*
Barrow Council on Alcoholism	74,780
City of Bethel	138,456
Copper River Native Association	67,108
City of Dillingham	27,435
Fairbanks Native Association	318,239
City/Borough of Juneau	60,746
City of Ketchikan	103,474
Kodiak Council on Alcoholism	123,771
Mauneluk Association (Kotzebue)	49,205
National Council on Alcoholism/Alaska Region	107,182
Norton Sound Health Corporation (Nome)	114,393
Petersburg Council on Alcoholism	39,375
Seward Council on Community Services	51,736
Sitka Council on Alcoholism	78,388
City of Unalaska	38,645
Upper Tanana Regional Council (Tok)	15,070
Valdez Alcoholism Commission	60,576
Wrangell Council on Alcoholism	35,293
City of Yakutat	17,327
Total	$2,511,779**

*Of the $790,580 initially recommended for Anchorage, $750,581 has been obligated to date. An additional $39,999 will be awarded to Anchorage for the month of September.

**$70,000 was transferred to the Administration Component by RP 77-26X. Letters have been sent to the local

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

alcoholism programs informing them that there are unobligated funds available and requesting that they submit applications. These funds will enable them to regain operating funds requested on their initial FY 77 applications that were justified but for which there were not sufficient funds. It is anticipated that these funds will be granted by 3/31/77.

BRU: Alcohol and Drug Abuse BRU CODE _____ REVISED _____

18 Lands Grants Miscellaneous

CODE	EXPENDITURE CLASSIFICATION	PRIOR YEAR (PY) ACTUAL	CURRENT YEAR (CY) AUTHORIZED	BUDGET YEAR (BY) AGENCY Maintenance	AGENCY Change	AGENCY Request	GOVERNOR'S BUDGET
600	LAND,BUILDING,NON-STRUCTURAL IMPROVEMENTS						
690	ASHA PAYMENT						
960	INTER-AGENCY TRANSFERS (Non-Add)						
700	TOTAL GRANTS,CLAIMS SHARED REVENUE						
	Grants to Communities	638.4	680.0	768.5		768.5	
970	INTER-AGENCY TRANSFERS (Non-Add)						
800	MISCELLANEOUS						

EXPLANATION: FY 78 Maintenance - 03 Component

MAINTENANCE

DIRECT AID TO LOCAL PROGRAMS: On recommendation of the State Advisory Board on Drug Abuse 10 drug abuse programs were funded on the basis of criteria outlined in the Alaska State Plan for Drug Abuse Prevention (the Grant to the Municipality is treated as 1 grant although five drug abuse programs are funded through the grant). Because no additional funds were available, all programs funded were on-going programs which had demonstrated a capability to provide care to persons affected by drug dependencies.

Following are drug abuse programs funded in FY 76 and the funds requested:

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

18 LANDS GRANTS MISCELLANEOUS

02-1018

Program Title	FY 77-Amount Received	FY 77-Requested*
Nome Walk-In Center	66,000	78,174
Dillingham District Drug Abuse Program	22,704	31,032
Gateway Borough, Schoenbar Junior High	21,483	22,648
Ketchikan Youth Advocate Program	13,738	15,900
Petersburg Youth Program	18,700	21,177
Municipality of Anchorage funded as a block grant		
Includes funding for the following programs:	381,149	405,183
Future House Narcotic Drug Treatment Center Open Door Clinic Family House		
Fairbanks Drug Treatment Center	66,000	118,921
Fairbanks Native Association	21,000	31,022
Division of Drug Abuse, Fairbanks	70,000	72,210

*These figures reflect the request for funds from those programs which were funded in FY 77. In some instances, the level requested could not be funded because of lack of funds. The amounts requested do not necessarily reflect program needs as programs had been warned previously that no additional funds were available and therefore reduced requests accordingly. This list does not reflect requests from programs not funded.

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

18 Explanation

It is anticipated that there will be a 5% increase in the population in Anchorage and a 4% increase in Fairbanks. Because of these projected increases and because all funded programs are meeting demonstrated needs and have received positive evaluations, additional funds are required to meet the expected population increases.

$14,100

Additional maintenance funds for programs are to be used to allow for inflationary increases for program costs and to allow programs to serve clients in need of services. These additional funds include $64,700 in federal funds received through an increase in the Formula Grant provided by the National Instituted on Drug Abuse.

$74,400

BRU Alcohol and Drug Abuse BRU CODE _____ REVISED _____

18 EXPLANATION

-045 7/76

Revenue Originating Form

Restricted Revenue

FUND: 100 RECEIPT CODE: 829 RECEIPT TITLE: Alcohol Info. System COLLOCATION CODE: 06-24-5-120 BRU CODE: 06-24-5-01-00-00

FY 76 ACTUAL REVENUE: $50.6 FY 76 ACCOUNTS RECEIVABLE BILLED: $36.1 UNBILLED: $33.3

NAME OF FEDERAL GRANT OR PROGRAM UNDER THIS RECEIPT CODE: NIAAA ALCOHOL INFORMATION SYSTEM

STATE MATCH REQUIREMENT (i.e., Fed. 75% State 25%): 0 BILLING METHOD, RECEIPT DATE: Reimbursement quarter

METHOD OR FORMULA USED BY FEDERAL GOVERNMENT TO DETERMINE ALASKA'S ALLOCATION: NIAAA Uniform Act Grant, the amount of which is determined as $100,000 plus 10% of the amount of the Formula Grant for states adopting key provisions of Uniform Act.

OTHER REQUIREMENTS STATE MUST MEET TO RECEIVE FEDERAL ALLOCATIONS (Staple additional sheet if necessary)
Laws of state must be in concurrence with provisions of Federal Uniform Act.

FY 77

ORIGINAL ESTIMATED REVENUE PLACED ON BOOKS 7/1: $120.0

ESTIMATED FEDERAL ALLOCATION FOR FY-77: $120.0

ESTIMATED REVENUE TO COME IN DURING FY 77 FROM FY 77 FEDERAL ALLOCATION: $90.0

ESTIMATED REVENUE TO COME IN DURING FY 77 FROM PRIOR YEAR ALLOCATIONS:

$33.3 FY 76
FY
FY
TOTAL $33.3

REVISED FY 77 REVENUE ESTIMATE (LINES C+D) $123.3

FY 78

A. ESTIMATED FEDERAL ALLOCATION FOR FY 78: $120.0

B. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM FY 78 FEDERAL ALLOCATION: $90.0

C. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM PRIOR YEARS FEDERAL ALLOCATIONS:

$30.0 FY 77
FY
FY
TOTAL $30.0

D. FY 78 REVENUE ESTIMATE: (LINES B+C) $120.0

FY 79

A. ESTIMATED FEDERAL ALLOCATION FOR FY 79: 0

B. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM FY 79 FEDERAL ALLOCATION: 0

C. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM PRIOR YEARS FEDERAL ALLOCATIONS:

$30.0 FY 78
FY
FY
TOTAL $30.0

D. FY 79 REVENUE ESTIMATE: (LINES B+C) $30.0

CERTIFICATION: I CERTIFY THAT THE FACTS HEREIN AND ON SUPPORTING DOCUMENTS ARE CORRECT.

Penny Lockwood — CERTIFYING OFFICER | 586-6201 — PHONE | September 23, 197 — DATE

89

45 7/76

Revenue Designating Form

Restricted Revenue

D: 100 RECEIPT CODE: 829 RECEIPT TITLE: NIAAA FORMULA GRANT COLLOCATION CODE: 06-24-5-226 BRU CODE: 06-24-5-01-00-00

76 ACTUAL REVENUE: $113.0 FY 76 ACCOUNTS RECEIVABLE BILLED: $87.0 UNBILLED: 0

NAME OF FEDERAL GRANT OR PROGRAM UNDER THIS RECEIPT CODE: NIAAA FORMULA GRANT

STATE MATCH REQUIREMENT (i.e., Fed. 75% State 25%): 0 BILLING METHOD, RECEIPT DATE: Reimbursement quarterly

METHOD OR FORMULA USED BY FEDERAL GOVERNMENT TO DETERMINE ALASKA'S ALLOCATION: Funds allocated among states based on relative population, financial need, and need for more effective prevention, treatment, and rehabilitation of alcohol abuse and alcoholism.

OTHER REQUIREMENTS STATE MUST MEET TO RECEIVE FEDERAL ALLOCATIONS (Staple additional sheet if necessary)
Federal approval of State Plan
Designation of single state agency as sole agnecy for supervising the administration of plan
Funds must be used to supplment existing level of non-federal funding and not supplant these funds

FY 77

ORIGINAL ESTIMATED REVENUE PLACED ON BOOKS 7/1: $200.0

ESTIMATED FEDERAL ALLOCATION FOR FY 77: -$200.0

ESTIMATED REVENUE TO COME IN DURING FY 77 FROM FY 77 FEDERAL ALLOCATION: $150.0

ESTIMATED REVENUE TO COME IN DURING FY 77 FROM PRIOR YEAR ALLOCATIONS:

$87.0 FY 76
FY
FY
TOTAL $87.0

REVISED FY 77 REVENUE ESTIMATE (LINES C+D) $237.0

FY 78

A. ESTIMATED FEDERAL ALLOCATION FOR FY 78: $200.0

B. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM FY 78 FEDERAL ALLOCATION: $150.0

C. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM PRIOR YEARS FEDERAL ALLOCATIONS:

$50.0 FY 77
FY
FY
TOTAL $50.0

D. FY 78 REVENUE ESTIMATE: (LINES B+C) $200.0

FY 79

A. ESTIMATED FEDERAL ALLOCATION FOR FY 79: $200.0

B. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM FY 79 FEDERAL ALLOCATION: $150.0

C. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM PRIOR YEARS FEDERAL ALLOCATIONS:

$50.0 FY 78
FY
FY
TOTAL $ 50.0

D. FY 79 REVENUE ESTIMATE: (LINES B+C) $200.0

CERTIFICATION: I CERTIFY THAT THE FACTS HEREIN AND ON SUPPORTING DOCUMENTS ARE CORRECT. Penny Lockwood, CERTIFYING OFFICER 586-6201 PHONE September 23, 1976 DATE

89(

Alcoholism BRU CODE: 06-24-5-01-00-00

-045 7/76

Revenue Rating Form

Restricted Revenue

NIAAA 06-24-5-112

FND: 100 RECEIPT CODE: 829 RECEIPT TITLE: P/L DIRECT COLLOCATION CODE: 06-24-5-212 BRU CODE: 06-24-5-01-00-00

FY 76 ACTUAL REVENUE: $365.2 FY 76 ACCOUNTS RECEIVABLE BILLED: 0 UNBILLED: $28.8

NAME OF FEDERAL GRANT OR PROGRAM UNDER THIS RECEIPT CODE: NIAAA PIPELINE GRANT

STATE MATCH REQUIREMENT (i.e., Fed. 75% State 25%): 0 BILLING METHOD, RECEIPT DATE: Reimbursement quarr

METHOD OR FORMULA USED BY FEDERAL GOVERNMENT TO DETERMINE ALASKA'S ALLOCATION:

OTHER REQUIREMENTS STATE MUST MEET TO RECEIVE FEDERAL ALLOCATIONS (Staple additional sheet if necessary)

FY 77	FY 78	FY 79
ORIGINAL ESTIMATED REVENUE PLACED ON BOOKS 7/1: $621.9		
ESTIMATED FEDERAL ALLOCATION FOR FY 77: $621.9	A. ESTIMATED FEDERAL ALLOCATION FOR FY 78: $550.5	A. ESTIMATED FEDERAL ALLOCATION FOR FY 79: 0
ESTIMATED REVENUE TO COME IN DURING FY 77 FROM FY 77 FEDERAL ALLOCATION: $466.5	B. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM FY 78 FEDERAL ALLOCATION: $412.9	B. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM FY 79 FEDERAL ALLOCATION: 0
ESTIMATED REVENUE TO COME IN DURING FY 77 FROM PRIOR YEAR ALLOCATIONS: $284.8 FY 76 / FY / FY / TOTAL $284.8	C. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM PRIOR YEARS FEDERAL ALLOCATIONS: $155.4 FY 77 / FY / FY / TOTAL $155.4	C. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM PRIOR YEARS FEDERAL ALLOCATIONS: $137.6 FY 78 / FY / FY / TOTAL $137.6
REVISED FY 77 REVENUE ESTIMATE (LINES C+D) $751.3	D. FY 78 REVENUE ESTIMATE: (LINES B+C) $568.3	D. FY 79 REVENUE ESTIMATE: (LINES B+C) $137.6

CERTIFICATION: I CERTIFY THAT THE FACTS HEREIN AND ON SUPPORTING DOCUMENTS ARE CORRECT.

Penny Lockwood, CERTIFYING OFFICER — 586-6201, PHONE — September 23, 197[illegible], DATE

897

Alcoholism BRU CODE: 06-24-5-01-00-00 REVISED

04-045 1/76

Revenue Estimating Form

Restricted Revenue

FUND: 100 RECEIPT CODE: 829 RECEIPT TITLE: IDARP Grant COLLOCATION CODE: 06-24-5-604 BRU CODE: 02-24-02-01-00-

FY 76 ACTUAL REVENUE: 87.8 FY 76 ACCOUNTS RECEIVABLE BILLED: 27.4 UNBILLED:

NAME OF FEDERAL GRANT OR PROGRAM UNDER THIS RECEIPT CODE: National Institute on Drug Abuse contract for - Imple an Integrated Drug Abuse Reporting Process ADM-45-74-

STATE MATCH REQUIREMENT (i.e., Fed. 75% State 25%): BILLING METHOD, RECEIPT DATE: Billings made up expenditures inc

METHOD OR FORMULA USED BY FEDERAL GOVERNMENT TO DETERMINE ALASKA'S ALLOCATION: All states received the same am

OTHER REQUIREMENTS STATE MUST MEET TO RECEIVE FEDERAL ALLOCATIONS (Staple additional sheet if necessary)

Must develop and maintain a data system which meets the National Institute on Drug Abuses specifications.

FY 77	FY 78	FY 79
A. ORIGINAL ESTIMATED REVENUE PLACED ON BOOKS 7/1: 71.1		
B. ESTIMATED FEDERAL ALLOCATION FOR FY 77:	A. ESTIMATED FEDERAL ALLOCATION FOR FY 78: 0	A. ESTIMATED FEDERAL ALLOCATION FOR FY 79:
C. ESTIMATED REVENUE TO COME IN DURING FY 77 FROM FY 77 FEDERAL ALLOCATION:	B. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM FY 78 FEDERAL ALLOCATION:	B. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM FY 79 FEDE ALLOCATION:
D. ESTIMATED REVENUE TO COME IN DURING FY 77 FROM PRIOR YEAR ALLOCATIONS: 71.1 FY 76 ____ FY ____ ____ FY ____ TOTAL	C. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM PRIOR YEARS FEDERAL ALLOCATIONS: ____ FY ____ ____ FY ____ ____ FY ____ TOTAL	C. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM PRIOR YEARS FEDERAL ALLOCATIONS: ____ FY ____ ____ FY ____ ____ FY ____ TOTAL
E. REVISED FY 77 REVENUE ESTIMATE (LINES C+D) 71.1	D. FY 78 REVENUE ESTIMATE: (LINES B+C)	D. FY 79 REVENUE ESTIMATE: (LINES B+C)

CERTIFICATION: I CERTIFY THAT THE FACTS HEREIN AND ON SUPPORTING DOCUMENTS ARE CORRECT. CERTIFYING OFFICER PHONE DATE

948

EXC: Drug Abuse BRU CODE: 06-2[illegible] 02-00-00 BUDGET

04-645 7.

Revenue Estimating Form

Restricted Revenue

FUND: 100 RECEIPT CODE: 829 RECEIPT TITLE: Program Training COLLOCATION CODE: 515 BRU CODE: 06-24-5-02-24-02-01-00-00

FY 76 ACTUAL REVENUE: 14.3 FY 76 ACCOUNTS RECEIVABLE BILLED: 5.9 UNBILLED: 18.0

NAME OF FEDERAL GRANT OR PROGRAM UNDER THIS RECEIPT CODE: National Institute on Drug Abuse Training RFP-271-75-407(

STATE MATCH REQUIREMENT (i.e., Fed. 75% State 25%): N/A BILLING METHOD, RECEIPT DATE: Billings made upo expenditure incur

METHOD OR FORMULA USED BY FEDERAL GOVERNMENT TO DETERMINE ALASKA'S ALLOCATION: All states were given the same amount in FY 76. The FY 77 amount was based upon performance and expenditure of funds awarded in FY 76.

OTHER REQUIREMENTS STATE MUST MEET TO RECEIVE FEDERAL ALLOCATIONS (Staple additional sheet if necessary)
State must develop and implement a drug abuse training plan according to the National Institute on Drug Abuse's specifications.

FY 77

A. ORIGINAL ESTIMATED REVENUE PLACED ON BOOKS 7/1: 10.0

B. ESTIMATED FEDERAL ALLOCATION FOR FY 77: 34.6

C. ESTIMATED REVENUE TO COME IN DURING FY 77 FROM FY 77 FEDERAL ALLOCATION: 34.6

D. ESTIMATED REVENUE TO COME IN DURING FY 77 FROM PRIOR YEAR ALLOCATIONS:

10.0 FY 76
FY
FY
TOTAL 10.0

E. REVISED FY 77 REVENUE ESTIMATE (LINES C+D) 44.6

FY 78

A. ESTIMATED FEDERAL ALLOCATION FOR FY 78: 30.0

B. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM FY 78 FEDERAL ALLOCATION: 30.0

C. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM PRIOR YEARS FEDERAL ALLOCATIONS:

FY
FY
FY
TOTAL

D. FY 78 REVENUE ESTIMATE: (LINES B+C) 30.0

FY 79

A. ESTIMATED FEDERAL ALLOCATION FOR FY 79: ?

B. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM FY 79 FEDERAL ALLOCATION:

C. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM PRIOR YEARS FEDERAL ALLOCATIONS:

FY
FY
FY
TOTAL

D. FY 79 REVENUE ESTIMATE: (LINES B+C) ?

Office of Management and Budget

CERTIFICATION: I CERTIFY THAT THE FACTS HEREIN AND ON SUPPORTING DOCUMENTS ARE CORRECT. , CERTIFYING OFFICER PHONE DATE

949

BRU: Drug Abuse BRU CODE: 06-24-5-02-24-02-01-00

04-045 7/76

Revenue Estimating Form

Restricted Revenue

FUND: 100 RECEIPT CODE: 829 RECEIPT TITLE: SOADAP Planning COLLOCATION CODE: 06-24-5-530 BRU CODE: 02-24-02-01-00-00

FY 76 ACTUAL REVENUE: 74.7 FY 76 ACCOUNTS RECEIVABLE BILLED: 21.8 UNBILLED: 2.3

NAME OF FEDERAL GRANT OR PROGRAM UNDER THIS RECEIPT CODE: National Institute on Drug Abuse Drug Abuse Prevention Formula Grant Funds

STATE MATCH REQUIREMENT (i.e., Fed. 75% State 25%): N/A BILLING METHOD, RECEIPT DATE: Billing bases upon projected expenditure

METHOD OR FORMULA USED BY FEDERAL GOVERNMENT TO DETERMINE ALASKA'S ALLOCATION: Based upon the following formula: 1/3 relative gross population; 1/3 per capita income; 1/9 relative incidence of non-infectious serum hepatitis, 1/9 relative state appropriations per capita, and 1/9 relative.

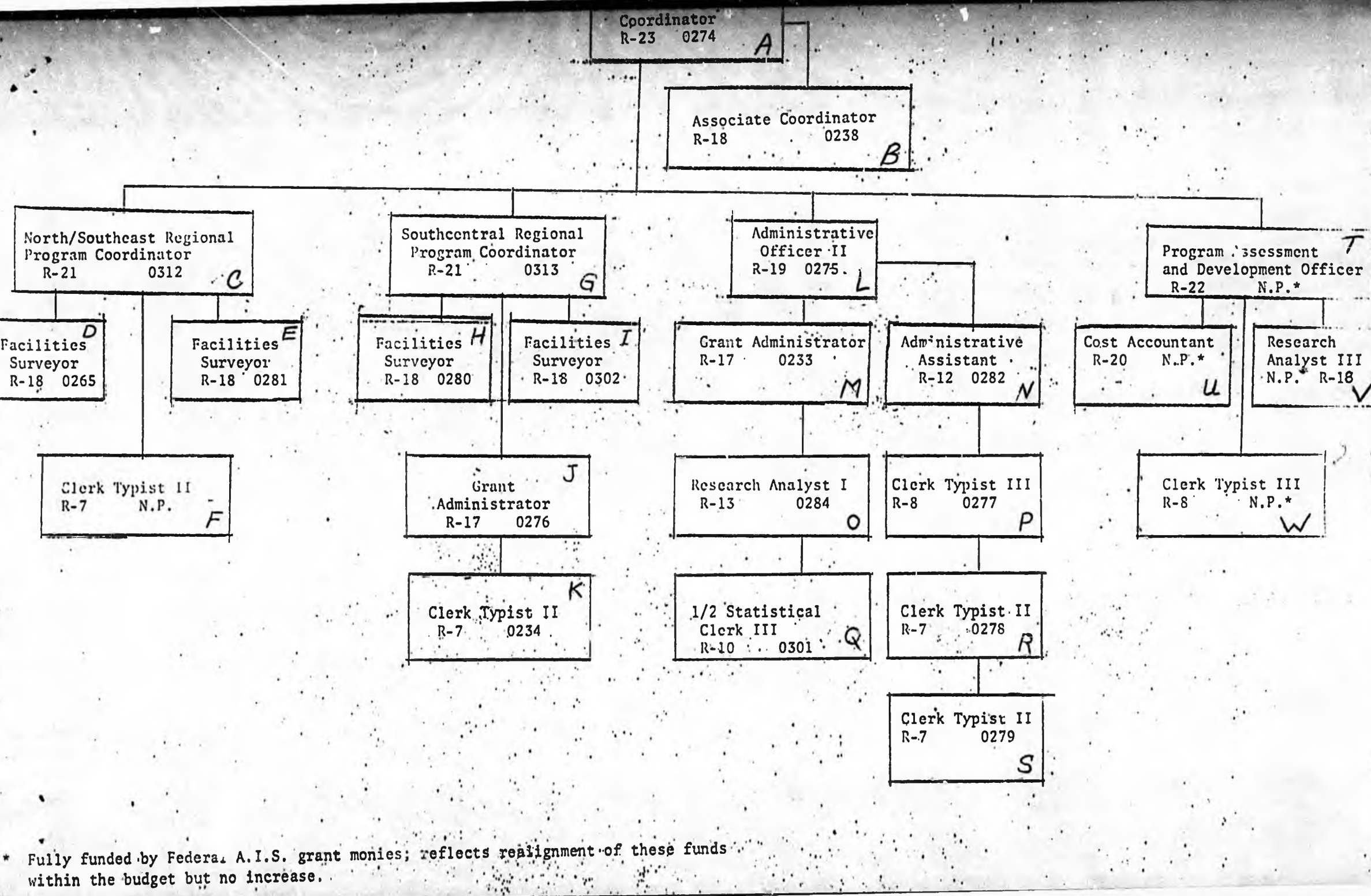
OTHER REQUIREMENTS STATE MUST MEET TO RECEIVE FEDERAL ALLOCATIONS (Staple additional sheet if necessary)
Alaska must spend the funds for administration or direct services of drug abuse treatment/rehabilitation and/or prevention/education programs. A state plan must be written yearly and maintenance of effort in terms of state appropriations must be maintained.

FY 77	FY 78	FY 79
A. ORIGINAL ESTIMATED REVENUE PLACED ON BOOKS 7/1: 100.00		
B. ESTIMATED FEDERAL ALLOCATION FOR FY 77: 215.5	A. ESTIMATED FEDERAL ALLOCATION FOR FY 78: 245.5	A. ESTIMATED FEDERAL ALLOCATION FOR FY 79: 215.5
C. ESTIMATED REVENUE TO COME IN DURING FY 77 FROM FY 77 FEDERAL ALLOCATION:	B. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM FY 78 FEDERAL ALLOCATION: 215.5	B. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM FY 79 FEDERAL ALLOCATION: 215.5
D. ESTIMATED REVENUE TO COME IN DURING FY 77 FROM PRIOR YEAR ALLOCATIONS: _____ FY _____ _____ FY _____ _____ FY _____ TOTAL _____	C. ESTIMATED REVENUE TO COME IN DURING FY 78 FROM PRIOR YEARS FEDERAL ALLOCATIONS: 30.0 FY 77 _____ FY _____ _____ FY _____ TOTAL _____	C. ESTIMATED REVENUE TO COME IN DURING FY 79 FROM PRIOR YEARS FEDERAL ALLOCATIONS: _____ FY _____ _____ FY _____ _____ FY _____ TOTAL _____
E. REVISED FY 77 REVENUE ESTIMATE (LINES C+D) 215.5	D. FY 78 REVENUE ESTIMATE: (LINES B+C) 245.5	D. FY 79 REVENUE ESTIMATE: (LINES B+C) 215.5

CERTIFICATION: I CERTIFY THAT THE FACTS HEREIN AND ON SUPPORTING DOCUMENTS ARE CORRECT. _____ CERTIFYING OFFICER PHONE DATE

BRU: Drug Abuse BRU CODE: 06-24-5-02-00-00 REVISED

950



* Fully funded by Federal A.I.S. grant monies; reflects realignment of these funds within the budget but no increase.

ALASKA STATE LEGISLATURE

TENTH Legislature FIRST Session

HOUSE BILL NO. 340

By THE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

"An Act relating to treatment of alcoholism and drug abuse; and providing for an effective date."

Treatment of alcoholism & drug abuse

Introduced in the House 3-11-, 1977

31-092

HISTORY IN THE HOUSE

19 77	
Mar. 11	Read first time and referred to Committee on HESS and Judiciary
	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. .....

Rocky took this call at 3:50 p.m.
Thursday, April 28 —

John [redacted] Egeland - Petersburg Youth Prog.
Petersburg

1) generally against merger

a. training -
should it [redacted] for
prevention people

b. no provision for a balance
of efforts with treatment &
prevention

c. no firm guidelines for distribution
of resources between alcohol &
drugs -

d. 25% cash match too high
in-kind services should be
in [redacted] combination w/
cash donations.

TELEGRAM

ROM ALASKA COMMUNICATIONS, INC
PHONE: 586-6440
JUNEAU, ALASKA 99801

12055 NL FAIRBANKS ALASKA 100 04-21 415P AST

PMS REP CHARLES H PARR

JUN

DEAR MR PARR

I HAVE BEEN INFORMALLY NOTIFIED THAT A PUBLIC HEARING ON HOUSE BILL 340 WILL BE HELD TONIGHT APRIL 21 1977 IN JUNEAU ALASKA IN VIEW OF THE LATE HOUR OF NOTIFICATION AND THE DISTINCT POSSIBILITY THAT THE PASSAGE OF HB340 MAY EFFECT THE FAIRBANKS NATIVE ASSOCIATION. INC (FNA) I AM HEREWITH REQUESTING FOR A SPECIFIC TIME AT A LATER DATE, CONVENIENT TO ALL INVOLVED, TO GIVE TESTIMONY REGARDING THE SAID BILL. YOUR INCLUSION OF THIS TELEGRAM IN THE MINUTES OF THE ABOVE MEETING TO FORMALLY DOCUMENT MY REQUEST WILL BE GREATLY APPRECIATED VERY TRULY YOURS

PAUL A GOODWIN PRES FAIRBANKS NATIVE ASSOCIATION INC

APR 21 PM 7 39

HB340

Rep Parr

LA21 3749 13.33 04/21/77 JA01 0002 17.27 04/22/77

TO: CLEDY, JNU.
FROM: SUSAN, FBX.

OUR CRT WAS DOWN FOR ABOUT TWO-THREE HOURS IN THE MIDDLE OF THE DAY...BUT, ALTHO WE WEREN'T ABLE TO GET ANY OF OUR MESSAGES THRU, I DO BELIEVE WE DID RECEIVE ALL INFO. FROM YOUR END. IT REALLY DOES SOUND LIKE THINGS ARE APPROPRIATE!!!

2.TO: REP. CHARLES PARR, CHAIRMAN, HOUSE RESS COMMITTEE;
FROM: MR. PAUL A. COOPER/ PRESIDENT, FAIRBANKS NATIVE ASSOCIATION/
102 LACEY/ FAIRBANKS, ALASKA 99701:

DEAR MR. PARR,
I HAVE BEEN INFORMALLY NOTIFIED THAT A PUBLIC HEARING ON HB 340 WILL BE HELD TONIGHT, APRIL 21, 1977, IN JUNEAU, ALASKA. IN VIEW OF THE LATE HOURS OF NOTIFICATION, AND THE DISTINCT POSSIBILITY THAT PASSAGE OF HB 340 MAY AFFECT THE FAIRBANKS NATIVE ASSOCIATION, INC. (FNA), I AM HEREWITH REQUESTING FOR A SPECIFIC TIME AT A LATER DATE, CONVENIENT TO ALL INVOLVED, TO GIVE TESTIMONY REGARDING THE SAID BILL. YOUR INCLUSION OF THIS TELEGRAM IN THE MINUTES OF THE ABOVE MEETING TO FORMALLY DOCUMENT MY REQUEST WILL BE GREATLY APPRECIATED. VERY TRULY YOURS, PAUL A. COOPER/ PRESIDENT/ FAIRBANKS NATIVE ASSOCIATION.

THANKS, CLEDY! /S/ SUE

TELEGRAM

ALASKA COMMUNICATIONS, INC
PHONE: 586-6440
JUNEAU, ALASKA 99801

77 APR 20 PM 9 34

#

02088 NL ANCHORAGE ALASKA 324 04-20 0552P AST

PMS REP CHARLIE PARR

HESS COMMITTEE

JUN

PLEASE ACCEPT THE FOLLOWING STATEMENT AS TESTIMONY CONCERNING SB242/ HB340 (ALCOHOLISM AND DRUG ABUSE ACT). THE NATIONAL COUNCIL ON ALCOHOLISM-ALASKA REGION SUPPORT THIS BILL IF THE FOLLOWING CHANGES ARE MADE:

1. WHEREVER REFERENCE IS MADE TO THE TERMS ALCOHOLICS, DRUG ADDICTS, ALCOHOL ABUSERS, AND DRUG ABUSERS, ALL MUST BE MENTIONED FOR PURPOSES OF CONTINUITY. THEY ARE FOUR DISTINCT GROUPS OF INDIVIDUALS.

2. THE STATE OFFICE OF ALCOHOLISM AND DRUG ABUSE SHOULD PROVIDE NO DIRECT SERVICES TO CLIENTS OR THE GENERAL PUBLIC. ALL TREATMENT, EDUCATIONAL MATERIAL, EDUCATIONAL PROGRAMS AND TRAINING PROGRAMS SHOULD BE CONTRACTED FOR (47.37.040 SEC. 5, 6, 7, 8).

3. 47.37.030 SEC 3 SHOULD ESTABLISH EQUAL REPRESENTATION FROM PERSONS WITH INTERESTS IN THE PROBLEMS OF DRUG AND ALCOHOL ABUSE (TWO FROM DRUG ABUSE AND TWO FROM ALCOHOL ABUSE).

4. 47.37.200 (B) SEC (B) WE QUESTION THE ADVISABILITY OF THE STATEMENT,"...TREATMENT FACILITY WHICH IS ABLE TO PROVIDE ADEQUATE AND APPROPRIATE TREATMENT..." THE IMPLICATION APPEARS TO BE THAT TREATMENT IS INADEQUATE AND/OR INAPPROPRIATE IF A PERSON DOES NOT RECOVER. THIS IS A DANGEROUS IMPLICATION AS LITTLE OR NO HARD DATA IS KNOWN CONCERNING CAUSES/CURES/EFFECTIVE TREATMENT MODALITIES FOR ALCOHOL OR DRUG ABUSE.

5. 47.37.310 (A) IT IS APPROPRIATE TO GIVE STATE (TAXPAYERS') FUNDS TO PROFIT-MAKING CORPORATIONS? WE DO NOT SUPPORT THAT CONCEPT.

6. 47.37.310 (D) WE GREATLY OBJECT TO ALL COMMUNITY MATCH CONTRIBUTIONS MANDATED TO IN CASH. AS A FORMER CITY MANAGER, I KNOW THIS IS NOT POSSIBLE. A PORTION OF THE MATCH COULD BE MANDATED AS CASH, BUT NOT THE ENTIRE AMOUNT.

WE HAVE BEEN UNABLE TO REVIEW ANY OTHER LEGISLATION CONCERNING ANY DRUG/ALCOHOL REORGANIZATION EFFORT AND URGE YOU DO NOT ACT ON ANY UNTIL APPROPRIATE AGENCIES HAVE HAD OPPORTUNITY FOR REVIEW.

THANK YOU FOR YOUR CONSIDERATION OF THIS MATTER.

SINCERELY YOURS,

SUZANNE W. PERRY, EXECUTIVE DIRECTOR
NATIONAL COUNCIL ON ALCOHOLISM-ALASKA REGION

Municipality of Anchorage

MEMORANDUM

THURSDAY APR 21 1977

DATE: April 20, 1977

TO: Robert (Bert) Hall, Director
Health & Environmental Protection

FROM: Behavioral Health Manager

SUBJECT: House Bill No. 340.

House Bill No. 340. An act relating to treatment of alcoholism and drug abuse for all purposes establishes a uniform drug abuses act which includes alcohol as a major addicitive drug. This legislation has great merit. Section 2 - AS 47.37.010, Declaration of Policy is inclusive and needed. There should be a semantic consistancy in the policy and throughout the bill and terminology which should be used is "alcoholics, alcohol abusers, drug addicts, and drug abusers."

Section 4, AS 47.37.030. The powers of the office is broadened and strengthened by spelling out that treatment programs include prevention, training and rehabilitation.

Section 5, AS 47.37.040. The expanded duties of the office addresses in (7), (10), and (15) will facilitate a much stronger approach to early intervention and ultimate treatment of both the licit and illicit drug users.

Page 2, Line 24, and all subsequent notations with a reference to alcoholism and drug abuses should be changed to alcohol[ism] and drug abuses.

Section 6, AS 47.37.050. Amended to mandate that all departments become involved in the drug abuse problem and the quarterly meetings rather than twice per year should create a continuance of interest and promote more effective programing.

Section 7, AS 47.37.360. It would be desirable that intent be written that the new advisory board retain at least two of the more knowledgeable members of each of the present advisory boards for alcoholism and drug abuse to maintain a continuity of past and present activities and to assure equal attention is given to the programing for both areas.

There should also be some of the present staff members of the office of drug abuse retained for continuity of programing during the transition period.

Section 9, AS 47.37.080. (1) Reinstate all deleted material on lines 22 to "except" on line 24. It is believed that one physician with a greater emphasis in the field of psychiatry is necessary on the board.

Section 15, AS 47.37.140. Establishment for Standards of licensing as addressed in this section and licensing rather than approval is essential for adequate programs to be developed and maintained. The present difficulty in obtaining approval of facilities dilute the efforts on the part of effective programs in providing quality service.

Section 17, AS 47.37.160 (d). Line 7 - 9 delete (except for diagnosis and referral, alcoholism treatment programs shall be separate and distinct from treatment programs for drug addicts.) This statement is too dictatorial and possibly destructive to effective programing.

Section 25, AS 47.37.170 (h). This section dealing with involuntary commitment is considered to be essential in cases where reason is so impaired by drug abuse that the individual cannot make a knowledgeable decision concerning his well being or may be inadvertently harmful to others.

Helen Beirne

Helen D. Beirne, Ph.D.
Behavioral Health Manager

HDB:epw

KIINUK, INC.

1221 Coppet
Fairbanks, Alaska 99701
(907) 456-4409

April 7, 1977

Representative Fred Brown
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Fred,

Attached is a suggested revision of HB 340 (SB 242), a bill relating to the treatment of substance abusers.

The primary focus of the proposed legislation is the combining of the offices of drug abuse and alcoholism--a concept that we support wholeheartedly. Additionally, it is a concept that has gained national support and is currently being implemented by many states.

Unfortunately, we cannot support the bills as they presently stand. While the combination of offices does have the potential for better resource allocation and improved service delivery, such benefits are not apparent within the existing proposed legislation.

Using the recently passed community mental health center legislation as a model (a model we believe to be exemplary), we have attempted to re-draft HB 340 so it too will assure local participation and control. Additionally, as communities implement the integration of human service delivery components (as appropriately required by the Community Mental Health Centers Act), the present HB 340's focus on centralization would prevent consolidation and eliminate any meaningful local authority and flexibility.

We respectfully request that you consider the attached proposal, hold hearings as appropriate, and contact us as required.

Sincerely,

Paul Pesika, Coordinator

Frank J. Gold, EdD

Alaska Family House

A THERAPEUTIC COMMUNITY

2825 WEST 42nd PL. ANCHORAGE, ALASKA 99503
(907) 279-5502 OR 279-5503

March 30, 1977

Rep. Charles H. Parr
Pouch V
Juneau, Alaska 99811

Dear Rep. Parr: RE: House Bill 340

I have recently obtained a copy of House Bill 340 which I understand is identical to Senate Bill 242 that I would appreciate the opportunity of testifying in regards to.

I, the other staff members, and members of Alaska Family House basically support the idea of consolidating the drug abuse and alcoholism programs. Our particular program has not faired well in terms of support by the past State Office of Drug Abuse. Consequently, we feel that any change for us and our addict population would be better than the existing situation.

On Page 1, Section 47.37.020 wherein it states that the coordinator shall be a qualified professional, I ask the question why not consider a paraprofessional? There are many individuals who have actually been there themselves that have the necessary educational background to fill such a position.

On Page 7, Section 47.37.080 qualification of Board members and following that it lists where the nine members should come from and what kind of people they should be. Herein I strongly recommend that you have at least one or two exaddicts that have successfully completed treatment on that Board. They could add invaluable input to the other seven Board members. A recovered alcoholic should also be on that Board. I think that it behooves the legislature to finally put somebody on the Board that can give the other Board members the kinds of information that they need to adequately address the decision making processes that are necessary if this Board is in fact going to rehabilitate addicts and/or alcoholics.

ADVISORY BOARD
Virginia Beirne, *MSW, ACSW*
Bill Bittner, *Atty.*
Charlotte Bowers
Harry Branson, *Atty.*
Rudy Ebenbeck
Mike Ellis, *Field Underwriter*

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Brian Byrd, *Dr. of English*
Teresa Stahlman, *Exec. Dir. F.H.*
Herb Shaindlin, *Chief, News KIMO*
Tom Miklautsch, *Businessman*
Corlotta Robinson, *Prog. Dir. F.H.*
Will Robinson, *Prog. Dir. F.H.*
Terry Stahlman, *Exec. Dir. F.H.*
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E. O. Hansen, *Pres. S&S Furniture*
Mrs. Robinson
Dave Rogers, *Insurance*
Capt. George Weaver, *APD*

My next question is, I have never seen the "appropriate standards" established under Section 140A of this chapter. I do not have those standards and wonder if I could get a copy of them.

On Page 11, Section F, there is the following statement: "No treatment facility may be operated in the State without a license and no facility may receive State funds under a contract or grant made unless it is licensed as a public treatment facility". In regards to the first half of that sentence, "no treatment facility may be operated in the State without a liscense", I do not know who wrote this section of the Bill, but that language does preclude Alcoholics Anonymous, and it would preclude the Alaska Family House structure. We are not licensed now and we do not want to be licensed. Our whole concept is "the family" structure. We are an anti-program that stresses such things as self-help, the work ethic, and making the best out of bad situations as done in everyday life. The day that the Alaska Family House program is licensed, there will be psychiatrists here, nutritionalists here, volumes of paperwork that must be done, never ending reams of forms to be filled out, a fantastic increase in the cost per day of our clients, the need for more staff, and we will see the end of the addict helping addict concept. My next statement in regards to the last half of that sentence which reads "and no facility may receive State funds under contract or grant made unless it is licensed as a public treatment center", I am very glad that this was not law in 1973 when Alaska Family House was first founded or it wouldn't be here. My next question in regards to this statement is, what constitutes a treatment facility? What do you do about the situation where three or four or five individuals rent an apartment or a house and "treat" themselves with the AA type concept or the addict helping addict concept? Is that classified as a treatment facility?

On Page 13, Section B wherein it states, subject to regulations adopted by the Department "if a person is refused admission to a licensed or public treatment facility, the administrator shall if possible refer the person to another licensed appproved public or private facility". My question in regards to that is simply, why? Why couldn't this individual be referred to an unlicensed treatment facility such as an AA group or Alaska Family House or to that apartment where the four people decided to band together to do something about their alcoholic and/or drug addiction problem?

On Page 14, Section D, there is a sentence that reads "except for diagnosis and referral, alcoholism treatment programs shall be seperate and distinct from treatment programs for drug addicts". Again, I wonder why? I have had alcoholics in Alaska Family House that have gotten a lot of good out of the program working right along with the addicts. I have also seen many addicts that participate in AA and get something out of it. Why, by law and legislation myst these two people with basically the same problem, i.e., chemical dependancy, be seperated through the legislative process? It is my opinion that if it works, do it. Again, I have seen drug addicts use alcohol programs, a multitude of treatment centers, religion, and all kinds of things to change and simply ask the question why exclude anything that might work. In that same paragraph there is a sentence of "no person addicted to an opium derivative may be treated except at a licensed

drug addiction center". Again a person addicted to an opium derivative should be allowed to seek treatment anywhere he or she feels that there is some help.

On Page 22, Section 47.37.220, wherein it states visitations and communication of patients. "Patients in any licensed treatment facility under this chapter shall be granted reasonable opportunities for adequate consultation with counsel." We can agree with that wholeheartedly as the right to counsel is imperative and means that the individual must have some problems or there would be no question of counsel. That sentence does, however, continue with the words, "and for the continuing contact with family and friends including the use of telephone facilities consistant with an effective treatment program". I have seen many addicts who have members of their immediate family using drugs. Most addicts that I have seen come into this program have nothing but addict friends. It is imperative that the addict in treatment be seperated from the addict still using. No matter if they are related or "friends". If that is not done you will invariably have two addicts using and not one in treatment.

In regards to Section B of that same Section, wherein it states that "no mail or other communication to or from a patient in a licensed treatment facility may be intercepted, read or censored", again you have problems in that area. We do in fact open mail here at Alaska Family House. Each resident who comes in signs a waiver allowing us to do that and you would not believe the drugs we have intercepted, plans to bring drugs into the program, pornography, and other seriously upsetting information. At Family House and most other major therapeutic communities such as Delancey Street in California and Habilitat in Hawaii, there is an initial black out period that is important. Most therapeutic communities are and must be drug free at all times. All avenues of its coming into the facility must be constantly explored investigated and halted wherever possible. These particular sections would totally tie our hands at Alaska Family House.

In regards to again on Page 22, this time Section 37AS47.37.24A, most clients, which we prefer over the word patient, have no funds and we are concerned that some people with funds might decide to delay treatment until they have expended their revenues (probably by the purchase of more drugs and possibly O.D.) and also pass the time when the urge for treatment has passed.

On Page 24, numbers 13 and 14, wherein drug addict and drug abuser are being defined, I have known many barbituate addicts but very few barbituate drug abusers. Another point is, what of methadone and other synthetics that are even more addictive than opium derivatives? They too should be classified as drug addicts.

On Page 24, Section D, last sentence wherein it says all community match contributions to grants shall be in the form of cash and I wonder why not goods and services? If we get a $100 worth of canned vegetables from BiLo, isn't that the same as $100 cash in so far as the program is concerned?

In closing this correspondence, I again would appreciate an opportunity to verbally testify in front of your committee and again we wish to state that we can support the concept of joining the drug and alcohol Boards. I would, however, not like to see legislation passed that would make treatment less accessible and that would make our jobs here at Alaska Family House more difficult then they are presently.

For the past three years, we have been involved in an almost constant fight with a very small group of bureaucrats that are constantly thinking in terms of new forms, new requirements, new criteria that in fact takes away from the treatment process. Most of these ideas are gleened from Federal guidelines and recommendations through the National Institute of Drug Abuse, etc. Most of those programs are no longer even in existence. One of the things that attracted me personally to the State of Alaska was the possibility of working directly with people without the tons of bureaucratic redtape, licensing requirements, etc., etc., that is the trend in the lower 48. I would hope that Alaska would not get sucked into that kind of mentality.

If I can be of any further assistance in regards to this matter, please feel free to contact me by phone (907-279-5502) or by mail.

Sincerely,

Terry M. Stahlman
Executive Director
Alaska Family House

letters

Frank Gold → 456-4409

Zenith?

Marsha 4-1470

people 1 + Fbks

people + Arch

MB 340
Thurs April 21

time? to talk w/ Charlie

speaker phone set-up

wants 2nd meeting next wk.

6:00 Jon Time
6:00 Fbks & Arch Time

phone no =

cost -
- zenith 7000

(Parkinson's Law
Book)

HOUSE BILL NO. 340

**********(suggested revision)**********

For an Act entitled: "An Act relating to treatment of alcoholism and drug abuse; providing for an effective date."

CS HB 340

p 9, line 3: delete "Comp Health Adv Council," insert "State Health Coordinating Council"

p 9, line 21: delete "mental health", insert "substance abuse"

p 10, line 2: delete "and the legislature"

p 10, line 22: delete: "PUBLICALLY", insert "PUBLICLY"

page 17, line 7 - insert appropriate section

page 19, line 15 ff - retype double spaced

page 21, line 20 - delete "appropriated", insert "submitted"

page 6, line 3: delete: "Included too are"
" " " 2: " "and" (last one)
" " " 21: " "all"

Ann —
cut & paste

Alaska State Legislature — House

HEALTH, EDUCATION & SOCIAL SERVICES COMMITTEE

Pouch V, State Capitol
Juneau, Alaska 99811
(907) 465-3797

TO: HOUSE HESS MEMBERS

FROM: ROCKY MACKINNON

RE: HB 340

We will have a meeting regarding HB 340 Thursday night. It will begin at 7:30p.m. and we will be able to receive long distance intercom calls. The phone number is Zenith 7000. Please try to hang on to your bills for the meeting.

POSITION PAPER/Department of Health and Social Services

POSITION PAPER ON HOUSE BILL 340

"An Act relating to the treatment of alcoholism and drug abuse; and providing for an effective date."

This bill is recommended by the Department of Health and Social Services. The bill proposes to accomplish several things, among them the following:

1. Adds both "drug addicts" and "drug abusers" to the types of persons to be afforded treatment under the provisions of AS 47.37. (Throughout the Act.)

2. Creates a combined "Office of Alcoholism and Drug Abuse." (020)

3. Empowers the combined office to review and comment on all state plans involving provisi for alcoholics and dru abusers. (030)

4. Empowers the combined office to have access to alcohol and drug related records systems of other agencies of state government except when expressly prohibited by law. (030-6)

5. Instructs the office to reorganize and implement a coordinated Manpower Training Program for all persons involved in the provision of treatment services to alcoholics and/or drug abusers. (040-7)

6. Adds the Regional Health Systems Agencies and the State Health Coordinating Council to the list of agencies to whom the Office and the Board is advisory for the purposes of the preparation of an annual combined State Plan for the provision of services to drug abusers and alcoholics. (040-11)

7. Requires the Office to monitor the admission of alcoholics to hospitals in conformance with existing federal law. (040-15)

8. Adds the following agencies to the Interdepartmental Coordinating Committee: "The Commissioner of Revenue," "The Commissioner of Community and Regional Affairs," "The Director of Traffic Safety," "The Director of Criminal Justice Planning," "The Department of Law," "The Division of Planning and Policy Development," The Division of Budget and Management," and "The Alaska Court System." Requires the committee to meet quarterly for the purpose of supervising the implementation of an annual Interdepartmental Plan for the amelioration of alcohol and drug abuse problems. Ties the plan to the existing plan requirements of other affected agencies. (050-A)

9. Collapses the existing separate advisory boards for alcoholism and drug abuse into one combined advisory board for the combined office, and specifies the membership categories. (080.1-5)

10. Redefines the position of the Coordinator to include responsibility for drug abuse as well as alcoholism. (120)

11. Adds to the requirements for the preparation of an annual plan for the prevention, treatment, and control of alcoholism and drug abuse. (130.A-E)

12. Redefines the responsibility of the office to include "licensure" of facilities and programs, instead of the existing "approval." (Brings the statute into conformance with other similar statutes.) (140)

13. Defines situations under which the state may allow the creation of combined treatment programs for the treatment of certain alcoholics and drug abusers. (160-D)

14. Compels the administrator of a licensed facility to initiate emergency or involuntary committment proceedings on certain clients, under certain conditions. (170.H)

15. Mandates that persons who attempt to commit, commit, or threaten physical harm to another under the influence of alcohol, be charged under an appropriate criminal statute and taken into criminal custody. (180)

16. Insists that the courts commit persons only to licensed public or private treatment facilities (190)

17. Defines both "licensed public," and licensed private" treatment facilities/programs. (270. 2&3)

18. Adds definitions of "drug addicts" and drug abusers" for the purposes of the Act. (270. 13&14)

19. Adds definitions of "cross addicted persons" and troubled employees" for the purposes of the Act. (270. 15&16)

20. Adds a new "grant-in-aid statute" which includes "profit making corporations" in the list of agencies eligible for state grants-in-aid. (Article 2-300 & 310)

21 Keeps the appropriations for grant-in-aid for alcoholism and drug abuse separate. (310-B)

22. Allows the Office to let grants of up to $50,000 at a match rate of fifty per cent for the purposes of construction or purchase of facilities. (310-C)

23. Mandates that all local "match" for grants-in-aid, be in the form of cash. (310-D)

24. Insists that all programs eligible for funding under state grants-in-aid must meet all state licensure standards and that they be able to demonstrate successful collection of patient fees. (310-E & F)

25. Repeals AS 44.29.100-150, and AS 47.30.470-500. (Existing drug abuse statute and the current alcoholism "grant-in-aid" statutes, respectively.)

This Act was written in order to comply with past joint resolutions of the legislature and the recommendations of the Governor's Efficiency Review Team.

Recommended by:

Robert L. Cole 3/18/77

Robert L. Cole, Coordinator — Date
Office of Alcoholism

Approved by:

Lois M. Lund 3/22/1977

Francis S.L. Williamson, — Date
Commissioner
Health & Social Services

STATE OF ALASKA
JAY S. HAMMOND, GOVERNOR
DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER
POUCH H 01 – JUNEAU 99811

April 28, 1977

Document# House HESS #5

Honorable Charlie Parr
H. & S.S. Committee Chairman
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

Mr. Cole, in the State Office of Alcoholism; Mike Waltnie and Rae Ann Hickling, from Anchorage; and Ms. Hilburn, in the State Office of Drug Abuse have discussed proposed changes in this bill. The proposed changes are:

...Page 1, Line 26 ... Add the word "abuse" after the word "drug"

...Page 4, Section 10 ... Should read: "Coordinates with Local Communities, the Regional Health Systems agencies, and the State Health Coordinating Council on the Preparation of an Annual Comprehensive Plan for the Prevention, Treatment and Control of Alcohol and Drug Abuse; to be Submitted to the Commissioner and the Citizens of the State of Alaska for Review and to the Governor for Approval."

...Page 5, Line 20 ... Delete the word "intoxicated", add the word "drug abusing."

...Page 7, Section 9 ...(47.37.080) Should be amended to read: "Of the nine members, no person having a monetary interest in the outcome of the recommendations of the Board shall serve as a Board Member." (All other language should be deleted.)

...Page 9, Section 47.37.110 ... The following changes are proposed:

110... Duties.. add "The State Health Coordinating Council" after the word "Commissioner"

110 (1) Add the words "and physical" between "Mental" and "Health"

110 (3) Should read: "Social factors which affect the causation, treatment and rehabilitation of alcoholism and drug abuse"

110 (4) Should read: "Legal processes and legislation which affect the rehabilitation and treatment of alcoholics and drug abusers"

110 (5) Should read: "Programs of public relations, prevention and education concerning the problem of alcoholism and drug abuse conducted by a department of state government or by any organized group"

...Page 10, Section 130; Lines 13-15 ... Delete the words "and when feasible"; include an amended sentence to read: "Programs shall be established with maximum local community and native health corporation involvement."

Section 130 (D)... Delete

...Page 14... Delete (D) ... Replace (D) with the following:
"Based upon local determination of need, there may be alcoholism treatment programs, drug abuse treatment programs, or integrated treatment programs for both alcoholism and drug abuse. There may be integrated prevention programs for all forms of substance abuse. All State and Federal laws and regulations relating to requirements for methadone maintenance for persons addicted to an opiate derivative shall be strictly adhered to by all affected treatment facilities licensed or funded by the office. There shall be state regulations which establish standards for licensure for all classes of treatment programs."

...Page 25, Lines 3 & 4 ... Should read: "Grants will be awarded on the basis of demonstrated need and the merit of the application. In considering applications for alcoholism programs, the department shall, if all other factors are equal, give preference to applications in political sub-divisions which devote local government revenues generated by the sale of intoxicating liquor to the treatment of alcoholism."

...Page 25, Section "D".. Should be amended to read: "All community match contributions to grants shall be in the form of cash, except grants to "poverty" communities for the first three years of state grant support may meet the match requirements through the provision of in-kind contributions."

...Page 24, Section 310, Line 21: Delete (A) "Profit making corporation" from the list of eligible entities for grants in aid support.

...Page 27, Section 43, Line 29: Should have included the following definitions:

..."Drug Abuser"... means a person who misuses a drug or drugs to the detriment of his/her health and social well-being.

..."Cross Addicted Person"... means a person who is addicted to more than one class of drugs.

(Note: Existing AS 47.37 definitions of "Alcoholic", should be retained. All references to "Drug Addicts" should be stricken from the language of the bill.)

All of the above changes have been found acceptable by the Southeast Alaska Alcoholism Program Managers, the Petersburg Youth Council and the Petersburg Alcoholism Board, as well as the persons mentioned from the drug field in the first paragraph in this memo.

The Department would like to suggest one more addition to the bill which might facilitate the plan to reorganize the offices. That provision would read as follows:

"There shall be created a "Technical Advisory Panel" to advise the

Coordinator and the Advisory Board on all matters having to do with the impact of office policy on the administration of local programs. The Advisory Panel shall be composed of two alcoholism program managers, two drug abuse program managers, and one representative each from the "Alaska Native Commission on Alcoholism and Drug Abuse" and "The National Council on Alcoholism - Alaska Region."

This Panel shall meet quarterly with the Governor's Advisory Board on Alcoholism and Drug Abuse and the Coordinator for the purpose of discussing issues which impact on the administration of local programs.

Travel and Per Diem: Should read the same as the "Travel and Per Diem" provisions for the Governor's Advisory Board.

Your consideration of the proposed charges will be greatly appreciated.

Sincerely yours,

By Robert L. Cole

Francis S.L. Williamson
Commissioner

MINUTES OF HOUSE HESS COMMITTEE

April 28, 1977

(EVENING)

The meeting was called to order by Chairman Parr at 7:35 p.m. Present: Mr. Parr, Dr. Beirne, Mr. Nakak, Mr. Chatterton, & Mr. Ose. Mr. Phillips, Mrs. Buchholdt and Mr. Bennett came in later.

Absent: Mr. Cotten.

HB 340
Kleinfelter

Mary Kleinfelter called in first on the conference telephone that was sat up regarding HB 340 which was the agenda for the evening. She called to object to HB 340 as she felt the alcoholic and drug addict are 2 entirely different and separate problems. She said she was familiar with both problems and doesn't think they should be combined. She also said she objected to the State giving monies to any private profit making organizations. She stated she is presently working for a treatment center but also had been on heroine herself.

Walti

First to testify in person was Mike Walti who operates the narcotic drug treatment center in Anchorage. Said he had come down here to testify on the bill thinking it was definitely sure to pass and then in the Senate HESS meeting the day before he was surprised to find out that it was not a definite thing. He said he did not want the merger. He felt at some point in the "great beyond" there will be a combination of the two but didn't think they were ready for it yet. He said the differences in the clientelle he found were the generational differences. He said a lot of people are middle aged or older. He said the only way it could be changed is when the people in the fields share some of their experiences which they don't do now. Said he hoped this bill did not pass out of committee at this time. Mr. Walti said he had problems with parts of the treatment provision in the bill and also problems with the term "drug-addict". When asked if the combination did go through what characteristics he would like to see he said he would like to see someone in the drug field included in the office somehow.

Vollin

Next to call in on the conference telephone was Danny Vollin who was representing himself from Anchorage. He too objected to the bill in that he felt the alcoholic and drug abuser were 2 completely different problems.

Walti

Mr. Walti went on to say that he would support the licensing section of the bill. Said this means consumer protection for the people that come to the program. Said it would also be necessary for the collection of 3rd-party payments when and if they became available.

Mr. Walti said the section on the Advisory Board in the bill bothered him also. Felt all it should say was "that the Advisory Board consist of 9 members appointed by the Governor". Thought perhaps should specify that 3 members of the board should have an income of $12,000 or less. With regard to the portion on the civil commitment which he had spoken on the telephone last week to, he said he had changed his mind on that section.

Goodwin

Next to testify was Mr. Paul Goodwin, President of the Fairbanks Native Association and runs the largest alcoholic program in the State of Alaska. Said he had no major or substantial objections to the package other than the objection that he would not like to see both programs under one Board. Said he would disagree to putting drug abuse and alcoholism under the Mental Health services. He said he really had not had time to study this bill and as far as he was aware of neither had anyone else he had talked to.

Forest

Sister Forest from Anchorage called in on the conference telephone at this time. She too objected to the bill in that the people involved have 2 different types of problems. Said she was speaking for herself as a counsellor and as a worker in an Anchorage Center., Studio Club.

Gold

Next to testify was Dr. Frank Gold, registered psychologist and director of Fairbanks Drug Treatment Center and who was responsible for the proposed committee substitute.
He too felt that nothing should be done with the bill at this time if possible--just let it lie. He said the reason for rushing with the committee substitute was that all indications during the last year or so was that there was no way to stop the bill. He said he knew Paul Peska in Fairbanks felt the same way. He said in preparing the committee substitute he had followed the bill that the administration had put out as well as the existing Community Health Center Act. He said when they sat down and drew up the committee substitute it was done with a great deal of emotion. He said there are problems when talking about both alcoholics and drug abusers in a single agencies. Once they are stabilized, then you are talking about basically very similar types of problems. He did state that Fairbanks had very professional counsellors but didn't feel this was true in the rest of the state.

Mondale

At this point George Mondale, Coordinator of the Ketchikan Alcoholic Program called in on the conference phone. Said he spoke in favor of HB 340 but was opposed to the Committee Substitute in that it is the feeling that the proposed CS would undermine the intention of most of the people. Said he thinks it is unthinkable to have a substance abuse problem. Said he thought the citizens of our State have an increasingly

difficult time relating with what the State is trying to do. Said putting it under the title of Substance Abuse would really confuse them.

Gold — Mr. Gold continued with his testimony. Said he thought more focus should be brought in putting more authority in the hands of the communities. He felt a good pattern to draw up a bill from was the Mental Health bill that was passed 2 years ago by the legislature. Mr. Gold said he did not think any of the drug abuse facilities had received this bill and therefore had not had a chance to look it over.

Stoner — Next to testify was Mr. Tom Stoner, presently acting as Field Deputy for the Alaska Native Commission and handles both alcoholics and drug abusers. He said his organization was very comfortable with the potential merits in HB 340 and agreed with Mr. Cole's proposed amendements. Said they have been comfortable with the existing statute. Said if a merger did take place he felt there would be discreet program management in the separate areas. Said one recommendation he would make would be that drug abuse and alcoholism would be represented by a technical panel which could provide expertise to a combined board that would be responsible to the Commissioner with recommendtions.

Nugen — Next to testify was Mr. Leonard Nugen, Director of the Studio Club, Alcohol Rehabilitation Center. Said he has looked over HB 340 and there are some things he agrees with and some that he doesn't. Said he did not want to see the combining of the 2 advisory boards. Said they did need standards to license by. Said another thing that concerned him was the profit making section. He also said the part in the bill that refers to where a patient is brought to a treatment center and the center cannot help the person, it is up to the center to find another place to put the person, didn't think that was right. Felt there should be a way to hold people, alcoholics especially. Also felt that a lot of good counsellors could be people without a degree. Mr. Nugen said he had no problems with the existing statute but thought it could be better and especially liked the idea of being licensed.

Hickling — Next to testify was Rae Ann Hickling, Executive Director of the Anchorage Council on Drug Aid. Said the people she represents are opposed to the combination of the 2 offices. She said she was party to the Committeee that made changes to HB 340 from Mr. Cole's office. Said she was in favor of licensing.

The meeting adjourned at 9:30 p.m.

MINUTES OF HOUSE HESS COMMITTEE

April 21, 1977

(EVENING)

The meeting was called to order by Chairman Parr at 7:40 p.m. Present: Mr. Parr, Mr. Bennett, Mr. Chatterton, Mr. Phillips, Mrs. Buchholdt with Mr. Cotten coming in a few minutes later.

Absent: Mr. Nakak, Mr. Ose, & Dr. Beirne.

HB 340

Chairman Parr said HB 340 was on the agenda and asked Lois Jund, Deputy Commissioner of Program Management of the Department of Health & Social Services to testify first.

Jund

Ms. Jund said the bill is a bill requested by the Governor in response to recommendation made by both the former legislature as well as the Governor's Efficiency Review Team to combine the offices of Alcoholism and Drug Abuse which at the present time are contained in separate statutes which calls for an Office of Alcoholism, an Office of Drug Abuse, a coordinator for each of these offices and 2 advisory boards. She said in their opinion it was essential that they have some legislation combining the 2 offices since the fiscal year '78 budget is predicated on a combined office. She said at the present time they have an advisory board for Drug Abuse consisting of 12 members and an Alcoholism Board of 9 members and this bill calls for a combined Board of 9. She said she was charged by the Commissioner of Health & Social Services to work with the 2 offices to prepare a bill that would be satisfactory to both offices. Said there has been some input but not extensive input from the Advisory Boards not on the specific bill but on the issues of combining the offices.

At this point Ms. Jund gave a brief overview of the sections of the bill and said Mary Beth Hilburn of the Office of Drug Abuse and Mr. Robert Cole of the Office of Alcoholism were present to answer any question.

Ms. Jund said in the case of Alcoholism, they have just recently surveyed many of the programs because the regulations will go into effect July 1. Said this is important from the standpoint of third-party payments. Said Mr. Cole has had some discussions with Blue Cross and if a treatment center is licensed under this statute, then they would be eligible for reimbursement for Blue Cross. This would pertain to Va, BIA and other third party payers. Said it keeps the appropriations for grant in aid for alcoholism separate and this is by federal mandate. Said they have written to the NIAAA and NIDA and have received their approval for the combining of these 2 offices which she said is a State option.

Ms. Jund said they had sat down with one of the providers and Mr. Cole had worked out some proposed alternative language that had caused problems with some of the individuals.

Mr. Chatterton asked about lines 15 and 16 on page 1. He wondered if it was the intent to remove from criminal prosecution any drug addict or any drug abuser. Ms. Jund said not from the consumption of alcoholic beverages or drugs. Mr. Chatterton asked if under present statutes the use of drugs is illegal in this state. Mr. Peters asked to address the statement and said that was something they were concerned about in the Attorney General's office but said on closer examination of the statutes, they found that the statutes could not prohibit either the consumption or addiction to drugs and cited a Supreme Court case relative to this. Said it was very difficult though to take the step from addiction, to consumption, to possession.

Mr. Parr questioned line 20, page 1 --alcoholism-drug problems. Ms. Jund said she thought this was used in the broad sense.

Mr. Parr asked Ms. Jund if she had other changes besides the combination of the agencies. Ms. Jund stated the position paper pointed out the major things the bill proposes to accomplish. She stated she would ask Mr. Cole and Mrs. Hilburn to walk them through the bill.

Mr. Parr asked if there was a substantive difference in saying "approval of licensure". Ms. Jund said this makes it formalized and brings it in line with what they are doing in all other programs. Mr. Cole addressed this question.

Mr. Parr then asked about page 2, line 25, if something had been added which had no direct relationship to the merger of the 2 offices. Mr. Cole explained they had attempted to do a state-wide research and planning effort during the past year and in one instance it took them 3 1/2 months to get information which should have been available in 3 1/2 minutes. He said they were concerned that it would make a stronger case for having access to the information if it wasn't prohibited.

Mr. Chatterton asked about lines 1 and 2 on page 2 wherein he felt a sizeable expansion of the Department's powers had been made. Mr. Cole said there has always been made indirect mention to training programs. Mrs. Hilburn said prevention has always been one of the activities, particularly in the Office of Drug Abuse.

Cole

Mr. Cole then spoke to the differences in the law instructing the office to organize and implement a coordinated manpower training program for all persons involved in the provision of treatment services to alcoholics and drup abusers. Said that is a stronger statement than they have ever had in their law before. (No. 7, page 4, line 10.) He stated the reason for putting this in was that there is a real shortage of persons trained to provide treatment services in these areas and in spite of the fact they have had a number of attempts to construct training programs in the past, they have had difficulty in getting them coordinated.

Gold

At this time, Frank Gold called in on the conference telephone from Fairbanks. Said he was one of the two authors of the substitute or suggested revision to HB 340. Said the problems they found with the bill were simple. Said last year the Legislature passed a Community Mental Health Services Act which included comments about drugs and alcoholism to be included under the Community Health Centers. Said the way HB 340 was originally written it created a conflict. He said programs are most accountable when they are held accountable to an immediate public, not the centralized antagonists in Juneau. Said the bureaucracy is responsible to the Commissioner and to the Governor--not to who they deal directly with the way people involved in providing services are. Said they were concerned about the cost of administration. Said it would tend to be rather high in centralized organization. He said he had gathered from testimony last night at Senator Hackney's meeting that there was a concern about a provider on the Board and said they recognized that when they wrote the suggested revision. Felt a decision maker on the Board by a lay-board in particular obviously takes education. Felt they needed people that should be educated to the field they are sitting in review of. Said their general concern was that they saw the Community Mental Health Center's Act from last year as an exemplary piece of legislation and sees this bill being opposed to it and actually creating a bureaucratic structure that is more complex and more tightly bound to Juneau than the present State Office of Drug Abuse and the State Office of Alcoholism. He then requested, if possible, that additional hearings be held a week from this date when many member providers from various parts of the state will be in Juneau and could be available for public testimony at this time.

Mr. Cole asked Mr. Gold to elaborate on the specific manner in which he felt the current legislation, as proposed, is so opposed with the Community Mental Health Center's Act.

Mr. Bennett asked Mr. Gold for his feelings in reference to alcohol which an alcoholic gets via a total legal transition which the government taxes as opposed to an addict who gets a totally illegal status. Do you find there is so much of a difference that it would have an effect in treating the patient in lumping them together?

Mr. Gold said not all people involved in drug abuse get there illegally, said some of them get it very legally with prescriptions. Said they had included most of the drug abusers in the revised HB 340 they wrote.

Mr. Bennett asked if the treatment of the 2 various types of patients so much a like that it is a common bond that they should be in the same situation. Gold said with competent counsellors, once the individual is stablized they would confront the same trend of problems.

Mr. Chatterton asked Mr. Gold what his definition of drug was. Also if he would include glue sniffing and gasoline sniffing, which Mr. Gold said he would not.

Walti

Next to call in was Mr. Michael Walti, has a graduate degree of social work and for the last 3 years has operated a narcotic drug treatment center which is the largest center in the State of Alaska. Said at the present time they are serving 15 addicts in Anchorage. Said he was calling to testify on the bill. Said he was disappointed that program input wasn't sought by the drafters of the bill during the initial stages. Felt they could have ironed out a lot of problems. Said it seems a good 50-60 percent of the bill could have been done by Department regulations. Said he had a hand in providing information for the substitute bill. Said problems with the original bill he had were many fold and said he would go into the basic differences between the 2 bills as they see them. Said he supports the second bill where they had substituted the concept of substance of the use. Said it seemed there were a couple of reasons for combining the two offices, only on e of which was to save some money. He said in the bill there is a provision for a service provider. Said this is something they, in the field have talked about for some time. Said he would like to see a provider on the Advisory Board . He said the second version provides for civil commitment of any intoxicated person. Under the original bill it was only for people intoxicated by alcohol. Said in the first bill there is no provision for out-patient treatment of cross-addicts meaning someone with drug and alcohol problems. Said in the second revision of the bill which they support they do provide for being able to treat this type of individual. Felt there has been misconception about the kind of people that seek treatment from a Methadone treatment facility and said the one they run in Anchorage is very different from the ones that are run "outside". Said they are dealing, for the most part, with a working class group of people and at any point of time, depending on the season, between 70 and 80 percent of their people are employed full time and exmployed at fairly skilled jobs. Said they do not have a heavily criminalized group of people for treatment. Said a lot have been criminals when they come for treatment but after stablizied do cease their criminal activity. Said this is about 90 percent of the people on their program. Said combining people with alcoholism problems with hard core addicts the same treatment does not apply at least with their treatment in Anchorage.

Mr. Walti thought it was a mistake if you are going to have a civil commitment process for intoxicated persons to limit it to alcohol only, felt it could be expanded to include people who are intoxicated with any substance.

Mr. Cole said he didn't have any trouble with at least 2 of the points Mr. Walti raised. He said the provision of out-patient care for cross-addictions he felt they had taken care of. Mr. Peters said this was originally a Uniform State Act, drafted under the model of a uniform commission's act for several states, it was heavy, entirely alcohol and heavy on state-operated institutions. Said we have no state operated institutions but was trying to do the least damage to it as possible.

Hilburn

Mrs. Hilburn spoke to the service providers on the Boards. She said they have had service providers on their advisory board and she said programs feel if there is a provider or doctor connected on the advisory board that they are getting special treatment.. Said there is always the conflict--is my program being treated as credibly as the one that has the doctor on the Board. Said she thinks this causes a real problem. Said the Board works very hard to make good judgments.

Mr. Chatterton asked if Mrs. Hilburn would be opposed to putting this in. She said she would.

Coyne

Next to call in was Mr. Tom Coyne, in Ketchikan, Director of the Halfway House there. Said the only thing he was concerned with was changing the name to somthing like Office of Substance. Said he would like to see HB 340 go through but doesn't want amendments like he has heard of like to change the Office of Alcoholism to the Office of Substance. Said he always drank liquor or took a drug, never took any "substance". Said there was enough problem with getting people to get to these offices without confusing them to what office they are going to.

Mr. Cotten asked about the Alcoholism Advisory Board, the qualifications for the board members and how it breaks down. Mr. Cole explained the current qualifications.

Mrs. Buchholdt asked about page 4, asked if the people are not trained to do these programs would the state send them out to school? Mr. Cole said this could be done but what he always wanted to do was get the existing staff training capabilities that do exist together for the purpose of drafting a long-term manpower development plan for people working in these areas in Alaska.

There was discussion as to some problems that have come about in trying to treat alcoholics and drug abusers in the same facilities.

Mr. Chatterton asked about the expansion of manpower. Mr. Cole said it would not necessarily be the expansion of manpower in their office and wasn't their intent- what they were looking for, and might be guilty of, was trying to see that there is a training program somehwere in the state that addresses this.

There was discussion about the admission of people to the hospitals and some of the problems that have arose for not admitting ones that did need help.

Mr. Chatterton asked if they would have objection of leaving the word "encourage" in. Mr. Cole said he would have no trouble with this.

Mr. Chatterton then asked what a "troubled employee" was. Mr. Cole spoke to this.

The next section to be taken up was the Interdepartmental Coordinating Committee and Mr. Cole spoke to the changes that have been made. Said most of the persons were added to the committee at the request of the Governor, informally, and it seemed a reasonable thing to do.

The next section was the Advisory Board. Mrs. Buchholdt asked if this board was just for drug and alcoholism or for all of the different areas of Social Services Programs. Mr. Cole said not this particular one.

Rookes

Mr. John Rookes from Petersburg called in on the conference phone. He said he was Director of the Petersburg Council on Alcoholism. Said he had been the director since the program began, a little over 4 years ago. He said he would like to voice objections to the bill. No. 1, had had the experience of working under the offices as set up in Washington where it didn't work out well. Said he found from experience of 14 years to alcholics and drug abusers, that you can't even treat them together for therapy reasons because they look down on one another, one says "I'm not as bad as you" and the other says "you haven't been anywhere." Said another thing is they are trying to make drug abuse an illness the same as alcoholism and there seems to me some question how you legislate an illness. Thinks the American Medical Association should have the jurisdiction of describing an illness and not the legislator. He said he had written evidence prior to this to the National Council on Alcoholism to the Office of Drug abuse, to the Office of Alcoholism and to the Commissioner's office. Said he did not want to see this bill go through. Mr. Parr said the committee would like to have copies of the written statements. Mr. Rookes did say that Mr. Cole had this information also.

Next to be discussed with the Committee was the Qualifications of the Board. Mr. Cotten said he seemed to be going toward having no dedication at all on memberships of the Boards. Said he thought this was how the Drug Abuse Board worked right now and asked how Mrs. Hilburn liked it. She said it worked fine. There was much discussion as to who should be on the Board.

Gallagher

Next to testify on the bill was Jean Gallagher who is working as the Regional Technical Assistant for Alcoholism Programs for the Tlingit & Haida Central Council. Said the purpose of her position with the Central Council is to assist local communities in developing local alcoholism programs. Said her main reason was that she was concerned that HB 340 was going to get passed through and she wanted to alert the committee that there were several people that she knows in the region that do want to testify on this bill. Said some of the people would include the program people in the region, also asked the committee to get some input from both of the Advisory Boards. Said there is another State group called the Alaska Native Commission on Alcohol and Drug Abuse would also like to provide some input to the discussions. Said there will be a meeting on Saturday, in Sitka that will include all of the regional alcoholism program directors and assumed that this bill will be discussed at length there so she wanted to alert the committee that it was her personal feelings she wanted them to have as much input as possible on the bill before they made any decisions on it. Mr. Parr informed her there was another meeting on this bill next Thursday.

Mr. Phillips spoke up and said he had received a phone call this afternoon asking that the bill be held over until they had a chance to take a better look at the bill.

Hickling

Next to testify was Rae Ann Hickling, Executive Director of the Anchorage Council on Drug Aid. She said they treat a wide variety of people from about 5 years of age on up into their 60's. Said she had come down specifically to work on the bill for a variety of reasons, one being that she has never been sold on the merging of the 2 programs. Said she felt there were some things in the bill that would make it hard for her to treat her drug abusing client population. Said she fully supported the stand the bill has taken on licensing. Said she felt this was very needed in the state at this time. She said on page 14 where it speaks to the idea you can't treat a drug abuser or drug addict and alcoholism in the same facility. Said she found this very odd since most opiate users start on alcohol. She said 95% of all opium addicts use a lot of alcohol. She said if she can't treat both problems she is not helping that individual. She said she had sat down and worked out a compromise with Mr. Cole and the compromise means they could treat opiate addicts and alcoholics in the same facility should it be so licensed. Said she hoped the committee would take a look at this and make some changes in it.

Next Ms. Hickling spoke about her concern with the composition of the Board. Said she doesn't like boards to be composed of "have tos". Said she agreed that the Board should not be slanted toward all providers or all consumers, has to be some sort of equilibrium but made more towards health care providers and health care consumers. Said she didn't believe program people should serve on any boards. She said she would like to see the Board members compensated for child care assistance while at the board meetings.

Ms. Hickling then spoke about where the bill talks about grants ~~and~~ in aides. Said one of the biggest problems the communities have is coming up with a "cash match". Thought when talking about starting programs in communities could talk about "in kind match" and give them 2 or 3 years to start the program and show the community what they can do before you ask them for actual cash. She said Mr. Cole had changed some wording in the law which she thought he would be happy to share with the committee which talked to giving them 3 years to build up a cash match in a community and after that time they would have to start demonstrating some kind monetary interest in the program.

Next to be taken up was the Section on Comprehensive Program for Treatment. Mr. Cole said in Section 130, page 10, line 7, 8 and 9, said this has already been done and are in conformance with the Health services areas and with the native health corporation districts . He said with regard to line 28, they don't have any facilities that are currently operated by the Department although the law does provide there can be those they don't have any plans for doing this.

Mr. Cole talked about Centralization. Said 2 years ago there were frequent abuses of the state's money at the local level in some communites. Said there were numerous instances in the past where the program managers got themselves in the situations where the programs weren't being operated in basic state law rule and regulations with regard to even grant and aide regulations which was a problem. Said instances where patient's rights and help have been jeopardized. Said he feels they can demonstrate they have saved the public money by having some measure of investment of administration within the office in the last couple of years as well as protecting the public's health safety and welfare and patients safety and welfare. Said he would really be uncomfortable with the notion of simply passing out the money.

Mr. Cole said on page 14, line 7 they do have proposed changes for this section that would meet the objections Ms. Hickling spoke to.

Mr. Chatterton said starting on this page he would need an "enlightening program" and thought it a good place to stop.

The meeting adjourned at 10:00 p.m.

Municipality of Anchorage

MEMORANDUM

DATE: April 27, 1977

TO: Charles Parr, Chairman
Health, Education & Social Services

FROM: Behavioral Health Division, Department of Health & Environmental Protection

SUBJECT: House Bill No. 340

House Bill No. 340. An act relating to treatment of alcoholism and drug abuse for all purposes establishes a uniform drug abuses act which includes alcohol as a major addictive drug. This legislation has great merit. Section 2 - AS 47.37.010, Declaration of Policy is inclusive and needed. However, there should be a semantic consistancy in the policy and throughout the bill and terminology which should be used is "alcoholics, alcohol abusers, drug addicts, and drug abusers."

Section 4, AS 47.37.030. The expansion of the powers of the office broadens and strengthens the law by spelling out that treatment programs include prevention, training and rehabilitation.

Section 5, AS 47.37.040. The expanded duties of the office addresses in (7), (10), and (15), will facilitate a much stronger approach to early intervention and ultimate treatment of both the licit and illicit drug users.

Page 2, Line 24, and all subsequent notations with a reference to alcoholism and drug abuses should be changed to alfohol[ism] and drug abuses.

Section 6, AS 47.37.050. This amendment to mandate that all departments become involved in the drug abuse problem and the quarterly meetings rather than twice per year should create a continuance of interest and promote more effective programing.

Section 7, AS 47.37.360. It would be desirable that intent be written that the new advisory board retain at least two of the more knowledgeable lay members of each of the present advisory boards for alcoholism and drug abuse to maintain a continuity of past and present activities and to assure that equal attention is given to the programing for both areas.

There should also be some of the present staff members of the office of drug abuse retained for continuity of programing during the transition period.

Section 9, AS 47.37.080. (1) It would seem that one M.D. would be sufficient. (3) Four should be lay persons who have interested a knowledge in either one or both fields. (This may be the category to assure that at least two of each of the present boards are incorporated into the new one. (4) Three [one] shall represent persons choosen from the following categories of professionals.

(a) Protective Services - i.e. criminal justice, police probation, etc.

(b) Primary health providers, i. e. Emergency medical services, Health Aids, Providers, etc..

(c) Secondary Health Providers, i.e. Social worker, nusery, counselors, etc.

(5) Delete (These people will be able to repr3sent their views adequately through public and private testimony and will carry significant w4ight without being on the voting membership of the board.

Section 17, AS 47.37.160 (d) Line 7-9 delete [except for diagnosis and refrerral, alcoholism treatment programs shall be separate and distinct from treatment programs for drug addicts.] This statement is too dictatorial and possibley destructive to effective programing. Many of these activities can be coordinated effectively wiht proper planning and education.

Section 25, AS 47.37.170 (h). This section dealing with involuntary commitment is considered to be essential in cas4s where reason is so impaired by drug abuse that the individual cannot make a knowledgeable decision concerning his well being or may be inadvertently harmful to others.

Helen D. Beirne

Helen D. Beirne, Ph.D.
Behavioral Health Manager

HDB:epw

proposed CS HB 340

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

*Section 1. AS 47.37 is amended to read: CHAPTER 37. ALCOHOLISM AND DRUG ABUSE

*Sec. 2. AS 47.37.010 is amended to read:

Sec. 47. 37. 010. DECLARATION OF POLICY. It is the policy of the state that individuals physically addicted to and/or abusing chemical substances should not be criminally prosecuted for their consumption of these substances but should be afforded a continuum of treatment so they may lead normal lives as productive members of society.

*Sec. 3. AS 47.37.020 is amended to read:

Sec. 47.37.020. OFFICE OF SUBSTANCE ABUSE. An office of substance abuse is established in the department. The office shall be headed by a coordinator appointed by the commissioner. The coordinator shall be a qualified professional who has training and has completed two years of direct-service experience in the organiza-tion and administration of treatment services for persons with problems resulting from the abuse of alcohol and other drugs. The coor-dinator is in the classified service.

*Sec. 4. AS 47.37.030 is amended to read:

Sec. 47.37.030. PURPOSE OF THE OFFICE. It is the purpose of the legislature in amending CHAPTER 37 (ALCOHOLISM AND DRUG ABUSE) to assist local communities in planning, organizing, and financing locally developed, administered, and controlled substance abuse programs. It is further intended to better utilize existing resources at both state and local levels in order to:

(1) develop and implement plans for initiating maximum substance abuse services based on demonstrated need for services in each geographical planning area, as well as regionalized comprehensive substance abuse services;

(2) improve the effectiveness of existing substance abuse services;

(3) integrate the substance abuse programs within a unified human service delivery system;

(4) provide a means for participation by local communities in the determination of the need for and the allocation of substance abuse resources;

(5) establish a uniform ratio of local and state government responsibility for financing substance abuse services;

(6) provide a means of allocating state substance abuse service funds according to community needs;

(7) encourage the full use of existing public or private agencies, facilities, personnel, and funds to accomplish these objectives; and

(8) prevent unnecessary duplication and fragmentation of services and expenditures.

*Sec. 5. AS 47.37.040 is amended to read:

Sec. 47.37.040. DUTIES OF THE OFFICE. The office shall

(1) define and develop standards for various levels and qualities of substance abuse service;

(2) provide fiscal and professional technical assistance in planning, organizing, developing, implementing, and administering local substance abuse services;

(3) develop budgets, receive and distribute state appropriations and funds in accordance with the provisions of sections 010 through 340 of this chapter;

(4) establish standards of education and experience for professional, technical and administrative personnel employed in substance abuse services;

(5) assist the community in establishing the organization and operation of substance abuse services;

(6) develop a standardized system for measuring and reporting to the department the types, quantities, and quality of services; and a cost accounting system which will demonstrate the cost of various levels and qualities of care;

(7) provide each local community planning and services delivery entity with statistics, reports, and other data relevant to development of indices indicating the need for substance abuse services, or relevant to evaluating the effectiveness of existing services;

(8) review each local community plan and require each plan to include

(A) an affirmative showing that the most effective and economic use will be made of all available public and private resources in the community including careful consideration of

the most effective and economic alternative forms and patterns of services;

(B) a five-year projection of needs, services and resources; and

(C) adequate provisions for review and evaluation of services provided in the local community;

(3) prepare an annual comprehensive, state-wide plan that utilizes the locally-developed community plans for the prevention, treatment, and control of substance abuse;

(10) adopt regulations and establish priorities, after consultation with local communities affected and in conjunction with a state substance abuse advisory board, which are necessary to carry out the purposes of sections 010 through 340 of this chapter;

(11) facilitate the planning, establishment, and maintenance of locally developed, administered, and controlled prevention, training, treatment, and rehabilitation programs;

(12) solicit and accept for use a gift of money or property or a grant of money, services, or property from the federal government or private sources, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for a grant;

(13) make contracts and other joint or cooperative arrangements with state, regional, and local entities or organizations to improve the substance abuse services in this and other states;

(14) provide substance abuse service programs with professional, competent, technical assistance and consultation;

(15) cooperate with the division of corrections in establishing programs to provide treatment for substance dependent individuals in or on parole from penal institutions;

(16) support the Department of Education in the, its preparation of curriculum materials at all levels of education;

(17) encourage the development and maintenance of 'troubled employees' programs in Alaska;

(18) cooperate with the Department of Public Safety and the Division of Highways in their establishing and conducting programs designed to deal with the problem of persons operating motor vehicles while under the influence of alcohol or other drugs;

(19) monitor the admissions of hospitals and other appropriate health facilities in compliance with federal law which requires that the office ensure they they admit without discrimination alcoholics and intoxicated persons and provide them with adequate and appropriate treatment;

(20) encourage all health and disability insurance programs to include alcohol and other forms of drug dependence as covered illnesses;

(21) submit to the legislature an annual report summarizing the activities of the office.

*Sec. 6. AS 47.37.050 is amended to read:

Sec. 47.37.050. INTERDEPARTMENTAL COORDINATING COMMITTEE. (a) An interdepartmental coordinating committee is created, composed of the coordinator, the director of the division of mental health, the commissioner of the department of

health and social services, and the commissioners of education, revenue, public safety, community and regional affairs, and the attorney general, representatives from the Criminal Justice Planning Agency, the Division of Budget and Management, the Alaska Court System, and the Division of Planning and Policy Development. The committee shall meet at least quarterly at the call of the commissioner of health and social services who is its chairman. The committee shall act as a permanent liaison among state departments engaged in activities affecting substance abuse as a component of human services. They shall be responsible for insuring the linkage required for the successful and cost-effective implementation of the related departmental state plans, with particular emphasis given to coordination among the division of social services, the division of mental health, the division of vocational rehabilitation, and the division of corrections, and this office of substance abuse.

(b) In exercising its coordinating functions, the committee shall assure that the appropriate state agencies shall provide at the local level

(1) necessary medical, social, treatment, and educational services for substance abusers and for the prevention and control of substance abuse without unnecessary duplication of services;

(2) cooperate in the planning and implementation of effective systems of enforcement, adjudication, treatment, and rehabilitation appropriate to the local conditions as well as to the humane and professional provision of services to substance abusers;

(3) recommend mechanisms for the integrated and coordinated prevention, treatment, and control of substance abuse consistent with the policy of this chapter.

*Sec. 7. AS 47.37.060 is amended to read:

Sec. 47.37.060. ADVISORY BOARD ON SUBSTANCE ABUSE. There is established in the Department of Health and Social Services an advisory board on substance abuse. This advisory board shall function as a committee of the state health coordinating council, and three representatives of it shall serve as ex-officio members of the interdepartmental coordinating committee.

*Sec. 8. AS 47.37.070 is amended to read:

Sec. 47.37.070. COMPOSITION. The advisory board on substance abuse consists of nine members appointed by the governor.

* Sec 9. Sec. 47.37.080 is amended to read:

Sec. 47.37.080. QUALIFICATIONS OF BOARD MEMBERS. Of the nine members, no more than three of which shall be providers of substance abuse services,

(1) one shall be a person who is licensed to practice medicine in the state;

(2) one shall be a person who is licensed to practice psychology in the state;

(3) one shall be a practicing attorney who has been admitted to the practice of law by the state supreme court;

(4) six shall be persons who have evidenced an interest in the problems of substance abuse, one of which shall be a current provider of substance abuse services;

(5)three of the above nine members shall also represent local/regional human service advisory boards.

*Sec. 10. AS 47.37.090 is amended to read:

Sec. 47.37.090. TERM OF OFFICE. (a) The member of the board initially appointed under sec. 80(1) of this chapter serves a term of three years.

(b) The member initially appointed under sec. 80(2) of this chapter serves a term of three years.

(c) The member initially appointed under sec. 80(3) of this chapter serves a term of three years.

(d) Two members initially appointed under sec. 80(4) of this chapter serve terms of one year; two members appointed under sec. 80(4) of this chapter serve terms of two years; two members initially appointed under sec. 80(4) of this chapter serve terms of three years. Subsequent terms for all board members are three years.

(e) A vacancy occurring in the membership of the board shall be filled by an appointment by the governor for the unexpired portion of the vacated term.

(f) Board members serve at the pleasure of the governor.

*Sec. 11. AS 47.37.100 is amended to read:

Sec. 47.37.100. COMPENSATION, PER DIEM, OR EXPENSES. Members of the advisory board on substance abuse are not entitled to a salary, but are entitled to per diem, reimbursement for travel and other expenses authorized by law for other boards.

*Sec. 12. AS 47.37.110 is amended to read:

Sec. 47.37.110. DUTIES. The board shall advise and assist the commissioner in the initiating and implementing of community substance abuse services. They shall also review and approve the Alaska State plan for substance abuse prevention, treat-

ment and control on a yearly basis--reports of which shall be submitted to the governor, the legislature, the department and the State Health Coordinating Counil. Grants and contracts shall be reviewed and recommended for funding by this board to and from state, local, and private agencies.

*Sec. 13. AS 47.37.120 is amended to read:

Sec. 47.37.120. SUBSTANCE ABUSE COORDINATOR. The substance abuse coordinator shall work with communities to develop and implement local, comprehensive programs dealing with the prevention, treatment and control of, research on, and education concerning substance abuse problems, as they affect the people of Alaska.

*Sec. 14. AS 47.37.130 is amended to read:

Sec. 47.37.130. COMPREHENSIVE PROGRAMS FOR TREATMENT; REGIONAL PROGRAMS. (a) The office shall assist in the establishment of comprehensive and coordinated locally-developed substance abuse programs. The commisioner shall divide the state into planning regions congruent with each local community mental health center's area of jurisdiction. (b) Plans and regulations adopted under sections 010 through 340 of this chapter shall allow local programs sufficient administrative and program flexibility so that local community substance abuse programs may be joined with other programs such as community mental health centers, and other human service operations.

*Sec. 15. AS 47.37.140 is amended to read:

Sec. 47.37.140. PUBLIC AND PRIVATE TREATMENT FACILITIES. (a) The department shall establish standards in regulations for facilities before their licensure as public or private treatment facilities. These standards shall be adopted following the review and recommenda-

tion of the proposed standards by local advisory boards, the state advisory board, ---following statutorily required public hearings.

(b) Regulations may be developed by the department following the adoption of licensure standards.

*Sec. 16. AS 47.37.150 is amended to read:

Sec. 47.37.150. ACCEPTANCE FOR TREATMENT. The department shall establish standards for the admission of persons into treatment programs, considering available treatment resources and facilities, for the early and effective treatment of substance abusers.

*Sec. 17. AS 47.37.160 is amended to read:

Sec. 47.37.160. VOLUNTARY TREATMENT OF SUBSTANCE ABUSERS. (a) A substance abuser may voluntarily apply for treatment directly to a licensed public or private treatment facility.

(b) Subject to regulations adopted by the department, the administrator in charge of a licensed public or private treatment facility may determine who shall be admitted for treatment.

(c) All federal and state laws and regulations relating to the provision of services to substance abusers shall be strictly adhered to by all substance abuse programs funded by the office.

*Sec. 18. AS 47.37.170 is amended to read:

Sec. 47.37.170. TREATMENT AND SERVICES FOR PUBLICLY INTOXICATED PERSONS. (a) An intoxicated person may come voluntarily to a licensed public or private treatment facility for emergency treatment. A person who appears to be intoxicated in a public place and to be in need of help or a person who appears to be intoxicated in or upon a licensed premise where intoxicating liquors are sold or consumed who refuses to leave upon being requested to leave by the

owner, an employee or a peace officer may be taken into protective custody and assisted by a peace officer or a member of the emergency service patrol to his home , licensed public treatment facility, a licensed private treatment facility, or another appropriate health facility. If all of the preceding facilities including the person's home are determined to be unavailable, a person taken into protective custody and assisted under this subsection may be taken to a state or municipal detention facility in the area.

(b) A person who appears to be physically incapacitated by any substance in a public place shall be taken into protective custody by a peace officer or a member of the emergency service patrol and immediately brought to a licensed public treatment facility, a licensed private treatment facility, or another appropriate health facility or service for emergency medical treatment. If no treatment facility or emergency medical service is available, person who appears to be physically incapacitated by any substance in a public place shall be taken to a state or municipal detention facility in the area, if that appears necessary for the protection of the person's health or safety.

(c) A person who voluntarily appears or is brought to a licensed public or private inpatient treatment facility shall be examined by a licensed physician within 24 hours. After the examination, he may be admitted as a patient or referred to another health facility. The licensed public or private inpatient facility which refers him shall arrange for his transportation.

(d) No person who, after medical examination, is found to be physically incapacitated by any substance at the time of his admission or to have physically become incapacitated at any time after his admission, may be detained at a facility after he is no longer physically incapacitated by that sub-

stance. No person may be detained at a facility if he remains physically incapacitated by any substance for more than 72 hours after admission as a patient, unless he is committed under sections 180 or 190 of this chapter. A person may consent to remain in the facility as long as the physician or administrator in charge considers it appropriate.

(e) A person who is not admitted to a licensed public or private treatment facility, is not referred to another health facility, and has no funds, may be taken to his home, if any. If he has no home, the licensed public or private treatment facility shall assist him in obtaining shelter.

(f) If a patient is admitted to a licensed public or private treatment facility, his family or next of kin shall be promptly notified. If an adult patient who is not physically incapacitated requests that there be no notification of next of kin, his request shall be granted.

(g) Peace officers or members of the emergency service patrol who comply with this section are acting in the course of their official duty and are not criminally or civilly liable for that compliance.

(h) If the examining physician or the administrator in charge of the licensed public or private treatment facility determines it is for the patient's benefit, he shall initiate either an emergency commitment procedure under sec. 180 of this chapter or an involuntary commitment proceeding under sec. 190 of this chapter, whichever is appropriate in his professional judgment.

*Sec. 19. AS 47.37.180 is amended to read:

Sec. 47.37.180. EMERGENCY DETENTION AND COMMITMENT. (a) An intoxicated person who has threatened, attempted to inflict, or inflicted physical harm on another may be charged under an appropriate criminal statute, taken into custody, and transported to a state or

municipal detention facility. A person who is physically incapacitated by any substance may be committed to a licensed public or private substance abuse treatment facility for emergency treatment. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment.

(b) The certifying physician, spouse, guardian, or relative of the person to be committed, or any other responsible person, may make a written application for commitment under this section, directed to the administrator of the licensed public or private substance abuse treatment facility. The application shall state facts to support the need for emergency treatment and be accompanied by a physician's certificate supporting the need for emergency treatment and stating that the physician has examined the person sought to be committed within two days before the certificate's date.

(c) Upon approval of the application by the administrator in charge of the facility, the person may be brought to the facility by a peace officer, a health officer, a member of the emergency service patrol, the applicant for commitment, the patient's spouse, the patient's guardian, or any other interested person. The person shall be retained at the facility to which he was admitted, or transferred to another appropriate public or private treatment facility, until discharged under (e) of this section.

(d) The administrator in charge of a licensed public or private treatment facility may refuse an application if in his opinion the application and certificate fail to sustain the grounds for commitment.

(e) When, on the advice of his medical staff, the administrator determines that the grounds for commitment no longer exist, he shall discharge a person committed under this section. No person committed under this section may be detained in a treatment facility for more

than five days. If a petition for involuntary commitment under AS 47.37.190 of this chapter has been filed within the five days and the administrator in charge of a licensed public or private treatment facility finds that grounds for emergency commitment still exist, he may detain the person until the petition has been heard and determined, but no longer than 10 days after filing the petition.

(f) A copy of the written application for commitment and of the physician's certificate, and a written explanation of the person's right to legal counsel, shall be given to the person within 24 hours after commitment by the administrator, who shall provide a reasonable opportunity for the person to consult with legal counsel.

*Sec. 20. AS 47.37.190 is amended to read:

Sec. AS 47.37.190. INVOLUNTARY DETENTION AND COMMITMENT. (a) After a hearing initiated by petition of his spouse or guardian, a relative, the certifying physician, or the administrator in charge of a licensed public or private treatment facility, a person may be committed to the custody of an appropriate licensed private or public substance abuse treatment agency by the superior court. The petition shall allege that the person is a substance abuser who habitually lacks self-control in using a particular substance or combination of substances, that unless committed is likely to inflict physical harm on himself or another or is physically incapacitated by a substance or combination of substances. A refusal to undergo treatment does not constitute evidence of lack of judgement as to need for treatment. The petition shall be accompanied by a certificate of a licensed physician who has examined the person within two days before submission of the petition, unless the person whose commitment is sought has refused to submit to a medical examination, in which case the fact of refusal shall be alleged in the petition. The certificate shall

set out the physician's findings in support of the allegations of the petition.

(b) After the petition is filed, the court shall fix a date for a hearing no later than 10 days after the date the petition was filed. A copy of the petition and of the notice of the hearing, including the date fixed by the court, shall be served on(1) the petitioner; (2) the person whose commitment is sought; (3) the next of kin of the person whose commitment is sought; (4) the administrator in charge of the licensed public or private treatment facility in which the committed person has been committed for emergency care, and any other person the court deems appropriate. A copy of the petition and certificate shall be delivered to each person notified.

*Sec. 21. AS 47.37.200 is amended to read:

Sec. AS 47.37.200. DETENTION AND COMMITMENT PROCEDURE

(a) At the hearing required under sec. 190(b) of this chapter, the court or the jury, if requested under sec. 190(c) of this chapter, shall hear all relevant testimony, including, if possible, the testimony of at least one licensed physician who has examined the person whose commitment is sought. The person whose commitment is sought shall be present unless the court believes that his presence is likely to be injurious to him, in which case the court shall appoint a guardian ad litem to represent him throughout the proceeding. The court may examine the person in open court, or if advisable, examine him out of court. If the person has refused to be examined by a licensed physician , he shall be given the opportunity to request examination by a court-appointed licensed physician. If he fails to request a medical examination and there is sufficient evidence to believe that the allegations of the petition are true, or if the court

believes that more medical evidence is necessary, the court may enter a temporary order committing him to a licensed public or private treatment facility in which he is being held under sec. 170 of this chapter for a period of not more than five days for purposes of a diagnostic examination.

(b) If after hearing all relevant evidence, including the results of any diagnostic examination by the licensed public or private treatment facility, the court or the jury finds that grounds for involuntary commitment have been clearly established, the court shall issue an order of commitment to the licensed facility. No court may order the commitment of a person except to a licensed public or private treatment facility which is able to provide adequate and appropriate treatment for him.

(c) A person committed under secs. 190 - 200 of this chapter shall remain in the custody of the licensed facility for treatment for a period of up to 30 days. At the end of the 30-day period, he shall be discharged automatically unless the facility administrator or physician, before the expiration of the period, obtains a court order for his recommitment upon the grounds set out in sec. 190(a) of this chapter for a further period of up to 90 days. If a person has been committed because he is a substance abuser likely to inflict physical harm on himself or another, the facility administrator or physician shall apply for recommitment if after examination it is determined that the likelihood still exists.

(d) A person recommitted under (c) of this section who has not been discharged by the facility before the end of the 90-day period shall be discharged at the expiration of that period unless the facility administrator or physician, before expiration of the period, obtains a court order on the grounds set out in sec. 190(a) of this chapter

for recommitment for a further period not to exceed 90 days. If a person has been committed because he is a substance abuser likely to inflict physical harm on himself or another, the facility administrator or physician shall apply for recommitment if after examination it is determined that the likelihood still exists . No more than two recommitment orders may be permitted under (c) and (d) of this section.

(e) Upon the filing of a petition for recommitment under (c) or (d) of this section, the court shall fix a date for hearing no later than 10 days after the date the petition was filed. A copy of the petition and of the notice of hearing, including the date fixed by the court, shall be served on (1) the petitioner; (2) the person whose commitment is sought; (3) the next of kin of the person whose commitment is sought; (4) the original petitioner under Sec. 190(a) of this chapter, if different from the petitioner for recommitment; (5) any other person the court considers appropriate. Section 180(c) of this chapter applies to hearings for recommitment under this section. At the hearing the court or the jury shall proceed as provided in (a) of this section.

(f) The licensed public or private treatment facility shall provide adequate and appropriate treatment for a person in its custody. The licensed facility may transfer a person in its custody to another licensed facility if the transfer is medically advisable.

(g) A person committed to the custody of a licensed public or private treatment facility for treatment shall, if he is a substance abuser committed on the grounds that he is likely to inflict physical harm on himself or another, be discharged at any time before the end of the period for which he has been committed if either of the following conditions is met:

(1) he no longer demonstrates the likelihood that he will inflict physical harm on himself or another; or

(2) treatment is no longer adequate or appropriate.

*Sec. 22 AS 47.37.210 is amended to read:

Sec. 47.37.210. RECORDS OF SUBSTANCE ABUSERS

(a) The registration and other records of treatment facilities shall remain confidential and are privileged to the patient as per existing federal and state regulations regarding confidentiality of client records.

(b) Notwithstanding (a) of this section, the coordinator may make available information from patient's records for purposes of research into the causes and treatment of substance abuse. No unique client identifying information shall be disclosed.

*Sec. 23 AS 47.37.220 is amended to read:

Sec. 47.37.220. VISITATION AND COMMUNICATION OF PATIENTS

(a) Patients in any licensed treatment facility under this chapter shall be granted reasonable opportunities for adequate consultation with counsel, and for continuing contact with family and friends including the use of telephone facilities, consistent with an effective treatment program.

(b) No mail or other communication to or from a patient in a licensed treatment facility may be intercepted, read, or censored.

*Sec. 24 AS 47.37.230 is amended to read:

Sec. 47.37.230. ESTABLISHMENT OF EMERGENCY SERVICE PATROL (a) The office shall facilitate and cities and boroughs may establish emergency service patrols. An emergency service patrol consists of persons trained to give assistance in public places to persons who are intoxicated. Mymbers of an emergency service patrol shall be capable of providing first aid in emergency situations and shall be capable of transporting intoxicated persons to their homes and to and from public and private treatment facilities.

(b) The department, with the review and recommendation of the interdepartmental coordinating committee, shall promulgate regulations for the establishment, training, and conduct of emergency service patrols.

*Sec. 25 AS 47.37.240 is amended to read:

Sec. 47.37.240. PAYMENT FOR TREATMENT. (a) A patient in a licensed treatment facility, or the person obligated to provide for the cost of treatment of a person committed under this chapter, is liable to the licensed treatment facility which provided the treatment for the cost of maintenance and treatment of the patient in accordance with rates established by the treatment facility.

(b) The office shall promulgate regulations governing financial ability that take into consideration the income, savings and other personal and real property of the person liable for the cost and maintenance of the patient.

*Sec. 26 AS 47.37.250 is amended to read:

Sec. 47.37.250. NONAPPLICABILITY. (a) Nothing in the chapter affects a statute, ordinance, or regulation relating to (1) driving under the influence of any intoxicating substance, or other

similar offenses involving any substance and the operation of a vehicle, aircraft, boat, machinery, or other equipment, (2) the sale, purchase, dispensation, possession, or use of alcoholic beverages at specified times and places or by a particular class of persons, including prohibitions against drinking intoxicating beverages in specified public places, or (3) being on the traveled portion of a highway so as to be a hazard to the motoring public.

(b) Nothing in this chapter affects AS 11.70.030 relating to the defense of voluntary intoxication.

*Sec. 27 AS 47.37.270 is amended to read:

Sec. 47.37.270. DEFINITIONS. In this chapter

(1) "licensed private treatment facility" means a private agency which does not receive grants-in-aid from this office, but meets the limited standards prescribed in sec. 140(a) of this chapter for private facilities licensed under sec. 130(1) of this chapter;

(2) "licensed public treatment facility" means a treatment agency providing treatment under this chapter through a grant from or contract with the office, meeting all of the standards prescribed in sec. 140(a) of this chapter, and licensed under sec. 130(f) of this chapter;

(3) "commissioner" means the commissioner of health and social

services.

(4) "coordinator" means the coordinator of the office of substance abuse;

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

(6) "emergency service patrol" means a patrol established under sec. 230 of this chapter;

(7) "physically incapacitated" means a person who is unconscious or has his judgment otherwise so impaired that he is incapable of realizing and making a rational decision with respect to his need for treatment, as evidenced objectively by extreme physical debilitation, c physical harm or threats of harm to others;

(8) "incompetent person" means a person who has been adjusged incompetent by the appropriate court;

(9) "intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of any substance;

(10) "office" means the office of substance abuse within the Department of Health and Social Services;

(11)"treatment" means the broad range of emergency, outpatient, intermediate, and inpatient services and care which may be extended to substance abusers and intoxicated persons, including diagnostic evaluation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, and career counseling;

(12) "substance abuser" means a person addicted to or misusing any licit or illicit drug(s), such as central nervous system depressants, sedative hypnotics, anti-depressants, tranquilizers, stimulants, hallucinogens, etc.

(13) "troubled employee" means workers whose performance has been

affected by the use of any substance.

*Sec. 28 AS 47.37 is amended by adding new sections to read:

ARTICLE 2. GRANTS-IN-AID

Sec. 47.37.300. POWERS AND DUTIES OF DEPARTMENT. The department shall:

(1) administer a community grant-in-aid program for substance abuse;

(2) submit an annual report concerning the grant-in-aid program within 10 days after the convening of the legislature in each regular session.

Sec. 47.37.310. GRANT-IN-AID PROGRAM. (a) A profit-making corporation, a non-profit corporation, a city or borough government, or other political subdivision of the state, or combination of these, is eligible to receive funds and administer local programs under sections 010 through 270 of this chapter.

(b) The department shall award funds under this chapter with the advice of the advisory board on substance abuse, in the interest of facilitating the development of local, comprehensive programs for the prevention, treatment, and rehabilitation of substance abusers. Separate budgets shall be submitted for alcohol services and other substance abuse services. Funds will be awarded on a competitive basis. In considering applications for grants/contracts the department shall, if all other factors are equal, give preference to applicants who have integrated substance abuse programs within a unified human service delivery system. Priority shall be given to those applicants who demonstrate the existence of a comprehensive local program unifying the components of alcohol and other drug services and community mental health services.

(c) The department shall purchase the services by participating 75% of the eligible costs of the services to be furnished under the plan subject to the availability of state funds to the department for implementing sections 010 through 270 of this chapter. In districts designated by the department as poverty areas, the department shall purchase the services by participating in 90% of the eligible costs.

(d) The contracts/grants for services provided for in sections 010 through 270 of this chapter shall be reviewed, revised if necessary, and approved at the expiration of each contract year. A contract shall be approved if the department finds that the community entity has complied with its plan, section 010 through 270 of this chapter, and any applicable regulations adopted by the department. Expenditures for the purchase of services shall be made in accordance with the approved contract, budgets and program projections.

(e) The department shall adopt regulations specifying the types of services and programs which are eligible for state participation. These regulations shall include (1) a provision including 50% of the cost of capital expenditures as eligible costs where state funding will allow; and (2) a requirement that the community entity contractor or applicant agrees as a condition of contract approval that it will not supplant existing local fund support of substance abuse services, in any year in which it contracts with the department, at a level that is at least equal to the local funding support in the previous year.

(f) No program is eligible for funding under this section unless it conforms to the standards adopted under the provisions of sec. 140 of this chapter, or in the case of a new program, the department de-

termines that the program will be able to conform to those standards within a period of time to be specified in the initial grant application.

(7) Eligible local community entities shall conform to a state cost accounting system showing the true cost of services rendered, collect fees for services according to a schedule based on an analysis of reasonable ability to pay, and provide that no person shall be refused services because of inability to pay for those services.

Sec. 47.37.320. GRANT-IN-AID PROGRAM REGULATIONS. The department shall adopt regulations and establish priorities, after consultation with local communities affected and in conjunction with the state substance abuse advisory board, which are necessary to carry out the purposes of sections 010 through 310 of this chapter. The regulations shall provide for the method of application, the time for consideration of the applications, the processing of applications, the type of record keeping, the requirements for reporting the progress and statistics regarding the program, the notification of the applicant as to the action taken on the application, and the issuance of licenses for facilities receiving grant-in-aid under section 310 of this chapter. The department shall also establish the necessary form of application and may adopt other regulations considered necessary to meet the requirements of health and safety and the orderly administration of the grant-in-aid program.

Sec. 47.37.330. JUDICIAL NOTICE. The superior courts of this state may take judicial notice of the fact that a substance abuser who is physically dependent on alcohol or other drugs is suffering from an illness and is in need of proper treatment as defined in sec. 47.37.270(11).

Sec. 47.37.340. DEFINITIONS. In secs. 300 - 350 of this

chapter, "poverty area" means an area in which 15% or more of the population, based on the most recent US Bureau of the Census figures, is under 125 percent of the Community Services Administration poverty guidelines.

*Sec. 28. AS 44.29.100 - 44.29.150 and AS 47.30.470 - 47.30.500 are repealed.

*Sec. 29. This Act takes effect July 1, 1977.

KIINUK, INC.

1221 Copper
Fairbanks, Alaska 99701
(907) 456-4409

April 7, 1977

Representative Charles Parr
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Charlie,

Attached is a suggested revision of HB 340 (SB 242), a bill relating to the treatment of substance abusers.

The primary focus of the proposed legislation is the combining of the offices of drug abuse and alcoholism--a concept that we support wholeheartedly. Additionally, it is a concept that has gained national support and is currently being implemented by many states.

Unfortunately, we cannot support the bills as they presently stand. While the combination of offices does have the potential for better resource allocation and improved service delivery, such benefits are not apparent within the existing proposed legislation.

Using the recently passed community mental health center legislation as a model (a model we believe to be exemplary), we have attempted to re-draft HB 340 so it too will assure local participation and control. Additionally, as communities implement the integration of human service delivery components (as appropriately required by the Community Mental Health Centers Act), the present HB 340's focus on centralization would prevent consolidation and eliminate any meaningful local authority and flexibility.

We respectfully request that you consider the attached proposal, hold hearings as appropriate, and contact us as required.

Sincerely,

Paul Pesika, Coordinator

Frank J. Gold, EdD

HOUSE BILL NO. 340

**********(suggested revision)**********

For an Act entitled: "An Act relating to treatment of alcoholism and drug abuse; providing for an effective date."

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

*Section 1. AS 47.37 is amended to read: CHAPTER 37. ALCOHOLISM AND DRUG ABUSE

*Sec. 2. AS 47.37.010 is amended to read:

Sec. 47. 37. 010. DECLARATION OF POLICY. It is the policy of the state that individuals physically addicted to and/or abusing chemical substances should not be criminally prosecuted for their consumption of these substances but should be afforded a continuum of treatment so they may lead normal lives as productive members of society.

*Sec. 3. AS 47.37.020 is amended to read:

Sec. 47.37.020. OFFICE OF SUBSTANCE ABUSE. An office of substance abuse is established in the department. The office shall be headed by a coordinator appointed by the commissioner. The coordinator shall be a qualified professional who has training and has completed two years of direct-service experience in the organiza-tion and administration of treatment services for persons with problems resulting from the abuse of alcohol and other drugs. The coor-dinator is in the classified service.

*Sec. 4. AS 47.37.030 is amended to read:

Sec. 47.37.030. PURPOSE OF THE OFFICE. It is the purpose of the legislature in amending CHAPTER 37 (ALCOHOLISM AND DRUG ABUSE) to assist local communities in planning, organizing, and financing locally developed, administered, and controlled substance abuse programs. It is further intended to better utilize existing resources at both state and local levels in order to:

(1) develop and implement plans for initiating maximum substance abuse services based on demonstrated need for services in each geographical planning area, as well as regionalized comprehensive substance abuse services;

(2) improve the effectiveness of existing substance abuse services;

(3) integrate the substance abuse programs within a unified human service delivery system;

(4) provide a means for participation by local communities in the determination of the need for and the allocation of substance abuse resources;

(5) establish a uniform ratio of local and state government responsibility for financing substance abuse services;

(6) provide a means of allocating state substance abuse service funds according to community needs;

(7) encourage the full use of existing public or private agencies, facilities, personnel, and funds to accomplish these objectives; and

(8) prevent unnecessary duplication and fragmentation of services and expenditures.

*Sec. 5. AS 47.37.040 is amended to read:

Sec. 47.37.040. DUTIES OF THE OFFICE. The office shall

(1) define and develop standards for various levels and qualities of substance abuse service;

(2) provide fiscal and professional technical assistance in planning, organizing, developing, implementing, and administering local substance abuse services;

(3) develop budgets, receive and distribute state appropriations and funds in accordance with the provisions of sections 010 through 340 of this chapter;

(4) establish standards of education and experience for professional, technical and administrative personnel employed in substance abuse services;

(5) assist the community in establishing the organization and operation of substance abuse services;

(6) develop a standardized system for measuring and reporting to the department the types, quantities, and quality of services; and a cost accounting system which will demonstrate the cost of various levels and qualities of care;

(7) provide each local community planning and services delivery entity with statistics, reports, and other data relevant to development of indices indicating the need for substance abuse services, or relevant to evaluating the effectiveness of existing services;

(8) review each local community plan and require each plan to include

(A) an affirmative showing that the most effective and economic use will be made of all available public and private resources in the community including careful consideration of

the most effective and economic alternative forms and patterns of services;

(B) a five-year projection of needs, services and resources; and

(C) adequate provisions for review and evaluation of services provided in the local community;

(9) prepare an annual comprehensive, state-wide plan that utilizes the locally-developed community plans for the prevention, treatment, and control of substance abuse;

(10) adopt regulations and establish priorities, after consultation with local communities affected and in conjunction with a state substance abuse advisory board, which are necessary to carry out the purposes of sections 010 through 340 of this chapter;

(11) facilitate the planning, establishment, and maintenance of locally developed, administered, and controlled prevention, training, treatment, and rehabilitation programs;

(12) solicit and accept for use a gift of money or property or a grant of money, services, or property from the federal government or private sources, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for a grant;

(13) make contracts and other joint or cooperative arrangements with state, regional, and local entities or organizations to improve the substance abuse services in this and other states;

(14) provide substance abuse service programs with professional, competent, technical assistance and consultation;

(15) cooperate with the division of corrections in establishing programs to provide treatment for substance dependent individuals in or on parole from penal institutions;

(16) support the Department of Education in the, its preparation of curriculum materials at all levels of education;

(17) encourage the development and maintenance of 'troubled employees' programs in Alaska;

(18) cooperate with the Department of Public Safety and the Department of Transportation ~~Division of Highways~~ in ~~their~~ establishing and conducting programs designed to deal with the problem of persons operating motor vehicles while under the influence of alcohol or other drugs;

(19) monitor the admissions of hospitals and other appropriate health facilities in compliance with federal law which requires that the office ensure they they admit without discrimination alcoholics and intoxicated persons and provide them with adequate and appropriate treatment;

(20) encourage all health and disability insurance programs to include alcohol and other forms of drug dependence as covered illnesses;

(21) submit to the legislature an annual report summarizing the activities of the office.

*Sec. 6. AS 47.37.050 is amended to read:

Sec. 47.37.050. INTERDEPARTMENTAL COORDINATING COMMITTEE. (a) An interdepartmental coordinating committee is created, composed of the coordinator, the director of the division of mental health, the commissioner of the department of

health and social services, and the commissioners of education, revenue, public safety, community and regional affairs, and the attorney general. Included too are representatives from the Criminal Justice Planning Agency, the Division of Budget and Management, the Alaska Court System, and the Division of Planning and Policy Development. The committee shall meet at least quarterly at the call of the commissioner of health and social services who is its chairman. The committee shall act as a permanent liaison among state departments engaged in activities affecting substance abuse as a component of human services. They shall be responsible for insuring the linkage required for the successful and cost-effective implementation of the related departmental state plans, with particular emphasis given to coordination among the division of social services, the division of mental health, the division of vocational rehabilitation, the division of corrections. and this office of substance abuse.

(b) In exercising its coordinating functions, the committee shall assure that the appropriate state agencies shall provide at the local level

(1) all necessary medical, social, treatment, and educational services for substance abusers and for the prevention and control of substance abuse without unnecessary duplication of services;

(2) cooperate in the planning and implementation of effective systems of enforcement, adjudication, treatment, and rehabilitation appropriate to the local conditions as well as to the humane and professional provision of services to substance abusers;

(3) recommend mechanisms for the integrated and coordinated prevention, treatment, and control of substance abuse consistent with the policy of this chapter.

*Sec. 7. AS 47.37.060 is amended to read:

Sec. 47.37.060. ADVISORY BOARD ON SUBSTANCE ABUSE. There is established in the Department of Health and Social Services an advisory board on substance abuse. This advisory board shall function as a committee of the state health coordinating council, and three representatives of it shall serve as ex-officio members of the interdepartmental coordinating committee.

*Sec. 8. AS 47.37.070 is amended to read:

Sec. 47.37.070. COMPOSITION. The advisory board on substance abuse consists of nine members appointed by the governor.

* Sec. 9. Sec. 47.37.080 is amended to read:

Sec. 47.37.080. QUALIFICATIONS OF BOARD MEMBERS. Of the nine members, no more than three of which shall be providers of substance abuse services,

(1) one shall be a person who is licensed to practice medicine in the state;

(2) one shall be a person who is licensed to practice psychology in the state;

(3) one shall be a practicing attorney who has been admitted to the practice of law by the state supreme court;

(4) six shall be persons who have evidenced an interest in the problems of substance abuse, one of ~~which~~ whom shall be a current provider of substance abuse services;

(5)three of the above nine members shall also represent local/regional human service advisory boards.

*Sec. 10. AS 47.37.090 is amended to read:

Sec. 47.37.090. TERM OF OFFICE. (a) The member of the board initially appointed under sec. 80(1) of this chapter serves a term of three years.

(b) The member initially appointed under sec. 80(2) of this chapter serves a term of three years.

(c) The member initially appointed under sec. 80(3) of this chapter serves a term of three years.

(d) Two members initially appointed under sec. 80(4) of this chapter serve terms of one year; two members appointed under sec. 80(4) of this chapter serve terms of two years; two members initially appointed under sec. 80(4) of this chapter serve terms of three years. Subsequent terms for all board members are three years.

(e) A vacancy occurring in the membership of the board shall be filled by an appointment by the governor for the unexpired portion of the vacated term.

(f) Board members serve at the pleasure of the governor.

*Sec. 11. AS 47.37.100 is amended to read:

Sec. 47.37.100. COMPENSATION, PER DIEM, OR EXPENSES. Members of the advisory board on substance abuse are not entitled to a salary, but are entitled to per diem, reinbursement for travel and other expenses authorized by law for other boards.

*Sec. 12. AS 47.37.110 is amended to read:

Sec. 47.37.110. DUTIES. The board shall advise and assist the commissioner in the initiating and implementing of community substance abuse services. They shall also review and approve the Alaska State plan for substance abuse prevention, treat-

ment and control on a yearly basis--reports of which shall be submitted to the governor, the legislature, the department and the Comprehensive Health Advisory Council. Grants and contracts shall be reviewed and recommended for funding by this board to and from state, local, and private agencies.

*Sec. 13. AS 47.37.120 is amended to read:

Sec. 47.37.120. SUBSTANCE ABUSE COORDINATOR. The substance abuse coordinator shall work with communities to develop and implement local, comprehensive programs dealing with the prevention, treatment and control of, research on, and education concerning substance abuse problems, as they affect the people of Alaska.

*Sec. 14. AS 47.37.130 is amended to read:

Sec. 47.37.130. COMPREHENSIVE PROGRAMS FOR TREATMENT; REGIONAL PROGRAMS. (a) The office shall assist in the establishment of comprehensive and coordinated locally-developed substance abuse programs The commisioner shall divide the state into planning regions congruent with each local community mental health center's area of jurisdiction. (b) Plans and regulations adopted under sections 010 through 340 of this chapter shall allow local programs sufficient administrative and program flexibility so that local community mental health programs may be joined with other programs such as community mental health centers, and other human service operations.

*Sec. 15. AS 47.37.140 is amended to read:

Sec. 47.37.140. PUBLIC AND PRIVATE TREATMENT FACILITIES. (a) The department shall establish standards in regulations for facilities before their licensure as public or private treatment facilities. These standards shall be adopted following the review and recommenda-

tion of the proposed standards by local advisory boards, the state advisory board, and the legislature--following statutorily required public hearings.

(b) Regulations may be developed by the department following the adoption of licensure standards.

*Sec. 16. AS 47.37.150 is amended to read:

Sec. 47.37.150. ACCEPTANCE FOR TREATMENT. The department shall establish standards for the admission of persons into treatment programs, considering available treatment resources and facilities, for the early and effective treatment of substance abusers.

*Sec. 17. AS 47.37.160 is amended to read:

Sec. 47.37.160. VOLUNTARY TREATMENT OF SUBSTANCE ABUSERS. (a) A substance abuser may voluntarily apply for treatment directly to a licensed public or private treatment facility.

(b) Subject to regulations adopted by the department, the administrator in charge of a licensed public or private treatment facility may determine who shall be admitted for treatment.

(c) All federal and state laws and regulations relating to the provision of services to substance abusers shall be strictly adhered to by all substance abuse programs funded by the office.

*Sec. 18. AS 47.37.170 is amended to read:

Sec. 47.37.170. TREATMENT AND SERVICES FOR PUBLICALLY INTOXICATED PERSONS. (a) An intoxicated person may come voluntarily to a licensed public or private treatment facility for emergency treatment. A person who appears to be intoxicated in a public place and to be in need of help or a person who appears to be intoxicated in or upon a licensed premise where intoxicating liquors are sold or consumed who refuses to leave upon being requested to leave by the

owner, an employee or a peace officer may be taken into protective custody and assisted by a peace officer or a member of the emergency service patrol to his home, a licensed public treatment facility, a licensed private treatment facility, or another appropriate health facility. If all of the preceding facilities including the person's home are determined to be unavailable, a person taken into protective custody and assisted under this subsection may be taken to a state or municipal detention facility in the area.

(b) A person who appears to be physically incapacitated by any substance in a public place shall be taken into protective custody by a peace officer or a member of the emergency service patrol and immediately brought to a licensed public treatment facility, a licensed private treatment facility, or another appropriate health facility or service for emergency medical treatment. If no treatment facility or emergency medical service is available, a person who appears to be physically incapacitated by any substance in a public place shall be taken to a state or municipal detention facility in the area, if that appears necessary for the protection of the person's health or safety.

(c) A person who voluntarily appears or is brought to a licensed public or private inpatient treatment facility shall be examined by a licensed physician within 24 hours. After the examination, he may be admitted as a patient or referred to another health facility. The licensed public or private inpatient facility which refers him shall arrange for his transportation.

(d) No person who, after medical examination, is found to be physically incapacitated by any substance at the time of his admission or to have become physically incapacitated at any time after his admission, may be detained at a facility after he is no longer physically incapacitated by that sub-

stance. No person may be detained at a facility if he remains physically incapacitated by any substance for more than 72 hours after admission as a patient, unless he is committed unders sections 180 or 190 of this chapter. A person may consent to remain in the facility as long as the physician or administrator in charge considers it appropriate.

(e) A person who is not admitted to a licensed public or private treatment facility, is not referred to another health facility, and has no funds, may be taken to his home, if any. If he has no home, the licensed public or private treatment facility shall assist him in obtaining shelter.

(f) If a patient is admitted to a licensed public or private treatment facility, his family or next of kin shall be promptly notified. If an adult patient who is not physically incapacitated requests that there be no notification of next of kin, his request shall be granted.

(g) Peace officers or members of the emergency service patrol who comply with this section are acting in the course of their official duty and are not criminally or civilly liable for that compliance.

(h) If the examining physician or the administrator in charge of the licensed public or private treatment facility determines it is for the patient's benefit, he shall initiate either an emergency commitment procedure under sec. 180 of this chapter or an involuntary commitment proceeding under sec. 190 of this chapter, whichever is appropriate in his professional judgment.

Sec. 19. AS 47.37.180 is amended to read:

Sec. 47.37.180. EMERGENCY DETENTION AND COMMITMENT. (a) An intoxicated person who has threatened, attempted to inflict, or inflicted physical harm on another may be charged under an appropriate criminal statute, taken into custody, and transported to a state or

municipal detention facility. A person who is physically incapacitated by any substance may be committed to a licensed public or private substance abuse treatment facility for emergency treatment. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment.

(b) The certifying physician, spouse, guardian, or relative of the person to be committed, or any other responsible person, may make a written application for commitment under this section, directed to the administrator of the licensed public or private substance abuse treatment facility. The application shall state facts to support the need for emergency treatment and be accompanied by a physician's certificate supporting the need for emergency treatment and stating that the physician has examined the person sought to be committed within two days before the certificate's date.

(c) Upon approval of the application by the administrator in charge of the facility, the person may be brought to the facility by a peace officer, a health officer, a member of the emergency service patrol, the applicant for committment, the patient's spouse, the patient's guardian, or any other interested person. The person shall be retained at the facility to which he was admitted, or transferred to another appropriate public or private treatment facility, until discharged under (e) of this section.

(d) The administrator in charge of a licensed public or private treatment facility may refuse an application if in his opinion the application and certificate fail to sustain the grounds for commitment.

(e) When, on the advoce of his medical staff, the administrator determines that the grounds for commitment no longer exists, he shall discharge a person committed under this section. No person committed under this section may be detained in a treatment facility for more

than five days. If a petition for involuntary commitment under sec. 190 of this chapter has been filed within the five days and the administrator in charge of a licensed public or private treatment facility finds that grounds for emergency commitment still exist, he may detain the person until the petition has been heard and determined, but no longer than 10 days after filing the petition.

(f) A copy of the written application for commitment and of the physician's certificate, and a written explanation of the person's right to legal counsel, shall be given to the person within 24 hours after commitment by the administrator, who shall provide a reasonable opportunity for the person to consult with legal counsel.

*Sec. 20. AS 47.37.190 is amended to read:

Sec. AS 47.37.190. INVOLUNTARY DETENTION AND COMMITMENT. (a) After a hearing initiated by petition of his spouse or guardian, a relative, the certifying physician, or the administrator in charge of a licensed public or private treatment facility, a person may be committed to the custody of an appropriate licensed private or public substance abuse treatment agency by the superior court. The petition shall allege that the person is a substance abuser who habitually lacks self-control in using a particular substance or combination of substances, that unless committed is likely to inflict physical harm on himself or another, or is physically incapacitated by a substance or combination of substances. A refusal to undergo treatment does not constitute evidence of lack of judgement as to need for treatment. The petition shall be accompanied by a certificate of a licensed physician who has examined the person within two days before submission of the petition, unless the person whose commitment is sought has refused to submit to a medical examination, in which case the fact of refusal shall be alleged in the petition. The certificate shall

set out the physician's findings in support of the allegations of the petition.

(b) After the petition is filed, the court shall fix a date for a hearing no later than 10 days after the date the petition was filed. A copy of the petition and of the notice of the hearing, including the date fixed by the court, shall be served on(1) the petitioner; (2) the person whose commitment is sought; (3) the next of kin of the person whose commitment is sought; (4) the administrator in charge of the licensed public or private treatment facility in which the committed person has been committed for emergency care, and any other person the court deems appropriate. A copy of the petition and certificate shall be delivered to each person notified.

*Sec. 21. AS 47.37.200 is amended to read:

Sec. AS 47.37.200. DETENTION AND COMMITMENT PROCEDURE (a) At the hearing required under sec. 190(b) of this chapter, the court or the jury, if requested under sec. 190(c) of this chapter, shall hear all relevant testimony, including, if possible, the testimony of at least one licensed physician who has examined the person whose commitment is sought. The person whose commitment is sought shall be present unless the court believes that his presence is likely to be injurious to him, in which case the court shall appoint a guardian ad litem to represent him throughout the proceeding. The court may examine the person in open court, or if advisable, examine him out of court. If the person has refused to be examined by a licensed physician , he shall be given the opportunity to request examination by a court-appointed licensed physician. If he fails to request a medical examination and there is sufficient evidence to believe that the allegations of the petition are true, or if the court

believes that more medical evidence is necessary, the court may issue a temporary order committing him to a licensed public or private treatment facility in which he is being held under sec. 17[illegible] of this chapter for a period of not more than five days for purposes of a diagnostic examination.

(b) If after hearing all relevant evidence, including the results of any diagnostic examination by the licensed public or private treatment facility, the court or the jury finds that grounds for involuntary commitment have been clearly established, the court shall issue an order of commitment to the licensed facility. No court may order the commitment of a person except to a licensed public or private treatment facility which is able to provide adequate and appropriate treatment for him.

(c) A person committed under secs. 190 - 200 of this chapter shall remain in the custody of the licensed facility for treatment for a period of up to 30 days. At the end of the 30-day period, he shall be discharged automatically unless the facility administrator or physician, before the expiration of the period, obtains a court order for his recommitment upon the grounds set out in sec. 190(a) of this chapter for a further period of up to 90 days. If a person has been committed because he is a substance abuser likely to inflict physical harm on himself or another, the facility administrator or physician shall apply for recommitment if after examination it is determined that the likelihood still exists.

(d) A person recommitted under (c) of this section who has not been discharged by the facility before the end of the 90-day period shall be discharged at the expiration of that period unless the facility administrator or physician, before expiration of the period, obtains a court order on the grounds set out in sec. 190(a) of this chapter

for recommitment for a further period not to exceed 90 days. If a person has been committed because he is a substance abuser likely to inflict physical harm on himself or another, the facility administrator or physician shall apply for recommitment if after examination it is determined that the likelihood still exists . No more than two recommitment orders may be permitted under (c) and (d) of this section.

* (e) TO BE INCLUDED AS IS

(f) The licensed public or private treatment facility shall provide adequate and appropriate treatment for a person in its custody. The licensed facility may transfer a person in its custody to another licensed facility if the transfer is medically advisabile.

(g) A person committed to the custody of a licensed public or private treatment facility for treatment shall, if he is a substance abuser committed on the grounds that he is likely to inflict physical harm on himself or another, be discharged at any time before the end of the period for which he has been committed if either of the following conditions is met:

(1) he no longer demonstrates the likelyhood that he will inflict physical harm on himself or another; or

(2) treatment is no longer adequate or appropriate.

*Sec. 22 AS 47.37.210 is amended to read:

Sec. 47.37.210. RECORDS OF SUBSTANCE ABUSERS

(a) The registration and other records of treatment facilities shall remain confidential and are priveliged to the patient as per existing federal and state regulations regarding confidentiality of client records.

(b) Notwithstanding (a) of this section, the coordinator may make available information from patient's records for purposes of research into the causes and treatment of substance abuse. No unique client

identifying information shall be disclosed.

*Sec. 23 AS 47.37.220 is amended to read:

Sec. 47.37.220. VISITATION AND COMMUNICATION OF PATIENTS (a) Patients in any licensed treatment facility under this chapter shall be granted reasonable opportunities for adequate consultation with counsel, and for continuing contact with family and friends including the use of telephone facilities, consistent with an effective treatment program.

(b) No mail or other communication to or from a patient in a licensed treatment facility may be intercepted, read, or censored.

*Sec. 24 AS 47.37.230 is amended to read:

Sec. 47.37.230. ESTABLISHMENT OF EMERGENCY SERVICE PATROL (a) The office of [illegible] facilitate and cities and boroughs may establish emergency service patrols. An emergency service patrol consists of persons trained to give assistance in public places to persons who are intoxicated. Members of an emergency service patrol shall be capable of providing first aid in emergency situations and shall be capable of transporting intoxicated persons to their homes and to and from public and private treatment facilities.

(b) The department, with the review and recommendation of the interdepartmental coordinating committee, shall promulgate regulations for the establishment, training, and conduct of emergency service patrols.

*Sec. 25 AS 47.37.240 is amended to read:

Sec. 47.37.240. PAYMENT FOR TREATMENT. (a) A patient in a licensed treatment facility, or the person obligated to provide for the cost of treatment of a person committed under this chapter, is liable to the licensed treatment facility which provided the treat-

ment for the cost of maintenance and treatment of the patient in accordance with rates established by the treatment facility.

(b) The office shall promulgate regulations governing financial ability that take into consideration the income, savings and other personal and real property of the person liable for the cost and maintenance of the patient.

*Sec. 26 AS 47.37.250 is amended to read:

Sec. 47.37.250. NONAPPLICABILITY. (a) Nothing in the chapter affects a statute, ordinance, or regulation relating to (1) driving under the influence of any intoxicating substance, or other similar offenses involving any substance and the operation of a vehicle, aircraft, boat, machinery, or other equipment, (2) the sale, purchase, dispensation, possession, or use of alcoholic beverages at specified times and places or by a particular class of persons, including prohibitions against drinking intoxicating beverages in specified public places, or (3) being on the traveled portion of a highway so as to be a hazard to the motoring public.

(b) Nothing in this chapter affects AS 11.70.030, relating to the defense of voluntary intoxication.

*Sec. 27 AS 47.37.270 is amended to read:

Sec. 47.37.270. DEFINITIONS. In this chapter

(1) "licensed private treatment facility" means a private agency which does not receive grants-in-aid from this office, but meets the limited standards prescribed in sec. 140(a) of this chapter for private facilities licensed under sec. 130(f) of this chapter;

(2) "licensed public treatment facility" means a treatment agency providing treatment under this chapter through a grant from or contract with the office, meeting all of the standards prescribed in sec. 140(a) of this chapter, and licensed under sec. 130(f) of this chapter;

(3) "commissioner" means the commissioner of health and social

services.

(4) "coordinator" means the coordinator of the office of substance abuse;

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

(6) "emergency service patrol" means a patrol established under sec. 230 of this chapter;

(7) "physically incapacitated" means a person who is unconscious or has his judgment otherwise so impaired that he is incapable of realizing and making a rational decision with respect to his need for treatment, as evidenced objectively by extreme physical debilitation, or physical harm or threats of harm to others;

(8) "incompetent person" means a person who has been adjusged incompetent by the appropriate court;

(9) "intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of any substance;

(10) "office" means the office of substance abuse within the department of Health and Social Services;

(11)"treatment" means the broad range of emergency, outpatient, intermediate, and inpatient services and care which may be extended to substance abusers and intoxicated persons, including diagnostic evaluation, medical, psychiatric, psychological, and social service care, vocational renabilitation, and career counseling;

(12) "substance abuser" means a person addicted to or misusing any licit or illicit drug(s), such as central nervous system depressants, sedative hypnotics, anti-depressants, tranquilizers, stimulants, hallucinogens, etc.

(13) "troubled employees" means workers whose performance has been

affected by the use of any substance.

*Sec. 28 AS 47.37 is amended by adding new sections to read:

ARTICLE 2. GRANTS-IN-AID

Sec. 47.37.300. POWERS AND DUTIES OF DEPARTMENT. The department shall:

(1) administer a community grant-in-aid program for substance abuse;

(2) submit an annual report concerning the grant-in-aid program within 10 days after the convening of the legislature in each regular session.

Sec. 47.37.310. GRANT-IN-AID PROGRAM. (a) A profit-making corporation, a non-profit corporation, a city or borough government, or other political subdivision of the state, or combination of these, is eligible to receive funds and administer local programs under sections 010 through 270 of this chapter.

(b) The department shall award funds under this chapter with the advice of the advisory board on substance abuse, in the interest of facilitating the development of local, comprehensive programs for the prevention, treatment, and rehabilitation of substance abusers. Separate budgets shall be appropriated for alcohol services and other substance abuse services. Funds will be awarded on a competitive basis. In considering applications for grants/contracts the department shall, if all other factors are equal, give preference to applicants who have integrated substance abuse programs within a unified human service delivery system. Priority shall be given to those applicants who demonstrate the existence of a comprehensive local program unifying the components of alcohol and other drug services and community mental health services.

(c) The department shall purchase the services by participating in 75% of the eligible costs of the services to be furnished under the plan subject to the availability of state funds to the department for implementing sections 010 through 270 of this chapter. In districts designated by the department as poverty areas, the department shall purchase the services by participating in 90% of the eligible costs.

(d) The contracts/grants for services provided for in sections 010 through 270 of this chapter shall be reviewed, revised if necessary, and approved at the expiration of each contract year. A contract shall be approved if the department finds that the community entity has complied with its plan, section 010 through 270 of this chapter, and any applicable regulations adopted by the department. Expenditures for the purchase of services shall be made in accordance with the approved contract, budgets and program projections.

(e) The department shall adopt regulations specifying the types of services and program costs eligible for state participation. These regulations shall include (1) a provision including 50% of the cost of capital expenditures as eligible costs where state funding will allow; and (2) a requirement that the community entity contractor or applicant agrees as a condition of contract approval that it will not supplant existing local fund support of substance abuse services, in any year in which it contracts with the department, at a level that is at least equal to the local funding support in the previous year.

(f) No program is eligible for funding under this section unless it conforms to the standards adopted under the provisions of sec. 140 of this chapter, or in the case of a new program, the department de-

termines that the program will be able to conform to those standards within a period of time to be specified in the initial grant application.

(g) Eligible local community entities shall conform to a state cost accounting system showing the true cost of services rendered, collect fees for services according to a schedule based on an analysis of reasonable ability to pay, and provide that no person whall be refused services because of inability to pay for those services.

Sec. 47.37.320. GRANT-IN-AID PROGRAM REGULATIONS. The department shall adopt regulations and establish priorities, after consultation with local communities affected and in conjunction with the state substance abuse advisory board, which are necessary to carry out the purposes of sections 010 through 310 of this chapter. The regulations shall provide for the method of application, the time for consideration of the applications, the processing of applications, the type of record keeping, the requirements for reporting the progress and statistics regarding the program, the notification of the applicant as to the action taken on the application, and the issuance of licenses for facilities receiving grant-in-aid under section 310 of this chapter. The department shall also establish the necessary form of application and may adopt other regulations considered necessary to meet the requirements of health and safety and the orderly administration of the grant-in-aid program.

Sec. 47.37.330. JUDICIAL NOTICE. The superior courts of this state may take judicial notice of the fact that a substance abuser who is physically dependent on alcohol or other drugs is suffering from an illness and is in need of proper treatment as defined in sec. 47.37.270(11).

Sec. 47.37.340. DEFINITIONS. In secs. 300 - 350 of this

chapter, "poverty area" means an area in which 15% or more of the population, based on the most recent US Bureau of the Census figures, is under 125 percent of the Community Services Administration poverty guidelines.

*Sec. 28. AS 44.29.100 - 44.29.150 and AS 47.30.470 - 47.30.500 are repealed.

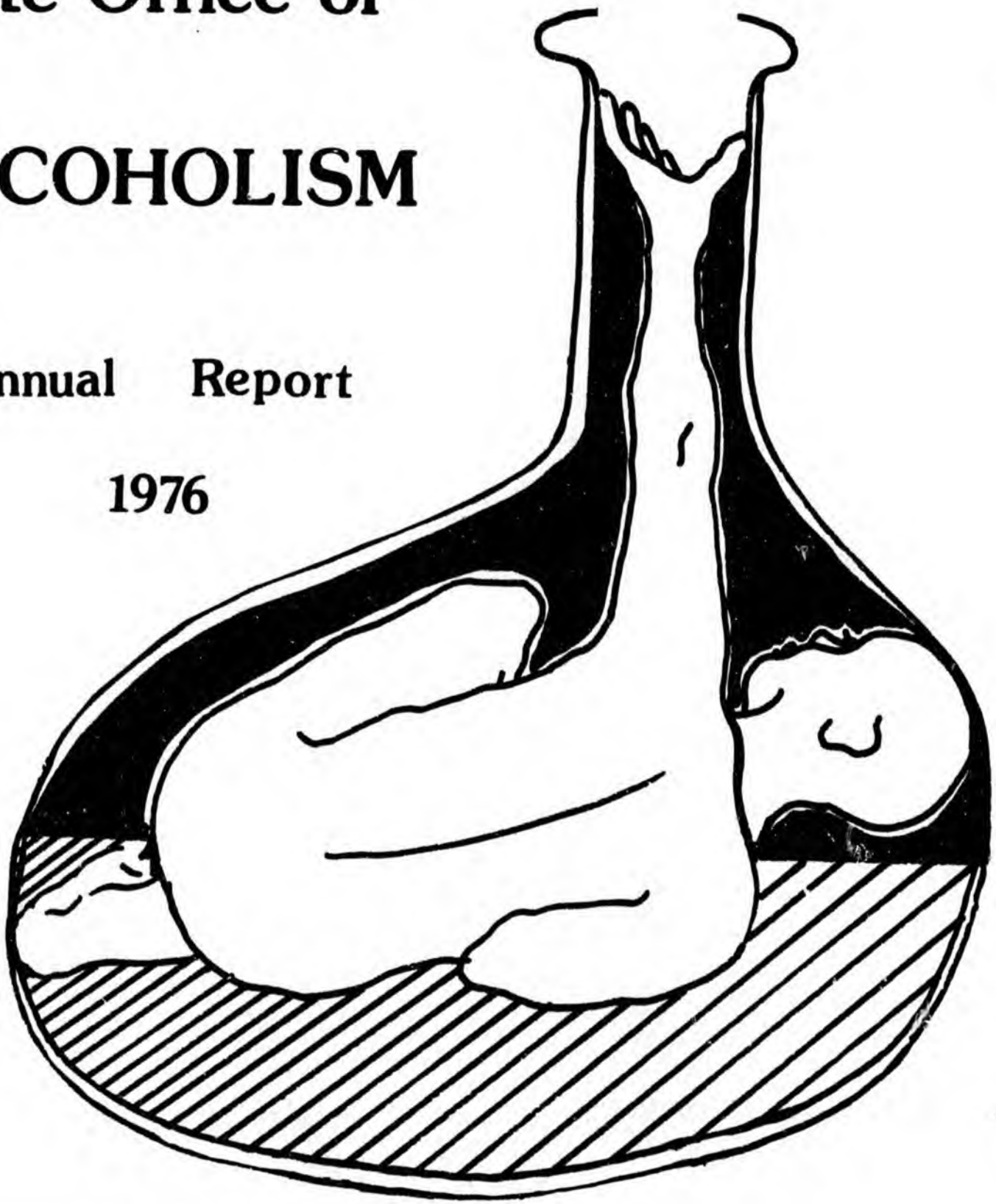
*Sec. 29. This Act takes effect July 1, 1977.

Department of Health and Social Services

State Office of ALCOHOLISM

Annual Report

1976



ANNUAL REPORT

Office of Alcoholism
Department of Health & Social Services
Pouch H-05F
Juneau, Alaska 99811

This annual report for Fiscal year 1976 was prepared under the supervision of Robert Cole, Coordinator, Alaska State Office of Alcoholism.

February, 1977

Office of Alcoholism
Pouch H-05F
Juneau, Alaska 99811

STATE OF ALASKA
DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER
JAY S. HAMMOND, GOVERNOR
POUCH H 01 – JUNEAU 99811

February 1977

Speaker of the House
President of the Senate

We are pleased to present to you this Annual Report on the State Office of Alcoholism Program covering operation of the Program during FY 1976. We have attempted to provide you with a comprehensive overview of our office structure, policies and new directions. Special focus has been directed toward descriptions of individual community programs.

If more information is desired concerning the alcohol programs in Alaska or the State Office of Alcoholism, we will be pleased to honor the request.

Respectfully submitted,

Francis S. L. Williamson

Francis S. L. Williamson
Commissioner

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THE OFFICE

THE OFFICE

The State Office of Alcoholism was established in 1967, when the legislature appropriated $25,000 for the development and implementation of an alcoholism program. The Governor designated the Department of Health and Social Services as the single state agency responsible for the administration of the State Plan for Alcoholism. The mission of the office is to implement the provisions of AS 47.37 so as to accomplish "the reduction in incidence and severity of alcoholism and alcohol abuse, and its related social consequences."

Authority establishing the State Alcoholism Program is cited as AS 47.30.460-500. Additional authority includes the Grant-in-Aid program, whereby the Office of Alcoholism gives monetary aid to local alcoholism projects (AS 47.30-474-.477); The Governor's Advisory Board on Alcoholism (AS 47.30.060-069); and the Uniform Alcoholism and Intoxication Treatment Act (AS 47.37.10-210).

The State Office does not deliver direct services to alcoholics or alcohol abusers; rather, the Office provides services to agencies throughout the State who themselves provide direct services. The State Office is the coordinating, regulatory and evaluative body for the State effort. It administers the State Grant-in-Aid program and the associated reporting and monitoring systems. The Office provides technical assistance to communities, and is the focal point for coordination statewide.

Local control over the local alcoholism programs is the intent and policy of the Department and of the State Office which exerts sufficient control over those local endeavors to establish and maintain appropriate standards and to guarantee adequate linkages and continuity of care for the benefit of the client. This control is obtained through the Grant-in-Aid process and its attendant application, reporting, monitoring and evaluation systems.

The Office provides staff services to the Governor's Advisory Board on Alcoholism and maintains a degree of liaison with statewide organizations whose objectives are similar. It is headed by a coordinator appointed by the Commissioner of the Department of Health and Social Services.

GOVERNOR'S ADVISORY BOARD ON ALCOHOLISM

AS 47.37.070 authorizes the Governor's Advisory Board on Alcoholism. This board has nine members appointed by the Governor to four-year staggered terms.

Throughout FY 76, the Board played an active role in the development of policy for the implementation of legislation and the administration of programs related to alcohol abuse problems. With the staff of the Office of Alcoholism acting in an advisory capacity to the membership, the Board reviewed, evaluated and assisted in determining the direction of activities for the Office.

Individually and collectively, the Board has been instrumental in assisting the Office to develop its program effectiveness and efficiency as it seeks to meet the needs of local communities and the entire state in the resolution of problems related to alcohol abuse.

The membership has provided an important advocate role in support of the Office's proposed budget request to both the Administration and the Legislature.

In combined meetings with the Governor's Board on Drug Abuse and a statewide conference with representatives from Drug Abuse, Mental Health and Alcoholism, the membership has provided essential input in behalf of policy problems related to alcohol abuse programs in the planning activities of the ADAMHA project known as "State Plan Development."

CURRENT MEMBERS OF GOVERNOR'S ADVISORY BOARD
OFFICE OF ALCOHOLISM

Dr. Stanley Austin, M.D.
2412 W. Marston Dr.
Anchorage, Alaska 99503
Office 279-8275
Home 279-8039

Joseph Fuller
1438 Medfra
Anchorage, Alaska 99501
Home 279-7931
Office 276-9849

Rev. Paul Jordan
Lutheran Church of Hope
Box 4-1930
Anchorage, Alaska 99509
Office 279-7714
Home 279-4833

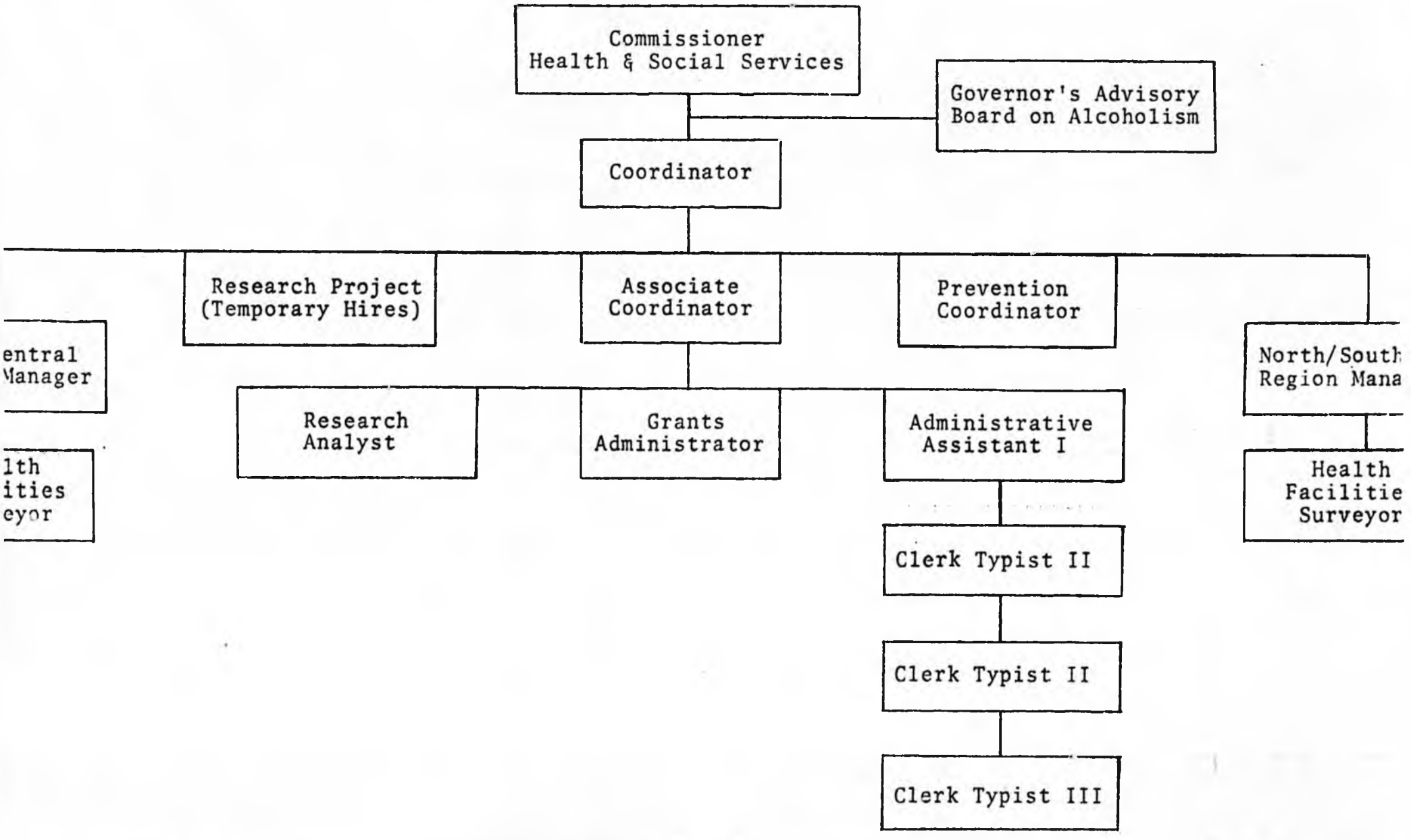
A. Fred Miller
Attorney At Law
426 Main Street
Ketchikan, Alaska 99901
Phone 225-6666

Dr. John C. Morris
P.O. Box 1330
Fairbanks, Alaska 99707
Office 452-1761
Home 479-3788

Jacqueline Pflaum
Box 188
Bethel, Alaska 99559

Herman Schroeder, Sr.
Box 216
Dillingham, Alaska 99576
Office 842-3833

ORGANIZATIONAL CHART FY 1976



STATE PLAN

In 1973, the Office of Alcoholism completed development of the Alaska State Plan for the Reduction of Alcoholism and Alcohol Abuse. The plan was published in April of that year and has been updated annually.

The objective of the Plan is to present a coordinated comprehensive program for the orderly development and provision of needed alcoholism prevention, treatment, and rehabilitation programs for the State. In order to attain this objective, the Plan:

1. Presents information about alcohol problems in Alaska;

2. Describes the resources available for implementation of the Plan;

3. Suggests a program for the concerted utilization of these resources to accomplish specific yearly objectives;

4. Serves as a base for action, coordination and communication by and among persons and organizations implementing these objectives;

5. Fulfills Federal requirements pertaining to state plans;

6. Establishes the opportunity for continuity of effort over the years as an historical document, as a work plan, and as a legitimate base for planning.

REGIONS AND DISTRICTS

As part of the State Plan, a region and district service-area concept was developed around the existing transportation net. Alaska has a vast expanse of land, limited population, and lack of roads. Therefore, the time and cost of air transportation, rather than miles, were taken as the critical factors in identifying three major regional areas for service delivery. Their corresponding centers in Fairbanks, Anchorage, and Juneau offer a range of alcoholism treatment facilities, from information and referral, to emergency services, to rehabilitation, to transitional (half-way house) living, to out-patient care.

Further examination of the contemporary transportation net identified 22 district centers which act as collecting points for the surrounding communities. Each of these satellite stations relates to one of the three regional hubs.

At the village or small community level, there should be at least one alcoholism counselor, providing out-patient diagnosis, counseling, education and referral services for one or a number of villages or communities. When a client is in need of services which the counselor is unable to provide, he is referred to the nearest center where such services are available. This might be at the district center in the case of limited treatment or at a regional center in the case of extensive rehabilitation.

SOA-SUPPORTED ALCOHOLISM PROGRAMS

Location	Name	Address & Telephone	Program Manager
Anchorage	National Council on Alcoholism	4510 Int. Airport Rd. Suite I Anchorage, Alaska 99503 279-3575	Sue Perry
Anchorage	ALMEA	503 W. Northern Lights Rm 205 Anchorage, Alaska 99503 272-5656	Don Ryder
Anchorage	Municipality of Anchorage	825 "L" Street Room 504 Anchorage, Alaska 99501	Ed Stewart
Barrow	Barrow Council on Alcoholism	Box 118 Barrow, Alaska 852-7470	Nancy Ahsogeak
Bethel	Bethel Alcohol Treatment Center	Box 388 Bethel, Alaska 99559 543-2128	Eugene Strickland
Copper Center	Copper Valley Alcoholism Program	Drawer G Copper Center, Alaska 99573 822-3333, 822-3497	Clara Peters
Dillingham	Dillingham Alcoholism Program	Box 191 Dillingham, Alaska 99576 842-3933, 842-3483	Ivan Widum
Fairbanks	Fairbanks Native Assn. Alcoholism Program	1318 Kalakaket Street Fairbanks, Alaska 99701 479-6271	Banarsi Lal

Location	Name	Address & Telephone	Program Manager
Galena	City of Galena	Box 149 Galena, Alaska 99741 656-1281	Roger Huntington
Juneau	City/Borough of Juneau	155 South Seward Street Juneau, Alaska 99801 586-3300	Mar Winegar
Ketchikan	Ketchikan Council on Alcoholism Program	3134 Tongass Avenue Ketchikan, Alaska 99901 225-4135	LaPrele Rasmussen
Kodiak	Kodiak Council on Alcoholism	Box 497 Kodiak, Alaska 99615 486-3535	Brian Kelly
Kotzebue	Mauneluk Associantion, Inc.	Hope Center Box 256 Kotzebue, Alaska 99615 442-3207	Loretta Eakan
Nome	Norton Sound Health Corporation	Box 966 Nome. Alaska 99762 443- 443-2261	William Dann
Petersburg	Petersburg Council on Alcoholism	Box 1066 Petersburg, Alaska 99833 772-3552	John Rooks
Seward	Seward Council on Alcoholism	Box 1045 Seward, Alaska 99664 224-5275	Gene DeGooyer
Sitka	Sitka Council on Alcoholism	Box 963 Sitka, Alaska 99835 747-3636	Bennett Stower

Location	Name	Address & Telephone	Program Manager
Tok	Upper Tanana Regional Council on Alcoholism	Box 155 Tok, Alaska 99780 883-4201	Charlie Biederman
Unalaska	Unalaska Alcoholism Program	Box 182 Unalaska, Alaska 99685 581-1208, 581-1260	Frank Poplawski
Valdez	Valdez Alcohol Commission	128 Pioneer Drive Suite #5 Valdez, Alaska 99686 835-2364	Pat Ruther
Wrangell	Wrangell Council on Alcoholism	Box 1108 Wrangell, Alaska 99929 874-3149	Betty Johnston
Yakutat	Yakutat Alcoholism Program	Box 113 Yakutat, Alaska 99689 784-3323, 784-3256	Rosemary Riley

EVALUATION AND MONITORING

Alcoholism programs across the country vary in size and scope. They vary in treatment philosophy, they vary by the population they serve, and they vary by location. Nevertheless, there are certain basic principles common to all such programs. For that reason, basic standards have been established on a national basis to indicate how such programs should operate, no matter what their variation.

Through NIAAA funding, the Alcoholism Division of the Joint Commission on Accreditation of Hospitals developed a set of national standards for the accreditation of alcoholism programs. Because of their scope, national standards are not subject to fragmentation by inconsistencies in state or local laws or regulations.

Public hearings were held in five areas of the state during March, 1976 to discuss adoption of standards. In December, 1976 the standards as set forth by the Joint Commission on Accreditation of Hospitals (JCAH) were adopted by Alaska. Urban programs throughout the state have until July 1, 1977 to comply with these standards. A less stringent set of program standards will be developed for less potentially sophisticated programs in smaller communities.

In order to be accredited, alcoholism programs must meet certain minimal or basic criteria, which help to insure a high quality of care. Besides providing an objective evaluation of a program's services, some of the advantages of accreditation are that it provides a form of recognition that is respected by health professionals and consumers, it can help raise the level of professional performance, it attracts qualified professionals who wish to work in and for programs that are known to offer services of recognized quality, it provides an incentive for the continual upgrading of a program's services, and it identifies, for the public, programs and services of quality in the field of alcoholism.

Evaluators perceive their role as analysts and teachers, rather than as inspectors and judges. Their function is not to find shortcomings in order to mete out punishment, but rather to act as consultants to programs, helping them to identify both their strong and weak points, and to provide guidelines to correct their weaknesses.

In addition to the evaluation program of the SOA there exists also a program for monitoring expenditures of programs funded through grants from the State. Payment request and expenditure reports are reviewed on a quarterly basis to ensure compliance with the Grant-in-Aid program.

INTERAGENCY COORDINATING COMMITTEE

The reduction of alcoholism, alcohol abuse and alcohol-related problems is a priority goal for Governor Hammond's administration. Alaska Statute 47.37.050 creates a state level "Interdepartmental Coordinating Committee" (ICCS). This coordinating committee is charged with assisting the Commissioner of Health and Social Services and the Coordinator of the State Office of Alcohol and Alcohol Abuse in formulating a comprehensive plan for the prevention of alcoholism and for treatment of alcoholics and intoxicated persons.

Membership on the committee includes the Commissioners of Health & Social Services (Chairman), Highways, Education, Labor and Public Safety. The Coordinator of the Office of Alcoholism serves as an ex-officio member. To complete the review of policy, the Governor included the Attorney General, Commissioner of Community and Regional Affairs, and representatives of the Criminal Justice Commission, ABC Board, and Governor's Office.

The first intensive ICC effort will be directed towards a series of management, treatment, prevention and control policy recommendations to the Governor. These will be translated into appropriate administrative, legislative, and budgetary proposals to be presented to the legislature for their consideration. To assist in the realization of this goal, the governor has attempted to use already existing tools. The ICC is such a tool.

BUDGET & EXPENDITURES

THE BUDGET

The Office of Alcoholism administered a budget totaling $3,000,800 for FY 76. The following table divides this sum according to source and function:

	SGF	NIAAA	Title IVA & XVI	Program Receipts	Total
Admin - general	70,600	-0-	135,000	-0-	205,800
Projects:					
Prevention		25,000			25,000
Pipeline Impact		111,400			111,400
Special Grant		120,000			120,000
Total Admin Component	70,600	256,400	135,200	-0-	462,200
Projects, Grants & Contracts	329,300	200,000 538,600 738,600	1,192,600	278,100	2,538,600
Total Budget	399,900	995,000	1,327,800	278,100	3,000,800

FY 77

	SGF	NIAAA	Total
Admin - general	369,300		369,300
Projects:			
Pipeline Impact		90,900	90,900
Special Grant		120,000	120,000
Total Admin	369,300	210,000	581,200
Projects, Grants & Contracts	1,856,700	731,000*	2,587,700
Total Budget	2,226,000	941,900	3,167,900
Pipeline Impact Formula Grant		531,000 200,000 731,000*	

FUNDING SOURCES FOR STATE OFFICE OF ALCOHOLISM PROJECTS

SOA Statewide and Regional Programs	Total Project Cost	State Alcoholism Award	State General Fund	NIAAA Formula Pipeline		Titles IVA VI,XVI	Total Other Federal Income	Misc. Funding
ALMEA	$ 200,000	$ 200,000	$ -0-	$200,000	PI	$ -0-	$ -0-	$ -0-
Barrow	54,730	54,730	-0-	54,730	PI	-0-	-0-	-0-
Bethel	132,214	93,500	93,500	-0-		-0-	950	37,764
Copper Center	55,000	55,000	-0-	55,000	PI	-0-	-0-	-0-
Dillingham	31,505	22,100	-0-	22,100	FG	-0-	-0-	9,405
Fairbanks	1,072,440	290,200	217,650	-0-		72,550	657,000	125,240
Galena	18,667	14,000	9,750	4,250	FG	-0-	-0-	4,667
GAAB	1,501,013	821,854	567,470	109,488	PI	144,896	333,353	345,806
Juneau	349,329	90,360	4,880	85,480	FG	-0-	132,826	126,143
Ketchikan	142,147	58,101	49,405	-0-		8,696	40,120	43,926
Kodiak	150,496	117,430	73,867	28,500	FG	15,063	-0-	33,066
Kotzebue	52,700	36,981	31,403	-0-		5,578	-0-	15,719
NCA-AR	736,158	79,478	64,576	-0-		14,902	656,680	-0-
Nome	126,121	85,430	85,430	-0-		-0-	-0-	40,691
Petersburg	36,093	27,070	-0-	27,070	FG	-0-	-0-	9,023
Seward	43,900	34,700	-0-	34,700	PI/FG	-0-	-0-	9,200
Sitka	185,451	79,380	66,536	-0-		12,844	80,000	26,071
Tok	128,600	13,700	13,700	-0-		-0-	114,900	-0-
Unalaska	141,020	26,800	26,800	5,000		-0-	86,220	23,000
Valdez	65,260	65,260	-0-	65,260	PI	-0-	-0-	-0-
Wrangell	35,813	26,860	26,860	-0-		-0-	-0-	8,953
Yakutat	18,500	13,875	13,875	-0-		-0-	-0-	4,625
TOTAL	$5,277,157	$2,306,809	$1,345,702	$691,578		$274,529	$2,102,049	$863,299

FUNDING SOURCES

AIS PROJECT

In FY 75, the Alaska State Office of Alcoholism was awarded Special Incentive Grant monies through NIAAA. These funds are granted to states as a means of assisting them in implementing the Uniform Alcoholism and Intoxication Treatment Act. Funding is based on $100,000 per qualified State, plus ten per cent of the Formula Grant monies to which they are entitled. On this basis, Alaska was granted $120,000 for FY 75 and FY 76 each.

The goal of this project is to provide the State of Alaska with a formative, but comprehensive "Alcoholism Information System." The grant allows the State to obtain essential information on the relationship between alcohol use and abuse. The project is expected to continue through the end of FY 78 with annual funding of $120,000.

The project has been prepared under the direction of Dr. Dennis Kelso; completion is expected in February, 1977 and will appear in five published volumes. These volumes are briefly described below:

VOLUME I: The Economic Impact of Alcoholism and Alcohol Abuse in Alaska, 1975

Volume I investigates and describes the economic impact on Alaska of alcoholism and alcohol abuse. Major goals of the volume include the identification and estimation of financial benefits deriving from the sale and consumption of beverage alcohol, and determination of the economic cost of alcoholism and alcohol abuse for the state as a whole.

VOLUME II: An Analysis of State Legislation Pertaining to Regulation and Control of Beverage Alcohol and Alcoholism and Alcohol Abuse, Alaska, 1975

Volume II identifies and analyzes all Alaska legislative statutes and administrative codes which are in any way concerned with the sale and consumption of beverage alcohol, or with alcoholism or alcohol abuse problems.

VOLUME III: Alcoholism and Alcohol Abuse Programs, Services Delivery System, Alaska, 1975

Volume III presents the findings of an analysis of the major elements of the alcohol services delivery system in Alaska. Statewide and local organizations providing direct and indirect alcoholism services are described with respect to their various administrative and programmatic dimensions.

VOLUME IV: Social Systems Indicators of Alcoholism and Alcohol Abuse in Alaska, 1975

Volume IV assembles and discusses a range of current data and information regarding the social impact on Alaska of alcoholism and alcohol abuse. The data compiled are regarded as conventional social system indicators, and are discussed accordingly.

VOLUME V: Executive Summary: Descriptive Analysis of the Impact of Alcoholism and Alcohol Abuse in Alaska, 1975

As an executive summary, Volume V synoptically treats the findings contained in the four primary volumes preceding it. Additionally, it integrates various portions of these findings to provide alternative descriptions of the impact on Alaska of alcoholism and alcohol abuse. Overall policy-level recommendations extrapolated from the study's findings are suggested for more effective implementation of Alaska's Uniform Alcoholism and Intoxication Treatment Act.

PIPELINE GRANT

The trans-Alaska oil pipeline is the largest private construction project ever undertaken. Since the beginning of construction in April, 1974, thousands of construction workers, their families, support staff, technical personnel, and entrepreneurs have been drawn to Alaska, with the total new population expanding to as high as 39,000 people.

Construction camps are situated along the 790 miles of pipeline corridor, and the major urban centers of Anchorage and Fairbanks grew at an increasing rate. As the population of impacted areas increased, the need for alcoholism services increased. The camps themselves experience a special kind of alcohol abuse and alcoholism problem - expecially in the near endless dark of winter - and have their own need for services.

There are three principal types of pipeline impact on the need for alcoholism services: a) increased demand for services resulting from population increases caused by the pipeline, b) the need for services for workers on the line, and c) increased stress on existing community populations. These impacts have been adequately described in a document intitled "Pipeline Impact Project for Alcohol Abuse and Alcoholism", prepared in October 1974 by the Office of Alcoholism.

The purpose of the Pipeline Impact Grant was to provide a coordinated response to increased statewide problems of alcohol abuse and alcoholism generated by construction of the Trans-Alaska Oil Pipeline. Prevention and treatment efforts are directed towards impact-related problems in the work camps and towards those impact-related problems in pipeline corridor communities and urban centers, to which people and problems gravitate.

The goal of this special project is the amelioration of alcohol abuse and alcoholism problems attendant upon pipeline construction and, in particular, the extension of care to those individuals (pipeline personnel and corridor community residents) th impact-related alcohol problems.

The Pipeline Grant is expected to continue until the end of FY 78. The grant for FY 76 was $650,000. Of this total, $538,600 was awarded as direct grants to six projects: ALMEA, Copper River, Seward, Barrow, Anchorage and Valdez. The remaining $111,400 was for administrative costs which included the salaries and travel for two program managers.

FORMULA GRANT

The federal government awards a sum of money based on population to each state which has a State Plan. Alaska has adopted the Alaska State Plan for The Reduction of Alcoholism and Alcohol Abuse and is thereby entitled to a maximum annual grant of $200,000. The State need not match these funds, but they must guarantee that these funds will not be used to supplant state or local funding for particular projects.

In FY 76, the total was divided and awarded as community grants; none was allocated for administrative costs. The grants were generally awarded to smaller programs which have difficulty coming up with a catch match. For example, federal regulations which allow the use of volunteer services as an "in-kind" contribution for matching purposes permit the funds to go to programs which rely on a volunteer work force and need to use that for matching purposes.

STATEWIDE SERVICES

STATEWIDE SERVICES

The office of alcoholism is the legislated lead agency for the development and provision of alcoholism services in Alaska. Other agencies within Alaska concerned with and taking action against alcohol problems include two programs which are statewide in nature, receive State funds, and are subject to SOA monitoring and evaluation. They are: The National Council on Alcoholism - Alaska Region, and Alaska Labor Management Employee Affairs, Inc.

NCA-AR

The National Council on Alcoholism-Alaska Region (NCA-AR) is a private non-profit corporation dedicated to the goal of the adoption by Alaskans of a positive, supportive and knowledgeable attitude toward the solution of the problems of alcoholism and alcohol abuse. The Council has its office in Anchorage.

Funding Source	
State General Fund	$ 64,576
Title	14,902
Direct Federal Grant	656,680
	$736,158

The project objectives of NCA-AR fall into two categories: education and consultation.

EDUCATION

The Council serves as the public relations/alcohol information arm of alcohol programs in Alaska. To this end, they prepare and distribute news releases, photos, films and tapes. Feature items about alcohol are developed and released. Mailing lists of organizations and persons concerned with alcohol programs are developed and maintained. Assistance is given to radio and television stations in the development and presentation of programs concerning alcoholism.

The office conducts a State Alcoholism Forum as a training program for the public, for their own board, and for other related groups. They also monitor and provide information regarding pertinent legislation at local, state and federal levels.

CONSULTATION

A large function of the office is to assist other alcoholism programs in the areas of personnel management, financial management, and general administrative functions. They provide program consultation to all chartered chapters, and continue the development of Export Packages for chartered chapters.

Assistance upon request is given to all alcoholism programs on publicity and other public relations matters.

ALMEA

Funding Source	
Pipeline Impact	$200,000

Alaska Labor and Management Employee Affairs, Inc. (ALMEA) is a state-wide, non-profit corporation founded by the Alaska Chapter of Associated General Contractors and the major labor unions of Alaska. The program has a broad approach embracing industrial alcoholism under the concept of a "Troubled Employee Program", including drug abuse, mental illness, and other employee problems. Alcohol accounts for approximately 80% of the problems dealt with.

ALMEA's objective is to mobilize managers, superintendents, safety representatives, foremen, job stewards, and business agents in a cooperative effort to detect and refer personnel with early symptoms of drinking problems. If medical treatment is not indicated, an alcoholism program is recommended by the Occupational Alcoholism Specialist, with the concurrence of the employees' immediate supervisors in Labor and Management.

ALMEA's specific objectives are: prevention, referral, individual contact and counseling, and education and training.

Other alcohol-related programs, though statewide in nature, do not receive SOA monies. These programs are described briefly below.

THE ALASKA NATIVE COMMISSION ON ALCOHOLISM AND DRUG ABUSE

The Commission was formed to focus special attention on alcohol problems of Alaska Natives, and to provide technical input and quality control to program development relating to Alaska Natives and Native communities. The ANCADA Board of Directors is comprised of representatives of each of the 12 Native regions and six Native members-at-large. As ANCADA develops its expertise, it is strengthening its role from one of "after-the-fact" advisor to that of planner, developer, and coordinator.

STATISTICAL REVIEW

DATA COLLECTION SYSTEM

The Data Collection System of the State Office of Alcoholism, like many other data systems in Alaska, is quite young; as such, it has yet to be fully developed. During Fiscal Year 1976, the SOA began direct operation of data collections, which previously was operated by the Center for Alcohol and Addiction Studies, University of Alaska, Anchorage, under contract from the State Office. This first year of operation proved to be a valuable learning experience for the Office and for the alcoholism programs required to report their activities to the SOA.

During this year, the SOA was able to monitor and evaluate the data collections system on a much closer level than previously. The system was found to have some major deficiencies, a few of which were corrected by the addition of a Monthly Activities Report required from each program during the last half of FY 76.

During FY 76, the data collection system relied most heavily for information on the "Data Base Form for Alcoholism Problems," a client-oriented form which contains both demographic and treatment data. This form has proved to be inadequate and confusing, but neither time, money, or personnel were available to develop a new system, so it was used during all of FY 76. At the end of the year, the Data Base Form was coded, keypunched, and computerized and some simple counting of the occurrences of a number of variables was performed by the computer.

When the computerized tallies were examined, it became obvious that the alcoholism programs were underreporting. The SOA received information on only 3,500 clients. Some programs were not computerized because they do not submit the Data Base Form: Copper Center, Valdez, ALMEA, and Barrow because they are pipeline programs and have different reporting requirements; Bethel is not included because their records were confiscated when there were some internal problems with that program. So five programs were not a part of the computer tally. This reduces the total number of clients known to have received services, but we also know that the other 15 or so programs served more than the reported 3,500 clients during the year.

Because of the obvious deficiencies in the data collection system, in terms of accuracy and completeness of reporting by the alcohol programs, and the type and format of the data collected, a number of long range and short range goals have been developed. These goals are all directed toward developing a data system that is more accurate in depicting the number and types of services given to clients by programs, and more useful in making management decisions by the SOA and the alcohol programs. The long range goals require research into the specific needs of the SOA and the programs. The goals are as follows:

1. A complete revision and simplification of the "Data Base Form for Alcohol Related Problems" is necessary for a more accurate reflection of the status and progress of a client in a program.

2. Revision of the Monthly Activities Report so as to more accurately reflect the activities of a program during a month.

3. Revision of the computer program now based on the data base form to include those programs which do not submit the data base form.

4. Computerization of the Monthly Activities Report in order to provide a comparison to the data base form.

5. Development of a process by which the computer may generate routine reports for the use of both the SOA and the programs.

The research into and planning for these goals has begun. Revision of the Monthly Activities Report is nearly ready for implementation. The projected date for implementation of the revised data base form (or some similar instrument for the gathering of client statistics) is July 1, 1977. The other goals do not have specific implementation dates, but the aim is for sometime during Fiscal Year 1978.

TABLE 1

TOTAL CLIENTS SERVED

City	Number Clients	%
Anchorage	1,644	43.6
Dillingham	12	0.3
Fairbanks	319	8.5
Juneau	452	12.0
Ketchikan	365	9.7
Kodiak	203	5.4
Kotzebue	62	1.6
Nome	10	0.3
Petersburg	169	4.5
Seward	21	0.6
Sitka	279	7.4
Tok	71	1.9
Unalaska	31	0.8
Wrangell	24	0.6
Yakutat	109	2.9
Other	2	0.1
	3,773	100.0

TABLE 2

TYPE & FREQUENCY OF SERVICE

Type of Service	Number Patients	%
Sleepoff	128	3.4
Halfway House	541	14.3
Rehabilitation	606	16.1
Detoxification	917	24.3
I & E Outpatient	1,579	41.8
	3,773	100.0

TABLE 3

TOTAL CLIENTS BY SEX

Sex	Number Clients	%
Male	2,785	73.8
Female	761	20.2
Unknown	222	5.9
Out of Range	5	0.1
	3,773	100.0

TABLE 4

CLIENTS SERVED BY RACE

Race	Number Clients	%
Aleut	252	6.7
Eskimo	623	16.5
Oriental	7	0.2
Indian	810	21.5
White	1,349	35.8
Athabascan	131	3.5
Black	44	1.2
Other	55	1.5
Unknown	502	13.3
	3,773	100.0

COMMUNITY PROGRAMS

COMMUNITY SERVICES

A total of 20 communities had alcoholism projects funded under the state grants-to-communities programs in 1976. In order to encourage a cooperative, coordinated delivery system of all services available in the community, only single grant applications were accepted from those communities. In addition to those community projects, the SOA funds two projects which are statewide in nature; one is oriented toward prevention and public education and the other toward operating an occupational alcoholism program.

Alcoholism treatment services which involve direct patient contact or care are of six general types. The Office of Alcoholism has classified them for licensing purposes according to the following definitions:

1. Information and referral service: Program which provides educational materials and general information on alcoholism and alcohol abuse, limited counseling, screening and referral to appropriate helping agency.

2. Emergency intoxication shelter or "sleep-off": Temporary non-treatment facility providing minimal or limited protection and care for intoxicated person during the time required to eliminate the alcohol from the system.

3. Detoxification service: In-patient treatment facility staffed and equipped to provide medical and social services for intoxicated persons suffering from the effect of a single entended drinking episode or the long-term debilitating effects of chronic drinking.

4. Rehabilitation center: Intermediate residential care for alcoholics who are not in an acute condition, providing treatment and research, counseling, therapy, evaluation, initial vocational and educational screening, board and room.

5. Halfway house: Transitional group living for persons returning from alcoholism rehabilitation or other parts of the health care system; largely self-administered with a minimum of paid staff, and relying on community resources for continued after-care rehabilitative programs.

6. Out-patient service: Out-patient treatment for alcoholics and related individuals by medical and social service personnel, providing diagnostic evaluation, therapy, social casework, and referral to other community services.

Some alcoholism projects are equipped and staffed to offer only one type of service, some offer several types of services within the same facility. And, of course, a number of services which involve no state funding, such as Alcoholics Anonymous, are available to the person with alcohol-related problems.

ANCHORAGE

Since the beginning of fiscal year 1973, public and private agencies operating alcoholism treatment facilities in Anchorage have been funded under a unified grant. The grantee is the Greater Anchorage Area Borough Health Department, which has responsibility for management and coordination of the total program. Each of the participating agencies retains its own administration, program and development authority, as well as its own unique characteristics and selective client appeal. They all work towards a coordinated network of services with interrelationships designed for effective prevention, early intervention, treatment, and rehabilitation. The GAAB Comprehensive Alcohol Treatment Program attempts to provide services for the entire alcoholic and problem drinker population of the Greater Metropolitan Area, as well as the itinerant alcoholic who gravitates to the Anchorage area. In addition, an intensive effort has been aimed at prevention and education among youth and young adults.

One benefit of the unified approach has been the identification of the specific resources of each facility and the ability to apply the full range of treatment modalities to the needs of the individual alcoholic. The patient is now able to enter the treatment system at whatever point seems optimal for success in his individual case.

A description follows of each individual project subcontracting for state funds under the Greater Anchorage Area Borough Health Department in 1976.

FUNDING

S.G.F.	$ 567,470
P.I.	109,488
Title	144,896
Federal	333,353
Misc.	345,806
Total	$1,501,013

TOTAL CLIENTS SERVED GROUPED BY SEX AND RACE

SEX		RACE		
				%
Male	1,176	White	649	39.48
Female	328	Native	702	42.70
Unknown	138	Oriental	4	.24
Out of Range	2	Black	29	1.76
		Other	36	2.19
		Unknown	224	13.63
Total	1,644	Total	1,644	100.00

ALASKA NATIVE BROTHERHOOD HALFWAY HOUSE

The ANB Halfway House is a transitional facility within the community and, as such, provides guidance, supervision, and personal services relating to the areas of adjustment which enable the alcoholic to move into independent living conditions. After initial screening, each individual is required to attend group therapy twice weekly. Room and board is provided to the client on a seven-day week basis. There is 24-hour supervision and a program designed to assist the client in overcoming alcohol addiction within the facility. Each individual coming into the ANB Halfway House has come out of a detoxification program as well as an individual treatment program and is ready to move into an aftercare facility. Each individual client is encouraged to find employment; supportive counseling and group therapy is arranged to help him adjust to the work environment and prepare him to move into independent normal living conditions upon completion of the Halfway House program.

TOTAL CLIENTS SERVED GROUPED BY SEX AND RACE

SEX			RACE		
		%			%
Male	64	78.0	White	3	3.6
Female	17	20.7	Native	78	95.2
Unknown	1	1.3	Unknown	1	1.2
Total	82	100.0		82	100.0

ALASKA PSYCHIATRIC INSTITUTE RE-EDUCATION UNIT

The Re-Education Unit provides an intensive inpatient rehabilitation program with the primary method of treatment being group therapy. Inpatient group therapy averages forty-seven man-hours a week. Post-discharge therapy averages six hours per week. Each patient is expected to attend the scheduled group meetings with a goal of the patient learning to share his feelings and experiences with the group and to be a motivating force in helping others share their feelings and experiences to overcome alcoholism and alcohol abuse. Each individual client being admitted to the program goes through a screening process and is provided a psychological diagnostic evaluation prior to admission. There are also subsequent staffings held on a weekly basis following the patient throughout this therapeutic program. The Re-Education Unit also provides medical services throughout the treatment program and then subsequent referral services for ongoing follow-up into the Comprehensive Alcoholism Treatment Program.

ANCHORAGE COUNCIL ON ALCOHOLISM

The Anchorage Council on Alcoholism is a charter chapter of the National Council on Alcoholism--Alaska Region. It functions as a vital referral and outreach component of the Comprehensive Alcoholism Treatment Program. It provides the public with up-to-date information on alcoholism. It is involved in referrals to appropriate alcoholism treatment facilities, education, and alcoholism prevention. It develops contacts with existing groups and organizations, high school and college personnel, professionals, retired persons, and interested citizens. It attempts to utilize all available educational aides and to develop literature specifically aimed at the needs of the Greater Anchorage Area Borough. It aims to provide information regarding the disease of alcoholism to the public with early intervention and prevention as one of its goals. The Anchorage Council's telephone is manned on a 24-hour basis to provide a referral point for individuals in need of alcoholism treatment and alcoholism information.

CHRISTIAN, METHODIST, EPISCOPAL WALK-IN CENTER

On September 10, 1973, the CME Church was awarded a contract for $85,000.00 by the Borough Assembly to provide a 24-hour Walk-In Center for the indigent alcoholic and alcohol abuser. The original implementation of the Uniform Alcoholism and Intoxification Treatment Act in October of 1971, plus the lack of funding at the State level for the Act, dictated the implementation of detoxification to the Social Development Center, located at International Airport on Point Woronzof. Because of the long distance between the facility and the core of the area of downtown Anchorage, several technical problems were created relating to the pick-up of individuals incapacitated by alcohol. These individuals had to be held in the lobby of the police station as a holding room. The Loussac Library, the Alaska Native Medical Center waiting room and other public places had been utilized by intoxicated individuals seeking shelter and averson from routine habitation of liquor dispensing establishments. Therefore, the alternative of CME Walk-In Center was funded to provide a drop-off point in the core of the downtown Anchorage area.

CME provides temporary shelter to the inebriate. It offers basic hygienic services, secondary nourishment, sleep-off facilities and the opportunity for entrance into appropriate local rehabilitative resources to the off-the-street indigent alcohol abuser through a motivational counseling unit. Arrangements with the Anchorage Police Department were made to receive incapacitated alcohol abusers who were under protective custody. The CME Walk-in Center is the primary pick-up station for any incapacitated inebriates. The Center also provides a temporary controlled and supervised shelter for the off-the-street indigent alcohol abuser, with a capacity for up to 200 individual clients per day. At the initial point of intake, a determination is made whereby alcohol victims may be referred to appropriate treatment facilities or benefit from other treatment resources. It provides a screening and holding station and emergency shelter. A motivational counseling unit is also made available whereby the indigent alcohol abuser can avail himself of the opportunity to find immediate remedial resources for various problems he may have or have encountered. Individual counseling is provided on an as-needed basis. The CME Walk-In Center is operated on a 24-hour day basis, seven days a week.

SALVATION ARMY GRADUATE HOUSE

For several years, the Salvation Army was the primary treatment facility of alcoholism within the State of Alaska. The Rehabilitation Program of the Salvation Army is a 52-bed facility that moves clients through work stations within the Salvation Army domain and prepares them to move into the Graduate House which is a residential treatment, community-based, peer-group oriented facility.

The Graduate House provides a capacity of 14 beds for individual treatment in the Halfway House setting. Services are related to those areas of adjustment which enable the alcoholic to move into independent normal living conditions on a short-term, one to twelve months supportive program. The Halfway House provides shelter, food service, individual counseling, group counseling and referral to other facilities as indicated. Treatment and discharge programs are planned for clients on an individual basis.

TOTAL CLIENTS SERVED
GROUPED BY SEX AND RACE

SEX		%	RACE		%
Male	56	73.7	White	33	43.5
Female	1	1.3	Native	15	19.7
Unknown	19	25.0	Other	1	1.3
			Unknown	27	35.5
Total	76	100.0	Total	76	100.0

SOCIAL DEVELOPMENT CENTER, INC.

The initial program of the Social Development Center is detoxification. The detoxification program is administered at the Center as a limited sleep-off program. The client is given bed rest while being attended by a registered nurse and a detoxification orderly. The client also receives counseling while he is in detoxification, and plans are formulated as to his future care. Educational films on alcoholism and group sessions are available for persons in detoxification and referrals are made to other treatment facilities in the event the client does not elect to stay in the rehabilitative program at the Center.

If the client elects to become involved in the treatment program at the Center, he is screened by a panel of two staff members and two clients in the rehabilitation program to determine his sincerity to do something about his alcoholism. If accepted into treatment, the client can commit himself into the program for a period of thirty to sixty days. Ongoing weekly evaluations are made by the entire staff of all clients who are in treatment. Motivational counseling and group therapy are the prime focus aspects of the rehabilitation treatment plan. Group sessions are held daily by various group facilitators. Alcoholics Anonymous groups meet three times a week at the Center and one-to-one counseling is provided as needed. The Center also has, as an integral part of their treatment plan, the formation of a crafts shop; occupational therapy is also a vital part of the treatment plan. Referrals are made following the rehabilitation program for halfway house treatment or assistance in the community for continuing use of alcoholism treatment staff.

TOTAL CLIENTS SERVED
GROUPED BY SEX AND RACE

SEX			RACE		
		%			%
Male	802	80.4	White	340	34.1
Female	134	13.4	Native	506	50.7
Unknown	60	6.0	Black	12	1.2
Out of Range	2	0.2	Oriental	2	0.2
			Unknown	119	11.9
			Other	19	1.9
Total	998	100.0	Total	998	100.0

STUDIO CLUB

This facility is a Halfway House which provides halfway care and residential treatment for both men and women. It is a community-based, transitional residential facility (peer-group oriented.) It provides 24-hour supervision, room and ten days board in a supportive, non-drinking environment. Clientele are alcoholics moving out of other treatment facilities who have been provided detoxification and short-term intensive inpatient treatment. For the first thirty days each client is required mandatory attendance at group therapy, individual counseling and other therapy sessions outside the facility as arranged in conjunction with the Comprehensive Alcoholism Treatment Program. After the thirty-day period, the client has the option to further attend these meetings and other therapy sessions as they pertain to his individual treatment plan. He is required to financially support his own room and board after the initial ten days by finding some type of gainful employment to meet these ends, but continues to be involved in an individual treatment plan worked out in conjunction with the facility with his active participation.

TOTAL CLIENTS SERVED
GROUPED BY SEX AND RACE

SEX			RACE		
		%			%
Male	51	46.4	White	30	27.3
Female	18	16.3	Native	19	17.3
Unknown	41	37.3	Black	2	1.8
			Unknown	59	53.6
Total	110	100.0	Total	110	100.0

BARROW

The extraction of oil and other minerals from the Prudhoe Bay area has had serious social repercussions on the people of Barrow and villages in its region. Many local people have taken advantage of the expanded opportunities for employment which has increased their economic power. Because of the "one week on, one week off" scheduling, people have a great deal of free time. This time and additional purchasing power has resulted in a staggering increase in liquor sales. With that increase has come an increase in alcohol-related problems. Approximately 50% of the 3,768 persons residing in the Borough are in need of services to some extent. Virtually all arrests in the year previous to this program were somehow alcohol related.

Through State Pipeline Impact funding to the Barrow Council on Alcoholism, programs have been started which:

1. Provide counseling services for the substance abuser.

2. Survey available community resources and educational materials for the alleviation and prevention of substance abusers.

3. Train and develop a volunteer auxiliary to amplify the director's efforts and to form a care group of staff for future programs.

In FY 76 emphasis focused on educating the population to become aware of their alcohol and drug problems.

FUNDING

P.I. $ 54,730

BETHEL

Bethel is the largest community in Southwestern Alaska with a population of 3,100. It is located on the banks of the Kuskokwim River and is accessible only by boat or by air. It is the main trade and transportation center for an area of 155,000 square miles encompassing 52 villages and a total population of 15,000 people, 90% of whom are Eskimo.

The alcohol program in Bethel offers a variety of treatment programs: Information and referral, detoxification, and rehabilitation. Early case-finding techniques are being developed to aid in the identification of persons with alcohol problems before gross symptoms present themselves. The program has attempted to foster a sense of cultural identity and self-esteem through involvement in traditional crafts and industries as a rehabilitation activity. After appropriate testing for vocational aptitude by the Kuskokwim Community College vocational training is provided. Suitable boarding facilities are found for those clients who would benefit from removal from the home atmosphere.

FUNDING

SGF	$ 93,500
Federal	950
Misc.	37,764
TOTAL	$132,214

COPPER RIVER NATIVE ASSOCIATION INC.

Copper River is one of six communities that received a special "pipeline grant" through the State Office of Alcoholism to deal with increased problems of alcohol abuse and alcoholism generated by construction of the trans-Alaska Oil Pipeline. The program received a 55,000 dollar grant in FY 76. Although there are other counseling services in the area they are mainly concerned with the pipeline workers themselves, while the Copper River Native Association Inc. is primarily aimed at the Native population and other members of the population who have been adversely affected by pipeline activities in the region.

The program delivers direct services in the form of counseling, information and referral. Counseling is performed on a one-to-one basis, and is accomplished by traveling to various villages at least once every two weeks. The stated goals of the program are as follows:

1. To continue the efforts in combating alcoholism through a preventive education program in the Copper River Area;

2. To provide counseling services in alcoholism to the communities of Chistochina, Copper Center, Gukona, Gulkana, Tanlina/Glennallen and Chitina;

3. To provide information and referral service in alcoholism to the Copper River Area.

FUNDING

P.I. $ 55,000

DILLINGHAM

Educating the members of the Dillingham Community and twelve outlying communities as to the effects of alcohol abuse was one of the main goals of the Dillingham program in 1976. Target groups for information and referral services, and out-patient counseling were juvenile alcohol abusers, and middle-aged abusers. Efforts were also concentrated on coordinating all alcohol-related resources in the community--PHS Social Workers, Regional Technical Assistant, and Bristol Bay Health Corporation.

FUNDING

FG	$ 22,100
Misc.	9,405
TOTAL	$ 31,505

TOTAL CLIENTS SERVED GROUPED by SEX and RACE

SEX	Actual	%	RACE	Actual	%
Male	12	100.0	Native	12	100.0

FAIRBANKS NATIVE ASSOCIATION/COMPREHENSIVE ALCOHOLISM PROGRAM

The Fairbanks Native Association/Comprehensive Alcoholism Program is committed to providing alcoholism treatment services and public information of alcoholism and alcohol related problems to the Fairbanks North Star Borough population. The objective of the program is to provide a therapeutic environment with professional staff designed to treat all aspects of alcoholism and alcohol abuse and enable the individual to return to productive community life.

The alcoholism program consists of three service components and one medical facility. These are: a halfway house, rehabilitation center, detoxification unit and an emergency alcoholism service center.

The Rehabilitation Center is both a residential treatment center housing thirty clients and an out-patient treatment center. The Rehabilitation Center is staffed on a 24-hour basis. The residential program consists of classes, group therapy, individual counseling, Alcoholics Anonymous, and recreational activities. The outpatient treatment program is aimed at providing services to those unable to engage in a residential or day treatment program. Each program is worked out on an individual basis, but includes discussion groups, counseling, and group therapy. All rehabilitation programs take a realistic approach to therapy emphasizing the development of coping strategies to deal with life situations.

TOTAL CLIENTS SERVED
GROUPED BY SEX AND RACE

FUNDING		SEX	Actual	%	RACE	Actual	%
SGF	$ 217,650	Male	238	74.6	White	80	25.1
Title	72,550	Female	63	19.7	Native	207	64.8
Federal	657,000	Unknown	17	5.3	Other	5	1.6
Misc	125,240	Out of Range	1	0.4	Unknown	27	8.5
TOTAL	$1,072,440	TOTAL	319	100.0	TOTAL	319	100.0

GALENA AAA PROJECT

Galena is an Athabascan fishing village of less than four hundred in the summer and five hundred in the winter, situated on the bank of the Yukon about two hundred miles west of Fairbanks. It is a comparatively new village, the city council having been formed less than five years ago, yet it supports a full high school, a new water plant, a new jail, a well-staffed health services clinic, a public housing development and an active community hall which is operated by the Galena Alcoholism Program and serves mainly as a prevention/alternative-to-drinking recreation program.

The city council applied for funds for the alcoholism program in 1973. More and more young people were attaching themselves to alcohol to fill the void left by not having to do the subsistence chores like packing water and chopping wood that had been such an important part of Athabascan adolescence. The alcohol program was tailored to reach into the heart of the Galena abusive drinking culture and focus on the primary cause of alcoholism, that is, nothing else to do. The program was awarded $14,000 in FY 76.

Thus, the Galena program is rooted in the service of "prevention/alternatives-to-drinking/recreation", with counseling and other rehabilitation services offered as secondary services due to the traditional revulsion of formal counseling by Alaskan natives.

The program is perceived as highly successful by the village people. They report a noticeable decline in street fighting, in child neglect and abuse, in number of bottles strewn about, in young people taking up the liquor habit, in drunks suffering from accidents, and so on. There is an apparent concensus that Galena has enjoyed a remarkable turnabout due to the new way of life provided by the activities and services of the "AAA" program.

FUNDING

SGF	$ 9,750
FG	4,250
Misc.	4,667
TOTAL	$18,667

JUNEAU

ALCOHOLISM CENTRAL AGENCY

In 1976 the Juneau Alcoholism Central Agency (ACA) branched out into a multi-directional approach to the problem of alcoholism in Juneau. The services of the Agency were available to any individual seeking help, information, or education, relative to alcohol or alcohol abuse. The various components of the ACA worked together in such a way that the newly interviewed client seeking help or otherwise contacted was processed from initial point of contact through the various stages essential to a proper diagnosis, treatment and rehabilitation. The program consisted of the following services:

1. A full day treatment center for individual, group and family counseling;

2. An Alcohol Information School which provided a driver's education service for OMVI traffic offenders;

3. A Crisis Center which operated on a 24-hour basis as a walk-in and sleep-off facility;

4. A Law and Criminal Justice program which included an Alcohol Information School, Court Referral Agency, and group counseling at the Southeast Regional Correctional Institution;

5. An occupational program for the early identification of problem drinkers in the work place;

6. The provision of Halfway House services through a contractual agreement with the Gastineau Manor Halfway House.

KODIAK

The Kodiak Council on Alcoholism is the basic coordinating agency for the prevention and treatment of alcoholism on Kodiak Island. It works closely with all interested agencies and organizations in coping with alcohol abuse and alcoholism. In March 1976, the Kodiak Council received accreditation from the Joint Commission on the Accreditation of Hospitals. The Kodiak Alcohol Program operated on three levels in FY 76:

1. Information and Education Center which includes maintaining film, tape and literature libraries. The Center also serves as a "drop-in" facility for the public and clients. Referral and Consultation services are available on a scheduled basis. The Center is used on a regular basis by such other groups as Alcoholics Anonymous and T.O.D.A.Y. (Team of Drug Alcohol Youth)

2. Hope House Alcoholism Treatment Facility which is a four-week residential treatment program extending into a 60-day halfway house program and aftercare.

3. Sleep-off Facility includes beds for ten individuals; free coffee, tea, and hot chocolate; shower and laundry facilities; and the continual care of trained personnel on duty.

FUNDING

SGF	$ 73,867
FG	28,500
Title	15,063
Misc.	33,066
TOTAL	$150,496

TOTAL CLIENTS SERVED GROUPED by SEX and RACE

SEX	Actual	%	RACE	Actual	%
Male	169	83.3	Native	102	50.2
Female	31	15.3	White	86	42.4
Unknown	3	1.4	Unknown	15	7.4
TOTAL	203	100.0	TOTAL	203	100.0

KOTZEBUE - MAUNELUK, INC. (HOPE CENTER)

Hope Cente located on the main artery of Kotzebue, has been operational since 1970. It serves clients mainly as a "prevention/recreational alternative to drinking. The philosophy of Hope Center is to develop a program of prevention and treatment consistent with positive traditional Eskimo values that also reflect the realities of changing present-day lifestyles. Target groups include alcohol abusers and families in the community and outlying villages.

The center is serving a daily average of 25 clients who come to watch TV or play cards and other games. Kotzebue is lacking adequate recreational facilities, and the center serves as a viable alternative to drinking.

FUNDING		TOTAL CLIENTS SERVED GROUPED by SEX and RACE					
		SEX	Actual	%	RACE	Actual	%
SGF	$ 31,403	Male	43	69.4	Native	57	91.9
Federal	5,578	Female	14	22.6	White	1	1.6
Misc.	15,719	Unknown	5	8.0	Unknown	4	6.5
TOTAL	$ 52,700	TOTAL	62	100.0	TOTAL	62	100.0

NOME - NORTON SOUND HEALTH CORPORATION

In general, the Nome Alcoholism program is one of the most highly functioning programs in the state, largely because of its comprehensive design. The alcohol/mental health program is rooted in a network of primary case counselors based in the twelve surrounding villages who are tightly integrated into a total, overall continuum of care plan for delivery of services. The program is unique in many aspects. It is operated by a Native regional health corporation, and the alcohol program is totally integrated with the mental health program. All staff are provided eight weeks per year of highly technical in-service training by the program's director.

The overall program goal is a 20% reduction each program year in:

1. Deaths due to suicide.
2. Deaths due to excessive drinking.
3. Days spent in hospital due to mental illness, alcohol or drug abuse.

The alcoholism program had a total budget of $126,121 in FY 76, $85,430 of this state funds and $40,691 of in-kind contributions.

An on-site evaluation conducted by the State Office of Alcoholism in March of 1976, found the Nome project to be extremely receptive to the need of its clients. Program people in the villages and in Nome provide twenty-four hour emergency counseling and transportation services with 100% medical back-up.

FUNDING		TOTAL CLIENTS SERVED GROUPED by SEX and RACE					
		SEX	Actual	%	RACE	Actual	%
State Grant	$85,430	Male	6	60.0	Native	7	70.0
		Female	2	20.0			
Misc.	40,691	Unknown	2	20.0	Unknown	3	30.0
TOTAL	$126,121	TOTAL	10	100.0	TOTAL	10	100.0

PETERSBURG COUNCIL ON ALCOHOLISM

The goal of the Petersburg Council on Alcoholism is to "initiate, foster, and operate programs designed to alleviate and prevent alcohol and other dangerous drug abuse in the Petersburg area." Adult alcoholism is the prime focus. However, there is a highly-functioning youth center directly across the alley from the alcoholism center, and both programs work toward similar objectives for the two target groups, youth and adults.

The following services are offered by the program:

1. Information, education, and referral
2. Out-patient
3. Prevention
4. Community planning development.

In 1975, a twenty-eight foot commercial trolling vessel was donated to the program. The boat was donated to be used in the rehabilitation process and the clients have painted and insulated it and equipped it with additional trolling gear. The boat has proved to be a valuable therapy tool in enabling clients to obtain recreation, as well as obtaining fish and game.

The State Office of Alcoholism conducted an on-site evaluation of the Petersburg program in December of 1975. It was found that the program was integrated into the community and no major problem existed.

FUNDING		TOTAL CLIENTS SERVED GROUPED by SEX and RACE					
		SEX	Actual	%	RACE	Actual	%
FG	$27,070	Male	137	81.1	Native	107	63.3
		Female	28	16.6	White	59	34.9
Misc.	9,023	Unknown	4	2.3	Unknown	3	1.8
TOTAL	$36,093	TOTAL	169	100.0	TOTAL	169	100.0

SEWARD COUNCIL ON COMMUNITY SERVICES

The Seward Council on Community Services is located in the heart of downtown Seward, adjacent to City Hall. The Council has both an Alcoholism Unit and a Mental Health Unit. Comprehensive Alcoholism services are offered through the Council, including alcoholism education, a drop-in center, silent drinkers program, and counseling. There were no other alcoholism services offered in Seward in FY 76. The Council reports that people are augmenting their use of available services for more than just crisis situations. More and more family members are frequenting the center to receive aid in helping relatives with alcohol-related problems.

FUNDING		TOTAL CLIENTS SERVED GROUPED by SEX and RACE					
		SEX	Actual	%	RACE	Actual	%
State Grant	$34,700	Male	16	76.2	White	5	23.8
		Female	1	4.8	Native	4	19.0
Misc.	9,200	Unknown	4	19.0	Oriental	1	4.8
					Unknown	11	52.4
TOTAL	$43,900	TOTAL	21	100.0	TOTAL	21	100.0

SITKA COUNCIL ON ALCOHOLISM AND OTHER DRUG ABUSE, INC.

The Sitka Council on Alcoholism and Other Drug Abuse, Inc. serves the Greater Sitka Borough whose population is approximately 7,000. Its basic philosophy is that alcoholism is a complex disease affecting body, mind and spirit. Because the illness expresses itself differently in each individual, treatment must be tailored to meet individual needs.

The Council's purpose is to provide information referral, education, out-patient and in-patient services for the treatment and prevention of alcoholism and alcohol and drug abuse for the people of Sitka and outlying areas. The approaches used are 30-day in-patient treatment, one-to-one counseling, halfway house residence, Alcoholics Anonymous, or a combination of these.

There are three separate facilities:

1. Information and Referral and Out-patient Counseling Center
2. Alcoholism Therapy Services is a rehabilitation unit at the Mt. Edgecumbe Hospital funded through a federal PHS grant and administered by the Sitka Council.
3. Aurora's Watch, the halfway house.

FUNDING

SGF	$ 66,536
Title IV	12,844
Misc.	26,071
PHS	80,000
TOTAL	$185,451

TOTAL CLIENTS SERVED GROUPED BY SEX AND RACE

SEX	Actual	%	RACE	Actual	%
Male	194	69.4	White	95	34.1
Female	73	26.4	Black	2	0.7
Unknown	12	4.2	Native	167	59.8
			Other	3	1.1
			Unknown	12	4.3
TOTAL	279	100.0	TOTAL	279	100.0

TOK (UPPER TANANA REGIONAL COUNCIL ON ALCOHOLISM, INC.)

The Tok Alcoholism Program provided outpatient counseling treatment to about 100 clients in Tok and in surrounding villages of Northway, Mentasta, Tetlin, Dot Lake and Tanacross. By December 1976 the program began expanding into the area of recreation in the town's new community hall.

Although State Office of Alcoholism granted only $13,700 for FY 76, the Federal Government through NIAAA has been funding and will be funding the program at ab ut $114,000 per year for six years from 1972.

Services provided include: Drop-in, individual and family counseling, information and referral.

Tok's program centered around outpatient counseling services, which are offered in five village counselors' homes and/or the village community hall, and in the small, new administrative building in Tok.

FUNDING		TOTAL CLIENTS SERVED GROUPED by SEX and RACE					
		SEX	Actual	%	RACE	Actual	%
SGF	$ 13,700	Male	47	66.2	White	2	2.8
		Female	22	31.0	Native	67	94.4
Federal	114,900	Unknown	2	2.8	Unknown	2	2.8
TOTAL	$128,600	TOTAL	71	100.0	TOTAL	71	100.0

UNALASKA ALCOHOLISM PROGRAM, INC.

Unalaska is a picturesque fishing village located in the Aleutian Islands. It has a population of 750 year round, with an influx of about 24% during fishing season.

The Unalaska Alcoholism Program was incorporated in 1974 for the purpose of initiating, fostering, and operating programs to alleviate and prevent alcoholism. Aside from an alcoholism program at St. Paul, this is the only alcoholism program on the Aleutian chain. It is the focal point for both the Aleutian and Pribilof Islands, serving a population of approximately 8,000 persons located in 29 communities.

The basic goal of Unalaska Alcoholism Program, Inc. is to provide a non-judgemental setting in which clients can learn to cope with normal day to day stresses without resorting to alcoholism. The services offered are education, prevention, recreation, emergency sleep-off, non-medicated detoxification, out-patient and referral. Follow up and referral are also an integral part of the program. A three year follow up program has been instituted whereby frequent contact is maintained with the client either by phone, personal contact, or a visit to the center by the client. An emergency shelter handles detoxification and in-patient clients. A recreational center was established for the purpose of prevention and social reintegration.

Development of the alcoholism program has been successful for Unalaska. The program would like to expand its services to meet the needs of the Aleutian chain villages. Ideally, each community would establish its own alcoholism program and use Unalaska Alcoholism Program, Inc. as an information and training base for the chain.

TOTAL CLIENTS SERVED
GROUPED by SEX and RACE

FUNDING		SEX	Actual	%	RACE	Actual	%
State Grant	$ 31,800	Male	24	77.4	White	4	12.9
Fed. Grant	86,220	Female	6	19.4	Black	1	3.2
Misc	23,000	Unknown	1	3.2	Native	22	70.9
					Other	3	9.7
					Unknown	1	3.2
TOTAL	$141,020	TOTAL	31	100.0	TOTAL	31	100.0

VALDEZ ALCOHOLISM COMMISSION

The Valdez Alcoholism Commission officially began in October of 1975. Originally a small town of under one thousand persons, Valdez rapidly increased in population to over four thousand due to the influx of pipeline personnel and their families. In addition, another four thousand employees of pipeline contractors are employed and reside across the bay from Valdez at the Terminal Camp Site. These people are also being serviced by the over crowded city facilities. The town received a special "pipeline grant" of $65,260 in FY 76 to deal with increased problems of alcoholism and alcohol abuse generated by this increase in population.

The present program is limited to an educational referral center. There has been wide-spread distribution of alcohol related materials in the community, thus creating an awareness of the services offered by the agency. The initial goal of coming into contact with the schools has been realized. A Drivers Alcohol Information School (DAIS) for driving while-intoxicated offenses and all alcohol related offenses has been started. A local AL-ANON group has been established, as well as an AL-Ateen group. FY 77 plans include increased counseling services.

FUNDING

P.I. $65,260

WRANGELL

The Council of Alcoholism and related Drug Dependencies in Wrangell's stated purpose is to reduce the incidence of alcohol abuse and alcoholism in the community and to teach family members how to cope with the alcoholic. Their overall objective is to help people who want help with alcohol related and drug related problems.

The Wrangell program offers a variety of services. The drop-in center is available for individual and group counseling both day and evening, and also offers weekly AA meetings. There is a 24-hour crisis intervention counseling service. Educational programs, information, and referral, out-reach counseling and consulting services are also an integral part of the program.

The council offers a comprehensive program to the community. The school education program is especially well developed and effective. This program is presented to all junior and senior high school students for approximately one week. It is well accepted by the students and the community as a whole, and is a highly visible educational service.

FUNDING

SGF	$26,860
Misc.	8,953
TOTAL	$35,813

TOTAL CLIENTS SERVED GROUPED by SEX and RACE

SEX	Actual	%	RACE	Actual	%
Male	17	70.8	White	11	45.8
Female	5	20.8	Native	5	20.9
Unknown	2	8.4	Unknown	8	33.3
TOTAL	24	100.0		24	100.0

YAKUTAT ALCOHOLISM PROJECT

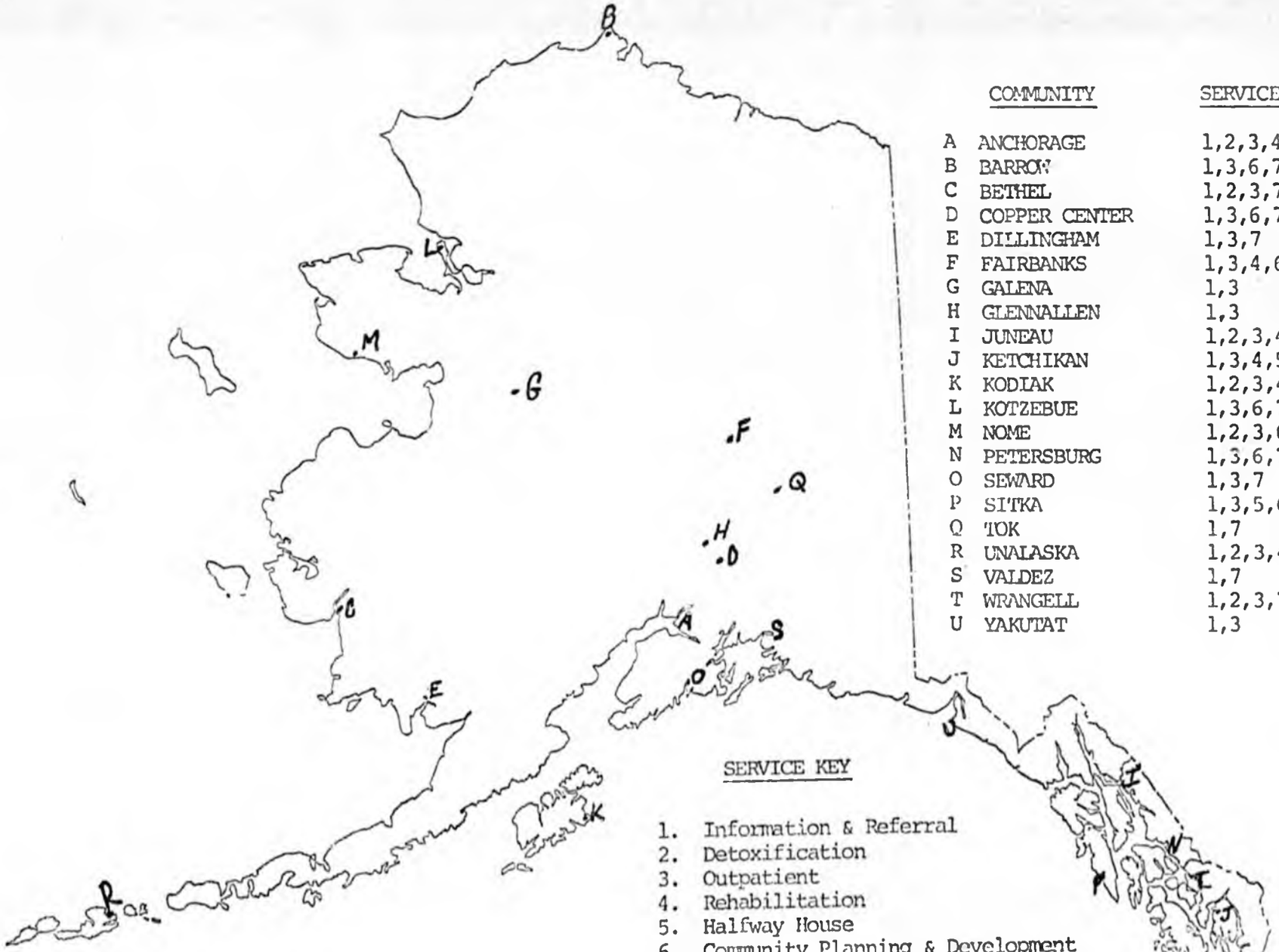
Although the Yakutat Alcoholism Program is funded as an information referral out-patient program, many diversified services are offered. Clients are counseled on a one-to-one basis in the office, on the street, or whenever they call on the phone at any hour of the day or night. AA meetings are held once a week, and an arts and crafts workshop meets at least that often. There is an established teen-age level group where movies are shown, sometimes on a nightly basis. All of these various services compliment each other well.

Because the Alcoholism program is an integral part of community activities, the program is involved in almost all aspects of community life. The Native Health Corporation recognizes the Alcoholism program as a valuable entity to the community. The program maintains a totally involved operating relationship with other local related agencies, such as the police, courts, school system, AA, AL-ANON, health center, Welfare, etc.

TOTAL CLIENTS SERVED
GROUPED by SEX and RACE

FUNDING		SEX	Actual	%	RACE	Actual	%
State Grant	$13,875	Male	87	79.8	Native	103	94.5
		Female	17	15.6	Black	1	0.9
Misc.	4,625	Unknown	5	4.6	Unknown	5	4.6
TOTAL	$18,500	TOTAL	109	100.0	TOTAL	109	100.0

LOCATION SOA PROGRAMS



	COMMUNITY	SERVICES
A	ANCHORAGE	1,2,3,4,5,6,7,9,11
B	BARROW	1,3,6,7
C	BETHEL	1,2,3,7
D	COPPER CENTER	1,3,6,7
E	DILLINGHAM	1,3,7
F	FAIRBANKS	1,3,4,6
G	GALENA	1,3
H	GLENNALLEN	1,3
I	JUNEAU	1,2,3,4,5,6,7
J	KETCHIKAN	1,3,4,5,7
K	KODIAK	1,2,3,4,5,7
L	KOTZEBUE	1,3,6,7
M	NOME	1,2,3,6,7,8
N	PETERSBURG	1,3,6,7
O	SEWARD	1,3,7
P	SITKA	1,3,5,6,7
Q	TOK	1,7
R	UNALASKA	1,2,3,4,5,7
S	VALDEZ	1,7
T	WRANGELL	1,2,3,7
U	YAKUTAT	1,3

SERVICE KEY

1. Information & Referral
2. Detoxification
3. Outpatient
4. Rehabilitation
5. Halfway House
6. Community Planning & Development
7. Prevention
8. Training of Special Personnel
9. Research
10. New Construction
11. Renovation, limited improvement

H.S.S. Pub. 4-77

State of Alaska

JAY S. HAMMOND
GOVERNOR

FRANCIS S. L. WILLIAMSON
COMMISSIONER

KIINUK, INC.

1221 Coppet
Fairbanks, Alaska 99701
(907) 456-4409

April 7, 1977

Representative ~~Don Bennett~~ Charlie Parr
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear ~~Don~~,

Attached is a suggested revision of HB 340 (SB 242), a bill relating to the treatment of substance abusers.

The primary focus of the proposed legislation is the combining of the offices of drug abuse and alcoholism--a concept that we support wholeheartedly. Additionally, it is a concept that has gained national support and is currently being implemented by many states.

Unfortunately, we cannot support the bills as they presently stand. While the combination of offices does have the potential for better resource allocation and improved service delivery, such benefits are not apparent within the existing proposed legislation.

Using the recently passed community mental health center legislation as a model (a model we believe to be exemplary), we have attempted to re-draft HB 340 so it too will assure local participation and control. Additionally, as communities implement the integration of human service delivery components (as appropriately required by the Community Mental Health Centers Act), the present HB 340's focus on centralization would prevent consolidation and eliminate any meaningful local authority and flexibility.

We respectfully request that you consider the attached proposal, hold hearings as appropriate, and contact us as required.

Sincerely,

Paul

Paul Pesika, Coordinator

Frank

Frank J. Gold, EdD

Alaska Family House

A THERAPEUTIC COMMUNITY

2825 WEST 42nd PL. ANCHORAGE, ALASKA 99503
(907) 279-5502 OR 279-5503

March 30, 1977

Rep. Charles H. Parr
Pouch V
Juneau, Alaska 99811

Dear Rep. Parr: RE: House Bill 340

I have recently obtained a copy of House Bill 340 which I understand is identical to Senate Bill 242 that I would appreciate the opportunity of testifying in regards to.

I, the other staff members, and members of Alaska Family House basically support the idea of consolidating the drug abuse and alcoholism programs. Our particular program has not faired well in terms of support by the past State Office of Drug Abuse. Consequently, we feel that any change for us and our addict population would be better than the existing situation.

On Page 1, Section 47.37.020 wherein it states that the coordinator shall be a qualified professional, I ask the question why not consider a paraprofessional? There are many individuals who have actually been there themselves that have the necessary educational background to fill such a position.

On Page 7, Section 47.37.080 qualification of Board members and following that it lists where the nine members should come from and what kind of people they should be. Herein I strongly recommend that you have at least one or two exaddicts that have successfully completed treatment on that Board. They could add invaluable input to the other seven Board members. A recovered alcoholic should also be on that Board. I think that it behooves the legislature to finally put somebody on the Board that can give the other Board members the kinds of information that they need to adequately address the decision making processes that are necessary if this Board is in fact going to rehabilitate addicts and/or alcoholics.

ADVISORY BOARD

Virginia Beirne, *MSW, ACSW*
Bill Bittner, *Atty.*
Charlotte Bowers
Harry Branson, *Atty.*
Rudy Ebenbeck
Mike Ellis, *Field Underwriter*

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Dave Rogers, *Insurance*
Capt. George Weaver, *APD*

My next question is, I have never seen the "appropriate standards" established under Section 140A of this chapter. I do not have those standards and wonder if I could get a copy of them.

On Page 11, Section F, there is the following statement: "No treatment facility may be operated in the State without a license and no facility may receive State funds under a contract or grant made unless it is licensed as a public treatment facility". In regards to the first half of that sentence, "no treatment facility may be operated in the State without a liscense", I do not know who wrote this section of the Bill, but that language does preclude Alcoholics Anonymous, and it would preclude the Alaska Family House structure. We are not licensed now and we do not want to be licensed. Our whole concept is "the family" structure. We are an anti-program that stresses such things as self-help, the work ethic, and making the best out of bad situations as done in everyday life. The day that the Alaska Family House program is licensed, there will be psychiatrists here, nutritionalists here, volumes of paperwork that must be done, never ending reams of forms to be filled out, a fantastic increase in the cost per day of our clients, the need for more staff, and we will see the end of the addict helping addict concept. My next statement in regards to the last half of that sentence which reads "and no facility may receive State funds under contract or grant made unless it is licensed as a public treatment center", I am very glad that this was not law in 1973 when Alaska Family House was first founded or it wouldn't be here. My next question in regards to this statement is, what constitutes a treatment facility? What do you do about the situation where three or four or five individuals rent an apartment or a house and "treat" themselves with the AA type concept or the addict helping addict concept? Is that classified as a treatment facility?

On Page 13, Section B wherein it states, subject to regulations adopted by the Department "if a person is refused admission to a licensed or public treatment facility, the administrator shall if possible refer the person to another licensed appproved public or private facility". My question in regards to that is simply, why? Why couldn't this individual be referred to an unlicensed treatment facility such as an AA group or Alaska Family House or to that apartment where the four people decided to band together to do something about their alcoholic and/or drug addiction problem?

On Page 14, Section D, there is a sentence that reads "except for diagnosis and referral, alcoholism treatment programs shall be seperate and distinct from treatment programs for drug addicts". Again, I wonder why? I have had alcoholics in Alaska Family House that have gotten a lot of good out of the program working right along with the addicts. I have also seen many addicts that participate in AA and get something out of it. Why, by law and legislation myst these two people with basically the same problem, i.e., chemical dependancy, be seperated through the legislative process? It is my opinion that if it works, do it. Again, I have seen drug addicts use alcohol programs, a multitude of treatment centers, religion, and all kinds of things to change and simply ask the question why exclude anything that might work. In that same paragraph there is a sentence of "no person addicted to an opium derivative may be treated except at a licensed

drug addiction center". Again a person addicted to an opium derivative should be allowed to seek treatment anywhere he or she feels that there is some help.

On Page 22, Section 47.37.220, wherein it states visitations and communication of patients. "Patients in any licensed treatment facility under this chapter shall be granted reasonable opportunities for adequate consultation with counsel." We can agree with that wholeheartedly as the right to counsel is imperative and means that the individual must have some problems or there would be no question of counsel. That sentence does, however, continue with the words, "and for the continuing contact with family and friends including the use of telephone facilities consistant with an effective treatment program". I have seen many addicts who have members of their immediate family using drugs. Most addicts that I have seen come into this program have nothing but addict friends. It is imperative that the addict in treatment be seperated from the addict still using. No matter if they are related or "friends". If that is not done you will invariably have two addicts using and not one in treatment.

In regards to Section B of that same Section, wherein it states that "no mail or other communication to or from a patient in a licensed treatment facility may be intercepted, read or censored", again you have problems in that area. We do in fact open mail here at Alaska Family House. Each resident who comes in signs a waiver allowing us to do that and you would not believe the drugs we have intercepted, plans to bring drugs into the program, pornography, and other seriously upsetting information. At Family House and most other major therapeutic communities such as Delancey Street in California and Habilitat in Hawaii, there is an initial black out period that is important. Most therapeutic communities are and must be drug free at all times. All avenues of its coming into the facility must be constantly explored investigated and halted wherever possible. These particular sections would totally tie our hands at Alaska Family House.

In regards to again on Page 22, this time Section 37AS47.37.24A, most clients, which we prefer over the word patient, have no funds and we are concerned that some people with funds might decide to delay treatment until they have expended their revenues (probably by the purchase of more drugs and possibly O.D.) and also pass the time when the urge for treatment has passed.

On Page 24, numbers 13 and 14, wherein drug addict and drug abuser are being defined, I have known many barbituate addicts but very few barbituate drug abusers. Another point is, what of methadone and other synthetics that are even more addictive than opium derivatives? They too should be classified as drug addicts.

On Page 24, Section D, last sentence wherein it says all community match contributions to grants shall be in the form of cash and I wonder why not goods and services? If we get a $100 worth of canned vegetables from BiLo, isn't that the same as $100 cash in so far as the program is concerned?

In closing this correspondence, I again would appreciate an opportunity to verbally testify in front of your committee and again we wish to state that we can support the concept of joining the drug and alcohol Boards. I would, however, not like to see legislation passed that would make treatment less accessible and that would make our jobs here at Alaska Family House more difficult then they are presently.

For the past three years, we have been involved in an almost constant fight with a very small group of bureaucrats that are constantly thinking in terms of new forms, new requirements, new criteria that in fact takes away from the treatment process. Most of these ideas are gleened from Federal guidelines and recommendations through the National Institute of Drug Abuse, etc. Most of those programs are no longer even in existence. One of the things that attracted me personally to the State of Alaska was the possibility of working directly with people without the tons of bureaucratic redtape, licensing requirements, etc., etc., that is the trend in the lower 48. I would hope that Alaska would not get sucked into that kind of mentality.

If I can be of any further assistance in regards to this matter, please feel free to contact me by phone (907-279-5502) or by mail.

Sincerely,

Terry M. Stahlman
Executive Director
Alaska Family House

KIINUK, INC.

1221 Copper
Fairbanks, Alaska 99701
(907) 456-4409

April 7, 1977

Representative Fred Brown
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Fred,

Attached is a suggested revision of HB 340 (SB 242), a bill relating to the treatment of substance abusers.

The primary focus of the proposed legislation is the combining of the offices of drug abuse and alcoholism--a concept that we support wholeheartedly. Additionally, it is a concept that has gained national support and is currently being implemented by many states.

Unfortunately, we cannot support the bills as they presently stand. While the combination of offices does have the potential for better resource allocation and improved service delivery, such benefits are not apparent within the existing proposed legislation.

Using the recently passed community mental health center legislation as a model (a model we believe to be exemplary), we have attempted to re-draft HB 340 so it too will assure local participation and control. Additionally, as communities implement the integration of human service delivery components (as appropriately required by the Community Mental Health Centers Act), the present HB 340's focus on centralization would prevent consolidation and eliminate any meaningful local authority and flexibility.

We respectfully request that you consider the attached proposal, hold hearings as appropriate, and contact us as required.

Sincerely,

Paul Pesika, Coordinator

Frank J. Gold, EdD

STATE OF ALASKA
DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER
JAY S. HAMMOND, GOVERNOR
POUCH H 01 – JUNEAU 99811

April 28, 1977

Document# House HESS #5

Honorable Charlie Parr
H. & S.S. Committee Chairman
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

Mr. Cole, in the State Office of Alcoholism; Mike Waltnie and Rae Ann Hickling, from Anchorage; and Ms. Hilburn, in the State Office of Drug Abuse have discussed proposed changes in this bill. The proposed changes are:

...Page 1, Line 26 ... Add the word "abuse" after the word "drug"

...Page 4, Section 10 ... Should read: "Coordinates with Local Communities, the Regional Health Systems agencies, and the State Health Coordinating Council on the Preparation of an Annual Comprehensive Plan for the Prevention, Treatment and Control of Alcohol and Drug Abuse; to be Submitted to the Commissioner and the Citizens of the State of Alaska for Review and to the Governor for Approval."

...Page 5, Line 20 ... Delete the word "intoxicated", add the word "drug abusing."

...Page 7, Section 9 ...(47.37.080) Should be amended to read: "Of the nine members, no person having a monetary interest in the outcome of the recommendations of the Board shall serve as a Board Member." (All other language should be deleted.)

...Page 9, Section 47.37.110 ... The following changes are proposed:

110... Duties.. add "The State Health Coordinating Council" after the word "Commissioner"

110 (1) Add the words "and physical" between "Mental" and "Health"

110 (3) Should read: "Social factors which affect the causation, treatment and rehabilitation of alcoholism and drug abuse"

110 (4) Should read: "Legal processes and legislation which affect the rehabilitation and treatment of alcoholics and drug abusers"

110 (5) Should read: "Programs of public relations, prevention and education concerning the problem of alcoholism and drug abuse conducted by a department of state government or by any organized group"

...Page 10, Section 130; Lines 13-15 ... Delete the words "and when feasible"; include an amended sentence to read: "Programs shall be established with maximum local community and native health corporation involvement."

Section 130 (D)... Delete

...Page 14... Delete (D) ... Replace (D) with the following: "Based upon local determination of need, there may be alcoholism treatment programs, drug abuse treatment programs, or integrated treatment programs for both alcoholism and drug abuse. There may be integrated prevention programs for all forms of substance abuse. All State and Federal laws and regulations relating to requirements for methadone maintenance for persons addicted to an opiate derivative shall be strictly adhered to by all affected treatment facilities licensed or funded by the office. There shall be state regulations which establish standards for licensure for all classes of treatment programs."

...Page 25, Lines 3 & 4 ... Should read: "Grants will be awarded on the basis of demonstrated need and the merit of the application. In considering applications for alcoholism programs, the department shall, if all other factors are equal, give preference to applications in political sub-divisions which devote local government revenues generated by the sale of intoxicating liquor to the treatment of alcoholism."

...Page 25, Section "D".. Should be amended to read: "All community match contributions to grants shall be in the form of cash, except grants to "poverty" communities for the first three years of state grant support may meet the match requirements through the provision of in-kind contributions."

...Page 24, Section 310, Line 21: Delete (A) "Profit making corporation" from the list of eligible entities for grants in aid support.

...Page 27, Section 43, Line 29: Should have included the following definitions:

..."Drug Abuser"... means a person who misuses a drug or drugs to the detriment of his/her health and social well-being.

..."Cross Addicted Person"... means a person who is addicted to more than one class of drugs.

(Note: Existing AS 47.37 definitions of "Alcoholic", should be retained. All references to "Drug Addicts" should be stricken from the language of the bill.)

All of the above changes have been found acceptable by the Southeast Alaska Alcoholism Program Managers, the Petersburg Youth Council and the Petersburg Alcoholism Board, as well as the persons mentioned from the drug field in the first paragraph in this memo.

The Department would like to suggest one more addition to the bill which might facilitate the plan to reorganize the offices. That provision would read as follows:

"There shall be created a "Technical Advisory Panel" to advise the

Coordinator and the Advisory Board on all matters having to do with the impact of office policy on the administration of local programs. The Advisory Panel shall be composed of two alcoholism program managers, two drug abuse program managers, and one representative each from the "Alaska Native Commission on Alcoholism and Drug Abuse" and "The National Council on Alcoholism - Alaska Region."

This Panel shall meet quarterly with the Governor's Advisory Board on Alcoholism and Drug Abuse and the Coordinator for the purpose of discussing issues which impact on the administration of local programs.

Travel and Per Diem: Should read the same as the "Travel and Per Diem" provisions for the Governor's Advisory Board.

Your consideration of the proposed charges will be greatly appreciated.

Sincerely yours,

By Robert L. Cole

Francis S.L. Williamson
Commissioner

I. REQUEST
Bill/Resolution No. HB 340
Title An Act relating to treatment of alcoholism and drug abuse
Requested by Office of the Governor Date 3/10/77

II. FISCAL DETAIL
Agency Affected Health and Social Services
Program Category Affected Social Services
Budget Request Unit(s) Affected Alcohol Abuse and Drug Abuse

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		0	0	0		

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

This bill would combine the offices of Alcoholism and Drug Abuse, and would also combine their respective Advisory Boards. The proposed budget for a new Office of Alcoholism and Drug Abuse is attached, and in total equals the sum of the two budgets originally submitted by the Governor for the two separate offices. These original budgets were reduced by $40.8 by the Governor's Budget Review Committee in anticipation of the proposed merger. The combined budget therefore carries forward the savings of $40.8, but, if adopted, would not affect the total Governor's budget as originally submitted.

IV. DATE 3/10/77 PREPARED BY Rubal Eneuman
AGENCY Alcoholism
PHONE 586-6201

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

33-001 (Rev. 10/76)

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER / POUCH H 01 -- JUNEAU 99811

Legislature
Document # General #32

March 24, 1977

RECEIVED 3-25-77

Honorable Charles H. Parr
House Representative
Capital Building - Room 110
Juneau, Alaska 99801

Dear Representative Parr:

We have reviewed both the letter and application you recently received from Henrietta Nugen, Assistant Director, of the Anchorage Alcohol and Drug Rehabilitation Center, Inc. (Studio Club). In response to that letter, we are enclosing as Attachment A the documentation provided to legislators previously contacted by the Studio Club. This material was prepared by the Municipality of Anchorage Health Department to inform all concerned of the on-going communications and negotiations between the Municipal Health Department, the Salvation Army, and the Studio Club in their effort to reach a satisfactory agreement that would include the Studio Club's Half-Way House services in the Municipality's comprehensive alcoholism program. This material should provide a clear description of what has occurred in the negotiation process; however, Staff of the Office of Alcoholism will be happy to answer any questions or clarify any issues you may have regarding this material.

Briefly, the Municipality of Anchorage is and has been the recipient of State Office of Alcoholism grant and/or contract funds since 1974. The Municipality has sub-contracted funds received from this office to the various alcoholism service providers in the Anchorage area. In 1975, the Greater Anchorage Area Borough Comprehensive Alcoholism Program received a conditional one year accreditation from the Joint Commission on the Accreditation of Hospitals. In December of 1975, evaluators from the State Office of Alcoholism conducted a comprehensive evaluation of all the sub-contractors providing services under the grant to the Municipality and noted several major deficiencies in the service delivery system. In March of 1976, the evaluators from the JCAH conducted a follow-up evaluation of these sub-contractors to determine the progress made in correcting the previously noted areas requiring up-grading. The result of that site visit was the loss of their JCAH accreditation. At that point, the Municipal Health Department began an intensive effort to review, evaluate, and reorganize the

provision of alcoholism services in Anchorage. The result of these efforts was the decision to sub- ontract grant funds received from the SOA to a single contractor. They requested proposal bids and the proposal accepted by the Municipality was the one offered by the Salvation Army. This was accomplished by September, 1976.

Under this arrangement, the Salvation Army is responsible for providing direct services for a walk-in-center, emergency service patrol, non-medical detoxification, 30-day in-patient rehabilitation, aftercare, and long-term care services. Grant funds were also provided for the Salvation Army to sub-contract for the provision of Information and Education Services and Half- Way House services to complete the comprehensive program. They were successful in sub-contracting with the Anchorage Council on Alcoholism for educational services and, as you are aware, unsuccessful in reaching an agreement with the Studio Club for Half-Way House services.

The position of this Department has been one which supports the Municipality's right and responsibility to govern its own affairs. As a home rule municipality that has accepted the responsibility of the area's health powers, the State Office of Alcoholism has supported the Municipal Health Department's right to decide how a comprehensive system of alcoholism services can best be provided and who can best provide those services.

It is also the position of the Office and the Department that to grant funds directly to a service provider, by-passing the Municipal system, would seriously undermine and jeopardize the Municipality's rights, as well as set a dangerous precedent for other home rule governments. Funds are available for the operation of the Studio Club through a sub-contract arrangement with the Salvation Army.

In regard to Ms. Nugen's remarks regarding the funds available for supplemental awards to currently funded programs, these funds became available as a result of the de-funding of the City and Borough of Juneau's Alcoholism Central Agency in January, 1977. The total amount of State General Funds available is $71,100. Of this amount, $10,000 is committed to the City and Borough of Juneau for the purpose of planning and reorganizing their alcoholism services and $10,000 is committed to fund the Cook Inlet Council on Alcoholism. The Cook Inlet Council is a new program in that it has not received financial support from this office in the past. However, at the May, 1976, funding meeting the Governor's Advisory Board on Alcoholism recommended the funding of their application "upon the availability of funds." Those funds have not been available until this time. The remaining $51,100 is to be awarded as supplemental funds to the following community programs: Bethel, Dillingham, Gastineau Manor (Juneau), Kodiak, Ketchikan, Kotzebue, Nome, Petersburg, Sitka, Tok, Unalaska, Wrangell, and Yakutat. Each program

was advised that the maximum available to their program would be $3,930.

The decision to make these funds available to current grantees as a supplement to their initial award was based primarily on two factors. The first was that it did not appear reasonable to fund new programs considering that funding would only be available for April, May, and June, 1977, and that no committment could be made to continue funding in FY 78.

The second factor in determining who should be eligible for these funds was the consideration that the initial applications from currently funded grantees were cut in the award process due to insufficient funds to meet all of their needs. In order to meet the increasing operating costs of our grantees, no funds were allowed for training of staff or for purchase of needed equipment. It is probable that training and equipment funds will again have to be viewed as "luxury" items in FY 78. Therefore, it was felt that the additional funds available at this time would enable our grantees to meet some of their needs in these areas.

In addition to the State General Funds available for Supplemental funds, we are anticipating approval from the Legislative Budget and Audit Committee for the expenditure of $109,000 in NIAAA Pipeline Impact funds unexpended in FY 76. Of this amount, $65,300 is already committed to the Municipality of Anchorage by Board recommendation during the May, 1976, funding meeting. The balance is considered available to the Anchorage Labor and Management Employee Affairs (ALMEA), Barrow Council on Alcoholism, Copper River Native Association, Seward Council on Community Services, Valdez Commission on Alcoholism, Municipality of Anchorage and the Fairbanks Native Association. These programs, with the exception of the Fairbanks Native Association, are current NIAAA Pipeline Impact Grant funds. Fairbanks is deemed eligible for these funds in that they do fall within the geographic boundaries stipulated in the grant. Studio Club could be included as eligible for these funds through the Municipality of Anchorage's eligibility. However, they have not been considered eligible for a direct grant from this source for the same reasons they are not being considered eligible for State General Funds: (1) Funds are available for the operation of Studio Club through the grant to the Municipality of Anchorage (2) the Office of Alcoholism is supportive of the Municipality's home rule authority in health matters and feels that a direct grant to the Studio Club, by-passing the Municipal system would be inappropriate. Therefore, supporting the Municipality's Home Rule Authority health powers, and recognizing that Anchorage had made a legitimate attempt to negotiate a sub-contract with Studio Club and concern with grantees' needs in other communities, an application for supplemental funding was not sent to the Studio Club.

The procedure to be followed in awarding all grants from the Office is as follows: (a) applications are received and reviewed by SOA staff and recommendations are prepared for presentation to Governor's Advisory Board members. (b) Board members receive copies of all applications for their individual review (c) a Board meeting is scheduled to present SOA recommendations to the Board and give the applicant an opportunity to present their application to the Board and SOA staff, and answer any questions regarding their program. (d) the Board recommends approval or disapproval of the application and the level of funding for the program.

If there are differences between the recommendaton of the Board and the Office, every attempt is made to resolve those differences and arrive at a unified recommendation at that meeting. At no time does the Office disregard or ignore the Board's recommendations, and no one from the Office has ever advised Ms. Nugent or any other applicant or grantee that the "Office of Alcoholism will place monies where they please." In the event a unified recommendation could not be achieved, the matter would then be brought to my attention for a further attempt to reach a resolution, however, in the end, the final decision would be made by myself as Commissioner, in line with the statute authority granted to the Department under AS 47.30.477 and Title 7, Chapter 28, Section 10.030 of the Administrative Code.

We hope this will clarify any questions you may have concerning Studio Club or the Office of Alcoholism. If you have any questions, please contact me at your convenience. Thanks very much for your interest in this matter.

Sincerely yours,

Lois M. Lund

for Francis S.L. Williamson
Commissioner

Enclosures

cc: All Legislators

HB
343

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. House Bill 343
Title An Act Relating to Post Retirement Pension Adjustments for Teachers
Requested by Representative Miller Date 3/29/77

II. FISCAL DETAIL
Agency Affected Administration--Division of Retirement and Benefits
Program Category Affected Education and General Government
Budget Request Unit(s) Affected DOE, U of A, TRS Match,

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	5.0	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.	0	4258.6	4769.6	INCREASE ABOUT 12% PER YEAR		
100 BENEFITS (DOE, U of A)	0	827.8	927.1	INCREASE ABOUT 12% PER YEAR		
TOTAL		5091.4	5696.7			

FUNDING (Thousands of Dollars)

GENERAL FUND	0	5086.4	5696.7	INCREASE ABOUT 12% PER YEAR		
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0	0
TRS	0	5.0	0	0	0	0

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

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

1. Estimated covered payroll for FY78 is $214,000,000.
2. Contribution rate for State (including TRS match) will increase by 3.98% of covered payroll.
3. Payroll estimated to increase about 12% per year.
4. See attachment for cost analysis.

IV. DATE March 28, 1977 PREPARED BY Robert A. Sivertsen
AGENCY Division of Retirement and Benefits
PHONE 465-4460

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

33-001 (Rev. 10/76)

ATTACHMENT

Bill/Resolution No. HB 343

ASSUMPTIONS:

1. Estimated FY78 Payroll (Total System) = $214,000,000
2. State Contribution Rate to Fund Bill = 1.99%
3. State TRS Matching Rate to Fund Bill = 1.99%
4. School District Rate to Fund Bill = 1.99%

COST ANALYSIS:

	Employer	Payroll	Rate	Cost	Appropriation
1.	Department of Education	$ 3,600,000	X 1.99%	$ 71,640	To Their Budget
2.	University of Alaska	$ 38,000,000	X 1.99%	$ 756,200	To Their Budget
3.	State TRS Matching	$214,000,000	X 1.99%	$4,258,600	To TRS Match
4.	State TRS Regular Budget				
	Personnal Services			$ 0	To Personal Services
	Travel			$ 0	To Travel
	Contractual			$ 5,000	To Contractual
	Equipment			$ 0	To Equipment
	TOTAL COST TO STATE			$5,091,440	
5.	All School Districts	$172,400,000	X 1.99%	$3,430,760	
	TOTAL COST TO SYSTEM			$8,522,200	

REMARKS:

Estimated costs for data processing system modifications are $5,000. This would be a one time only expenditure.

HB
344

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY

M E M O R A N D U M March 8, 1977

SUBJECT: Confirmation of University of Alaska President (Work Order #3480)

TO: Representative Hugh Malone
Speaker of the House

Representative Steve Cowper

FROM: Richard A. Bradley
Legislative Counsel

You have requested a bill requiring legislative confirmation of the president of the University of Alaska. Under the constitution (art. VII, §3), the president is appointed "in accordance with law" by the board of regents. Unless unusual legal problems exist, a simple change in the law at AS 14.40.170(a)(1) will accomplish your request. You also requested a memorandum of law on the points raised.

In our view, the bill you propose raises questions in two areas:

(1) Whether the mandate to the board of regents to "appoint the president of the university" "in accordance with law" allows the legislature to require confirmation of the president.

(2) Whether the legislative confirmation case, Bradner v. Hammond, 553 P.2d 1 (Alaska 1976) has any implications for this situation.

The first question involves the construction of art. VII, §3 of the constitution. The section provides:

> The University of Alaska shall be governed by a board of regents. The regents shall be appointed by the governor, subject to confirmation by a majority of the members of the legislature in joint session. The board shall, in accordance with law, formulate policy and appoint the president of the university. He shall be the executive officer of the board. [Emphasis added]

The constitution explicitly requires confirmation of the regents; the president is appointed by the regents "in accordance with law." This language gives the legislature the authority to establish standards or procedures which the regents must comply with or follow in appointing the president; in my opinion, it authorizes the legislature to require, by law, a legislative confirmation of the appointment of the president by the board.

The legislature has apparently not sought to establish by law any procedures or conditions for the board to follow or to meet in its appointment of the president. Review of AS 14.40.120-14.40.270, an article entitled "Board of Regents and President" indicates that the board presently exercises full and unconditioned discretion in its responsibility for the appointment of the president. The only statutory provision on this subject restates the constitutional grant of authority:

> The Board of Regents shall: (1) appoint the president of the university by a majority vote of the whole board,... [AS 14.40.170(a)].

It is clear that the legislature could establish qualifications which the board would have to follow in making the appointment. It may constitutionally require that the president have certain academic degrees, that the president have certain experience, that the recruitment of the president be carried out in a specified fashion, or that the president meet other statutory qualifications it sets. It is also my opinion that the legislature can establish a requirement that the appointment by the board be subject to legislative confirmation.

A grant of authority from a state constitution to a legislature for its implementation or execution of a program required in general terms by the constitution typically occurs by the use of the phrase "in accordance with law" or "by law." See, e. g., art. II, §4: A vacancy in the legislature shall be filled...as provided by law" and art. IV, §1: The jurisdiction of courts shall be established by law." When the constitution gave the board of regents the authority to appoint the president of the university "in accordance with law," the writers of the constitution intended that the legislature set the conditions and qualifications of the president. That he be confirmed by the legislature is an appropriate condition established by the legislature "in accordance with law."

Accordingly, I believe that the constitution of the State of Alaska authorizes the legislature to require the appointment of the president by the board of regents be subject to legislative confirmation.

The remaining question is whether Bradner v. Hammond, supra, poses any difficulties for legislative confirmation of the president of the university. In my judgment, the law of that case poses no difficulty for a law requiring legislative confirmation.

The first and perhaps the most direct reason is that the litigation known as Bradner v. Hammond undoubtedly would not have occurred if the provisions in art. III of the constitution dealing with executive appointments had had language stating that appointments of executive officers should be made "in accordance with law." The significant legal fact arising out of the process of executive appointments in the principal departments [except for the department's "head"] is that the constitution is silent; in such a case, the supreme court in Bradner was forced to determine "the maximum parameters of the delegation of executive appointive authority through the legislative confirmation function" [Bradner, supra, at 7]. The court concluded that the legislative confirmation function "will not be inferred in the absense of an express constitutional provision," [Bradner, supra, at 7]. In my judgment, a provision providing that "deputy commissioners and the directors of the divisions in the principal executive departments will be appointed in accordance with law" would have reversed the supreme court's opinion.

Additional reasons why Bradner is not apropos to this situation may be stated. Chapter 82 SLA 1975, the law challenged by the governor in Bradner, was concerned only with appointments to the principal executive departments. Whatever the university's legal status* it seems clear beyond doubt that the university is not a principal executive department nor is it a "regulatory or quasi-judicial agency" [art. III, §26]. The appointment of the president is not prerogative of the governor under art. III but the responsibility of the board of regents, "in accordance with law," under art. VII.

I am of the opinion that there are no constitutional provisions limiting the legislature in the exercise of its discretion to require legislative confirmation of the appointment of the president of the university. Accordingly, attached you will find a bill responsive to your request.

RAB:smh

*Art. VII, §§ 2 and 3, Alaska Constitution and see University of Alaska v. National Aircraft Leasing Ltd., 536 P.2d 121 (Alaska 1975); see also Billy G. Berrier's opinion of March 1, 1977 to Chairman Sackett of the Senate Finance Committee on that question.

HB 344 60

MINUTES OF HOUSE HESS COMMITTEE

April 4, 1977

The meeting was called to order by Chairman Parr at 3:05 p.m. Members present: Parr, Nakak, Chatterton, Ose and Phillips with Dr. Beirne and Mr. Cotten coming in later.

Absent: Bennett & Buchholdt

Committee Substitute for HB 205 was passed around for signature.

Bills before the committee today were: HCR 36, HB 360, HB 361, HB 362, BH 363 and HB 344. Chairman Parr announced that Mr. Larry Peska from Legislative Audit was present to answer any questions. Mr. Parr also announced that there were two Committee Substitutes before the committee, one that he had made up and one that Representative Miles had prepared, both regarding HB 361.

Both Committee Substitutes were gone over Section by Section and discussed. There was discussion by the members and those present as to how the federal monies for the University are presently handled. Mr. Parr felt there would be a lot of grant money the University would lose if it was run through the State. Mr. Peska stated most of the grants are being passed through the State now. Mr. Chatterton stated there were a lot of grants that were not federal and said some of the corporations etc. that make grants to the University now would not be so eager to make them to the State.

There was discussion as to the transfer of funds within the University now.

With reference to bringing the University under the State accounting guidelines, there was much discussion as to whether the word "Shall" should be used or "may". It was the feeling that the Commissioner of Administration should not run or manage the university, just maintain the accounting procedure.

HB 361 Action

With reference to HB 361,Mr. Ose moved that line 24 be amended to read after the word "Alaska' insert "and"and change the word "setting" to "set." There being no objection the motion carried.

HB 361 Action — Mr. Parr moved on line 27 to delete the word " "comptroller" and insert "Board of Regents". There being no objection the motion carried.

HB 361 Action — Mr. Chatter moved to adopt Mr. Miles Section 7 of his committee substitute in place of Mr. Parr's. There being no objection the motion carried.

HB 361 Action — Mr. Chatterton moved to pass out HB 361 as a committee substitute as amended. There being no objection, the motion carried.

HB 362 Action — Mr. Parr asked the committee' pleasure of HB 362. Mr. Ose moved to pass it out of committee. There being no objection the motion carried.

HCR 36 ACtion — Mr. Parr asked the committee's pleasure on HCR 36. Mr. Chatterton moved to table the bill. There being no objection, the bill was tabled.

HB 344 Action — Mr. Parr asked the committee's pleasure on HB 344. Mr. Chatterton moved that it be passed out with indidividual recommendations. After discussion Mr. Chatterton withdrew his motion and offered a motion to table the bill. Mr. Phillips objected. After discussion on the bill, a vote was taken and the motion to table the bill passed.

HB 360 Action — The next bills before the committee were HB 360 and HB 363. With reference to HB 360, Dr. Beirne said he was not sold on a manager team. Mr. Phillips spoke in favor of it . Mr. Chatterton then moved to table HB 360 and 363. Dr. Beirne seconded the motion. After discussion on the motion, Mr. Chatterton eliminated HB 363 from his motion. The motion to table HB 360 carried.

HB 363 Action — The next bill before the committee was HB 363. Mr. Ose moved to pass the bill out. There being no objection, the motion carried.

Mr. Parr announced to the Committee that a piece of legislation has been introduced by Lisa Rudd asking the Regents not to rehire Hiatt. He said he had heard by the grapevine that they weren't going to keep him on anyway but just wanted to alert the committee that there was the possibility of another bill regarding the University coming before the Committee.

Mr. Parr then passed a breakdown by district on a fiscal note to the committee regarding HB 212 which will be before them at the meeting tomorrow and asked the committee to look it over before the next meeting.

The meeting adjourned at 4:40 p.m.

HB
360

University of Alaska

Office of the President

Special Report to the Legislature of the State of Alaska

The appointment of a three-member management team to help rebuild the internal management systems of the University of Alaska was announced today by President Charles O. Ferguson.

The team will "assemble in Fairbanks next Wednesday and immediately get down to work," Ferguson said.

Two of the team members are Dr. Armen Sarafian, president of La Verne College in California, and Leonard Prose of New York, a partner in the national and international accounting firm of Main Lafrentz & Co.

Several persons are under consideration for the third position on the team and Ferguson said he expects to make the final appointment by next Wednesday.

The university president said he was guided by recommendations of the university's Board of Regents, legislators and the state administration in arriving at the team concept and in his selection of team members.

The team's role, he said, will be to evaluate and monitor the university's management systems and make reports and recommendations to the regents on needed improvements in the design and operation of these systems working with and through the president.

"Situations may arise," he said, "wherein it will be necessary for the management team to have direct access to the Board of Regents."

With Prose will come a task force from Main Lafrentz which will concentrate its efforts on the university's financial systems, Ferguson said. Other consultants may be retained by the management team to look at such areas as grants and contracts and budget development and reporting, he added.

The financial details of employing the management team are now being worked out and will be submitted to the regents for final approval, Ferguson said.

The State Department of Administration is now developing new accounting and policy guidelines under which the university will operate and the university will work with the department to implement these guidelines, the president said.

Prose, director of management services for Main Lafrentz's eastern region, is in charge of computer operations in the New York office and in this capacity supervises

- over -

a staff of systems analysts and programmers performing consulting and auditing services for clients and operating an in-house computer.

Recently Prose has directed the design and implementation of a computer system for Colgate University and a computer auditing system for U.S. Navy food services. He has also directed a survey of the State of Vermont's management procedures and the design of a computer system for registration of students and grade processing at New York's College of Insurance.

Sarafian, president of La Verne College for just over a year, was brought in by the institution's board of trustees to deal with an internal financial crisis, said Ferguson. The college had a slumping enrollment and faced a $1 million budget deficit. This year the college had a 36 per cent enrollment increase and will enjoy a budget surplus, he said.

In addition to serving as La Verne president, Sarafian is adjunct professor at the University of Southern California where he teaches higher education management and administration, curriculum development and instruction. He also serves on the State of California's Community College Finance Committee and is a former member of a select committee charged with developing a master plan for higher education in California.

-30-

3/16/77/2

MEMORANDUM OF AGREEMENT
BETWEEN
THE UNIVERSITY OF ALASKA BOARD OF REGENTS
AND
THE ALASKA STATE LEGISLATURE

I. Fiscal Management Team.

The Management Team will consist of three full-time individuals working within the University administration as full-time fiscal managers. Two of the three members shall be Alaskans. The individuals selected shall have qualifications in mamagement and finance, shall be outside the University structure, and shall have demonstrated competence in the organization and management of large organizations. The Management Team will be chosen by the Board of Regents. The Legislature as a body, or through delegation to the Legislative Budget and Audit Committee, shall approve the Regents' selections. The Management Team will be a temporary operation to assist the University of Alaska correct its financial management problems, and will terminate on June 30, 1978.

The Management Team shall have four functions: to study, identify, recommend, and implement needed changes in the administration of the University of Alaska. Areas of concern that shall be considered include management procedures, staffing personnel of the central administration, FY 78 and FY 79 budget documentation, fiscal administration, business practices, and physical plant management.

The Management Team shall report, in writing, directly to the Board of Regents and shall send copies of all recommendations in writing to the Legislature and the President, or Acting President, of the University. The Management Team will work withing the administration of the University of Alaska to implement those recommendations adopted by the Board of Regents.

II. University of Alaska.

The Board of REgents will have the sole authority to decide which recommendations shall be implemented and to direct the implementation of those recommendations subject to spending approval by the Legislative Budget and Audit Committee. The Board of Regents shall meet monthly while the Management Team is in existence to consider its studies and recommendations. The Regents must act on each recommendation presented by the Management Team. The Board of Regents shall file a monthly report to the Legislature with copies to the Management Team and the President of the University on the status of all recommendations. This monthly report shall delineate what action has been taken on each recommendation and the reasons for that action. If no action is taken on a recommendation the reasons shall be stated. A cumulative status of the implementation of all recommendations shall also be contained in each monthly report.

III. The Legislature.

The Legislature shall have the responsibility of providing adequate appropriations to fund the operations of the University of Alaska, the Management Team, and the Board of Regents. The Legislature shall implement necessary remedial legislation to improve the University of Alaska system.

In conformity with the proposed legislative intent of the House Finance Committee for the FY 78 budget, the Legislative Budget and Audit Committee shall monitor the recommendations of the Management Team, the Board of Regents' monthly status report on recommendations, the implementation of those recommendations for which funding has been approved, and the monthly financial status reports of the University. Based on the FY 78 budget documentation provided by the Management Team and the Board of Regents, the Legislative Budget and Audit Committee shall approve a base-line for the preparation of the University's FY 79 budget request.

March 30, 1977

Dr. Hugh Fate, President
Board of Regents
University of Alaska

Dear Dr. Fate:

This letter is meant to serve as a memorandum of understanding between the Legislature and the Board of Regents as to the methods by which the Regents undertake to resolve the management crisis at the University of Alaska.

While President Ferguson is a capable person, he cannot do this job alone. The Regents will therefore retain temporary specialists to find out what steps must be taken, and in appropriate cases to see that these recommendations are in fact adopted within the University system. All these specialists will be hired by the Regents, and will be answerable only to the Regents, although it is understood that they will necessarily have to work with the President.

The specialists will make their recommendations directly to the Regents, with copies to the Legislative Budget and Audit Committee. Recommendations shall be made on at least a monthly basis, and the Board shall act on each recommendation within 30 days of receipt. Contracts for the specialists may be signed by the University, but funding will be available only upon approval by the Committee. The Regents should bear in mind that "consultants" often have no stake in achieving the objective and that implementation is probably more important in this instance than recommendations.

Representatives of the Budget and Audit Committee, including members, staff, and contractual employees, shall have direct access to any information related to the management of the University and shall have the right to interview and examine the records of any employee of the University. The Legislative Auditor shall have the same right of access as exists with respect to every other State agency.

The Board of Regents will have the sole authority to decide which recommendations are to be implemented, and to direct the implementation subject to funding by the Legislative Budget and Audit Committee. All policy disagreements between the President and any specialists shall be reported to the Regents for resolution, and the Budget and Audit Committee (or its authorized representative) shall be notified of any such disagreements.

The Regents will file a monthly report, preferably approximately ten days before the monthly meeting of the Budget and Audit Committee, with the Chairman of that Committee or

his designate. The Budget and Audit Committee will notify the Board of Regents from time to time as to what information must be contained in the report.

The Regents shall designate the Chairman of the Regents' Finance Committee to oversee the implementation of the recommendations approved by the Board.

The Legislature in the meantime is considering certain legislation relating to the management of the University of Alaska, including (but not limited to) requiring the Regents to retain a Comptroller directly under their jurisdiction, placing the University under the Executive Budget Act and the Fiscal Procedures Act, and requiring the University to conform its payroll and accounting systems to those of the State of Alaska.

If these conditions are in accordance with the Board's understanding, please sign this letter in the bottom left-hand corner and return it to me. We believe the Board and the Legislature will be able to work closely together in this effort, and we look forward to the task.

Very truly yours,

Agreed:

John Rader
President of the Senate

Dr. Hugh Fate, President
Board of Regents
University of Alaska

Hugh Malone
Speaker of the House

Edward Rasmuson
Chairman, Finance Committee
Board of Regents

George Hohman, Chairman
Budget & Audit Committee

John Sackett, Chairman
Senate Finance Committee

Steve Cowper, Chairman
House Finance Committee

the governor shall issue a proclamation of reapportionment and redistricting. An accompanying statement shall explain any change from the plan of the board. The reapportionment and redistricting shall be effective for the election of members of the legislature until after the official reporting of the next decennial census.

Enforcement

SECTION 11. Any qualified voter may apply to the superior court to compel the governor, by mandamus or otherwise, to perform his reapportionment duties or to correct any error in redistricting or reapportionment. Application to compel the governor to perform his reapportionment duties must be filed within thirty days of the expiration of either of the two ninety-day periods specified in this article. Application to compel correction of any error in redistricting or reapportionment must be filed within thirty days following the proclamation. Original jurisdiction in these matters is hereby vested in the superior court. On appeal, the cause shall be reviewed by the supreme court upon the law and the facts.

ARTICLE VII

HEALTH, EDUCATION, AND WELFARE

Public Education

SECTION 1. The legislature shall by general law establish and maintain a system of public schools open to all children of the State, and may provide for other public educational institutions. Schools and institutions so established shall be free from sectarian control. No money shall be paid from public funds for the direct benefit of any religious or other private educational institution.

State University

SECTION 2. The University of Alaska is hereby established as the state university and constituted a

body corporate. It shall have title to all real and personal property now or hereafter set aside for or conveyed to it. Its property shall be administered and disposed of according to law.

Board of Regents

SECTION 3. The University of Alaska shall be governed by a board of regents. The regents shall be appointed by the governor, subject to confirmation by a majority of the members of the legislature in joint session. The board shall, in accordance with law, formulate policy and appoint the president of the university. He shall be the executive officer of the board.

Public Health

SECTION 4. The legislature shall provide for the promotion and protection of public health.

Public Welfare

SECTION 5. The legislature shall provide for public welfare.

ARTICLE VIII

NATURAL RESOURCES

Statement of Policy

SECTION 1. It is the policy of the State to encourage the settlement of its land and the development of its resources by making them available for maximum use consistent with the public interest.

General Authority

SECTION 2. The legislature shall provide for the utilization, development, and conservation of all natural resources belonging to the State, including land and waters, for the maximum benefit of its people.

Common Use

SECTION 3. Wherever occurring in the natural state, fish, wildlife, and waters are reserved to the people for common use.

Sustained Yield

SECTION 4. Fish, forests, wildlife, grasslands, and all other replenishable resources belonging to

Sec. 14.40.290. Property and funds generally. (a) The University of Alaska shall hold all property acquired by it. The Department of Administration, upon requisitions by the Board of Regents signed by its president and secretary, shall pay to the treasurer of the Board of Regents all federal land grant college funds coming into the possession of the Department of Administration and subject to requisition by the Board of Regents and shall disburse federal funds in aid of land grant colleges in accordance with the federal statute providing for disbursement.

(b) All funds appropriated by the legislature for the building, conduct, maintenance and support of the University of Alaska shall, on requisition by the Board of Regents signed by its president and secretary, be paid by the Department of Administration to the treasurer of the Board of Regents. The treasurer of the Board of Regents shall disburse these funds on properly drawn vouchers signed by its president and secretary, or by such other administrative officer as the Board of Regents delegates to perform these services. (Sec. 37-10-4 (a)--(c) ACLA 1949; (c) repealed Sec. 1 ch 38 SLA 1968)

Sec. 14.40.295. Working capital reserve fund. (a) There is established in the treasury of the University of Alaska the University of Alaska working capital reserve fund. The fund consists of money appropriated by the legislature for the purpose of providing current working capital for the University of Alaska and is not available for appropriation by the Board of Regents.

(b) A quarterly report of all activity of the working capital reserve fund shall be submitted to the Legislative Budget and Audit Committee. (Sec. 1 ch 50 SLA 1973)

Sec. 14.40.300. Creation and appointment of comptroller. The Board of Regents may create the office of comptroller of the university, fix the salary and determine the duties of the office. The Board of Regents may fill the office. (Sec. 37-10-4- (d) ACLA 1949)

Sec. 14.40.310. Fiscal year. The fiscal year of the University of Alaska begins on July 1 and closes at midnight on the following June 30. (Sec. 37-10-4 (e) ACLA 1949; am Sec. 3 art VI ch 82 SLA 1955)

Sec. 14.40.320. Requisitions on funds. Requisitions on federal funds and state appropriations shall be based upon estimates of the amounts required quarterly. (Sec. 37-10-4 (f) ACLA 1949)

Sec. 14.40.330. Inventory of property. The Board of Regents shall maintain or cause to be maintained a perpetual inventory of all permanent property of the university. (Sec. 37-10-4 (g) ACLA 1949; repealed and reenacted Sec. 2 ch 38 SLA 1968)

Sec. 14.40.340. Applicability of bid practices to University of Alaska. The competitive bid practices set forth in AS 37.05.230 apply to the University of Alaska, except that the provisions of that act do not apply in those cases where the work is to be performed substantially by students enrolled in the university. Where the term "purchasing agent" is used in AS 37.05, it means the comptroller of the university. (Sec. 1 ch 86 SLA 1957)

Sec. 14.40.350. Board of Regents authorized to lease lands. The Board of Regents may execute leases for mining, agriculture, or other purposes to the lands granted for the benefit of an agricultural college and school of mines for Alaska by the Act of Congress approved March 4, 1915, for such time and at such rent or royalty as may seem just and as provided by law. (Sec. 37-10-11 ACLA 1949)

Sec. 14.40.360. Board of Regents authorized to select and to sell or lease lands granted by Act of Congress. The Board of Regents may select the lands granted to Alaska by the Act of Congress approved January 21, 1929, and may sell or lease them and deposit the proceeds in the state treasury in conformity with that Act. (Sec. 37-10-13 ACLA 1949)

Sec. 14.40.370. Books of account and statement of trust funds. The Board of Regents shall have suitable books of account kept in which there shall be recorded each gift, the essential facts of the management of the gift, and the expenditure of the income. A statement of all trust funds shall be included in the annual report to the governor. (Sec. 37-10-22 ACLA 1949)

HB 360

MINUTES OF HOUSE HESS COMMITTEE

April 4, 1977

The meeting was called to order by Chairman Parr at 3:05 p.m. Members present: Parr, Nakak, Chatterton, Ose and Phillips with Dr. Beirne and Mr. Cotten coming in later.

Absent: Bennett & Buchholdt

Committee Substitute for HB 205 was passed around for signature.

Bills before the committee today were: HB 36, HB 360, HB 361, HB 362, BH 363 and HB 344. Chairman Parr announced that Mr. Larry Peska from Legislative Audit was present to answer any questions. Mr. Parr also announced that there were two Committee Substitutes before the committee, one that he had made up and one that Representative Miles had prepared, both regarding HB 361.

Both Committee Substitutes were gone over Section by Section and discussed. There was discussion by the members and those present as to how the federal monies for the University are presently handled. Mr. Parr felt there would be a lot of grant money the University would lose if it was run thrcugh the State. Mr. Peska stated most of the grants are being passed through the State now. Mr. Chatterton stated there were a lot of grants that were not federal and said some of the corporations etc. that make grants to the University now would not be so eager to make them to the State.

There was discussion as to the transfer of funds within the University now.

With reference to bringing the University under the State accounting guidelines, there was much discussion as to whether the word "Shall" should be used or "may". It was the feeling that the Commissioner of Administration should not run or manage the university, just maintain the accounting procedure.

HB 361 Action

With reference to HB 361,Mr. Ose moved that line 24 be amended to read after the word "Alaska' insert "and"and change the word "setting" to "set." There being no objection the motion carried.

HB 361 Action — Mr. Parr moved on line 27 to delete the word " "comptroller" and insert "Board of Regents". There being no objection the motion carried.

HB 361 Action — Mr. Chatter moved to adopt Mr. Miles Section 7 of his committee substitute in place of Mr. Parr's. There being no objection the motion carried.

HB 361 Action — Mr. Chatterton moved to pass out HB 361 as a committee substitute as amended. There being no objection, the motion carried.

HB 362 Action — Mr. Parr asked the committee' pleasure of HB 362. Mr. Ose moved to pass it out of committee. There being no objection the motion carried.

HCR 36 ACtion — Mr. Parr asked the committee's pleasure on HCR 36. Mr. Chatterton moved to table the bill. There being no objection, the bill was tabled.

HB 344 Action — Mr. Parr asked the committee's pleasure on HB 344. Mr. Chatterton moved that it be passed out with indidividual recommendations. After discussion Mr. Chatterton withdrew his motion and offered a motion to table the bill. Mr. Phillips objected. After discussion on the bill, a vote was taken and the motion to table the bill passed.

HB 360 Action — The next bills before the committee were HB 360 and HB 363. With reference to HB 360, Dr. Beirne said he was not sold on a manager team. Mr. Phillips spoke in favor of it . Mr. Chatterton then moved to table HB 360 and 363. Dr. Beirne seconded the motion. After discussion on the motion, Mr. Chatterton eliminated HB 363 from his motion. The motion to table HB 360 carried.

HB 363 Action — The next bill before the committee was HB 363. Mr. Ose moved to pass the bill out. There being no objection, the motion carried.

Mr. Parr announced to the Committee that a piece of legislation has been introduced by Lisa Rudd asking the Regents not to rehire Hiatt. He said he had heard by the grapevine that they weren't going to keep him on anyway but just wanted to alert the committee that there was the possibility of another bill regarding the University coming before the Committee.

Mr. Parr then passed a breakdown by district on a fiscal note to the committee regarding HB 212 which will be before them at the meeting tomorrow and asked the committee to look it over before the next meeting.

The meeting adjourned at 4:40 p.m.

HB
3801

33 yeas
1 nay (Kelly)
6 excused

Original sponsors: Buchholdt and Ose

Offered: 3/31/77
Referred: Finance

IN THE HOUSE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

CS FOR HOUSE BILL NO. 381

IN THE LEGISLATURE OF THE STATE OF ALASKA

TENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act making a special appropriation to the Department of Education, division of libraries and museums, to provide grant funds for the construction of comfort station facilities at the Colony Village Museum and Tourist Center and the agricultural museum at the Tanana Valley Fairgrounds; and providing for an effective date."

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

* Section 1. The sum of $46,000 is appropriated from the general fund to the Department of Education, division of libraries and museums, to be available for a capital improvement grant for construction of a comfort station for women and children at the Colony Village Museum and Tourist Center located at mile 40, Glenn Highway and owned and operated by the Alaska State Fair Historical, Educational and Arts Foundation, Inc., a nonprofit corporation.

* Sec. 2. The sum of $45,000 is appropriated from the general fund to the Department of Education, division of libraries and museums, to be available for a capital improvement grant for the construction or improvement of comfort station facilities serving the agricultural museum operated by the Tanana Valley Fair Association and located on the Tanana Valley Fairgrounds.

* Sec. 3. The unexpended and unobligated portion of this appropriation lapses into the general fund June 30, 1978.

* Sec. 4. This Act takes effect July 1, 1977.

THE FOLLOWING FIGURES WERE OBTAINED FROM THE OFFICE OF THE STATE FAIR

Palmer, Alaska Population; 1,643 Telephone 745-4827

State Fair Daily Attendance - 1975

August 22, through Sept. 1

Aug. 22, Friday	8,752
Aug. 23, Saturday	24,533
Aug. 24, Sunday	28,725
Aug. 25, Monday	7,644
Aug. 26, Tuesday	5,817
Aug. 27, Wednesday	6,480
Aug. 28, Thursday	8,342
Aug. 29, Friday	8,594
Aug. 30, Saturday	15,049
Aug. 31, Sunday	12,919
Sept. 1.	11,300

Total: 137,155

State Fair Daily Atendance - 1976

August 27, through Sept. 6

Aug. 27, Friday	9,480
Aug. 28, Saturday	26,233
Aug, 29, Sunday	28,124
Aug, 30, Monday	9,830
Aug, 31, Tuesday	5,294
Sept. 1, Wednesday	6,333
Sept. 2, Thursday	8,234
Sept. 3, Friday	9,322
Sept. 4, Saturday	16,149
Sept. 6, Monday	11,081

Total: 147,323

REFERENCE THELMA BUCHHOLDT'S SPECIAL APPROPRIATION BILL REGARDING ALASKA STATE FAIR HISTORICAL, EDUCATIONAL AND ARTS FOUNDATION, INC.,

COST TO CONSTRUCT COMFORT STATION FOR WOMEN AND CHILDREN. THE STRUCTURE TO CONFORM TO THE REQUIREMENTS OF THE UNIFORM BUILDING CODE, UNIFORM PLUMBING CODE, NATIONAL ELECTRIC CODE, AND AMERICAN NATIONAL STANDARD FOR THE HANDICAPPED, AND THE ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES IS DLRS45,356.

THIS INCLUDES 10 TOILETS AND 5 WASH BASINS.

COST BREAK OUT:

ALUMINUM ROOF	2,436.
CONCRETE MASONRY UNITS	12,600.
TOILET PARTITIONS	2,200.
CONCRETE AND EXCVATION	6,200.
3 HOLLOW METAL DOORS/FRAMES	1,200.
SHEETROCK	700.
TOILET FIXTURES	2,700.
ROUGH PLUMBING	5,000.
SANITARY DISPOSAL DEPTIC	5,000.
PAINT INTERIOR AND EXT R	4,000.
VANITY	1,000.
RUBBER BASE	250.
ROOF SHEATHING	900.
TRUSSES	330.
TOTAL	43,656.
ARCHITECTURAL FEE	2,250.
GRAND TOTAL	45,356.

THIS STRUCTURE TO SERVICE COLONY VILLAGE, MUSEUM, AND TOURIST CENTER LOCATED AT MILE 43 ON THE GLENN HIGHWAY AND INCLUDING THE OLD ST. JOHNS LUTHERAN CHURCH, THE WINCH COLONY BARN, THE LIEBIG COLONY FARM HOUSE, THE WHITNEY SECTION HOUSE AND THE COLONY VILLAGE SQUARE WITH BICENTENNIAL FLAG POLES.

EXISTING FACILITIES SUB-STANDARD AND INADEQUATE FOR WOMEN AND CHILDREN. MALE FACILITIES ARE ADEQUATE FOR THE PRESENT.

CONTACT ARCHITECT, BILL KIM, ANCHORAGE, PHONE 276-1935 FOR FURTHER DETAILS.

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Sept. 4, Saturday	16,149
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Total: 147,323

March 24th

Alephe:

Please get these information in support of the restroom bill:
Call John Hale in Palmer: 745-3510

1) Population of Palmer:

2) State Fair attendance last year: 1976
   a) Daily attendance:
      1st Day
      2nd Day
      3rd Day

Marsha Melton 745-4827 11⁰⁰

↓

etc. to last day

obtain the figures on a daily attendance basis, if available.

3) For growth comparison, ask for attendance data in 1975... get daily attendance breakdown as well.

My bill is being considered in HESS this p.m. so it's important that we have the answers before 3.

Thanks.

Thelma

Copy

FROM THE OFFICE OF THE STATE FAIR - PALMER:

745-4827

State Fair Attendance - 1975		State Fair Attendance - 76	
August 22, through Sept. 1		August 27, through Sept.6	
1.	8,752	1.	9,480
2.	24,533	2.	26,233
3.	28,725	3.	28,124
4.	7,644	4.	9,830
5.	5,817	5.	5,294
6.	6,480	6.	6,333
7.	8,342	7.	8,234
8.	3,594	8.	9,322
9.	15,049	9.	16,149
10.	12,919	10.	17,243
11.	10,300	11.	11,081
TOTAL:	137,155	Total:	147,323

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6440
JUNEAU, ALASKA 99801

#

1977 MAR 16 PM 8 41

02133 NL TDA PALME AK 201 03-16 539P AST

PMS JIM BALDWIN LEGISLATIVE AFFAIRS 465-4627

1698

STATE CAPITOL

JUNEAU AK 99811

REFERENCE THELMA BUCKHOLDT'S SPECIAL APPROPRIATION BILL REGARDING ALASKA STATE FAIR HISTORICAL, EDUCATIONAL AND ARTS FOUNDATION, INC.,

COST TO CONSTRUCT COMFORT STATION FOR WOMEN AND CHILDREN. THE STRUCTURE TO CONFORM TO THE REQUIREMENTS OF THE UNIFORM BUILDING CODE, UNIFORM PLUMBING CODE, NATIONAL ELECTRIC CODE, AND AMERICAN NATIONAL STANDARD FOR THE HANDICAPPED, AND THE ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES IS DLRS45,366.

THIS INCLUDES 10 TOILETS AND 5 WASH BASINS.

COST BREAK OUT:

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3 HOLLOW METAL DOORS/FRAMES	1,200.
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CONTACT ARCHITECT, BILL KIM, ANCHORAGE, PHONE 276-1936 FOR FURTHER DETAILS.

JOHN HALE MANAGER

ALASKA STATE FAIR

HB
409
File No. 1

WORK ORDER REQUEST FORM

KEYWORDS: Health--catastrophic ASSIGNED TO Haley

REQUEST FOR: BILL ☐ RESOLUTION ☐ RESEARCH ☒ OTHER ☐

SUBJECT Catastrophic Illness

REQUESTED FOR Rep. Buchholdt BY Hubbard/Buchholdt EXT. _____

* DELIVER TO _____ TAKEN BY Haley

INSTRUCTIONS, EXPLANATIONS Identify gaps in catastrophic coverage. Estimate cost impact of various alternatives expanding the catastrophic illness committee's mandated coverage. Present alternatives to Rep. Buchholdt. Prepare written definition of the chosen target groups for amendment to HB 400.

OBTAIN

SPECIAL DRAFTING INSTRUCTIONS ATTACHED ☐

AUTHORIZED TO CONFER WITH Health & Social Services

RETURN _____ TO REQUESTER

APPROVED: ORT Director, Legal Services

_____ Director, Research

REVIEWED _____

IN 2/10/78 DUE _____

TYPED - Draft _____ DATE _____

Final _____ DATE _____

PROOFED _____ DELIVERED _____

SPECIAL INSTRUCTIONS TO TYPIST/PROOFREADER

DRAFT ☐ FINAL ☐

LA-L 10

The Legislature of the State of Alaska
FISCAL NOTE

First Session - Tenth Legislature

I. REQUEST
Bill No. CS for HB 409 (Finance)
Title: Catastrophic Illness
Requested by: [illegible] Date: [illegible]
Return Date Requested: ASAP
Agency: Department of Health & Social Services Program: Health

II. FISCAL DETAIL
Budget Request Unit(s) Affected: General Relief Medical
A. EXPENDITURES: (Thousands of dollars)

	OBJECT	FY 77	FY 78	FY 79	FY 80	FY 81	FY 8
100	PERSONAL SERVICES		20.0	21.0	22.0	23.1	24.
200	TRAVEL		4.0	4.2	4.4	4.6	4
300	CONTRACTUAL		2.0	2.1	2.2	2.3	2
400	COMMODITIES		1.0	1.0	1.1	1.2	1
500	EQUIPMENT		3.0	.5	.5	.5	
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.						
	TOTAL		30.0	28.8	30.2	31.7	33.

B. FUNDING: (Thousands of dollars)

GENERAL FUND		30.0	28.8	30.2	31.7	33.
FEDERAL FUNDS						
OTHER						

C. POSITIONS:

PERMANENT/TEMPORARY	/	2/	2/	2/	2/	2/
MAN MONTHS (P./T.)	/	6/	6/	6/	6/	6/

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

A two person part time staff to handle the administrative and clerical supporting function to the claims review committee would involve an Administrative Assistant III (part time) and a Clerk Typist III (part time). Offices would be located in Juneau.

No provision has been made in the above for claims. This is normally included in the Governor's requested budget. The Request for FY 78 is $450,000.

An inflation figure of 5% annually was utilized in computation of future fiscal years.

IV. ATTACHMENTS

V. DATE: 5/20/77 PREPARED BY: Don Kemp

Don Kemp, Acting Director
Division of Public Assistance

Original: Legislative Finance
Budget and Management

ISSUES: Housing,employment, the handicapped, daycare, minority business, Landlord-tenant mediation, utility "phantom" taxes, credit, property taxes, oil taxes.

HOUSING ISSUES

Redlining.

The issue here involves banks and savings and loan associations discriminating against neighborhoods which are considered low-income or deteriorating, particularly when it comes to financing rehabilitation of older residential buildings, older homes, or the purchase of single family units. A bank may view a financing request in a poor neighborhood as a bad investment because the area seems to be deteriorating, even though the credit standing of the individual requesting the financing is good. However, this process becomes a self-fulfilling prophecy, as a lack of residential development drives out those residents who have an interest in the neighborhood and would comprise a strong community, and leaves the area in a continued state of deterioration. The coalition would first need to research the extent to which such redlining occurs in Anchorage, by talking with people in areas such as Mountain View, Fairview, and Government Hill who have tried to obtain financing and been unsuccessful. If we decided that a problem indeed exists, then we may want to petition the Department of Revenue to adopt a rule requiring local banks to disclose their investment patterns on a neighborhood by neighborhood basis. If we petitioned the agency in this way, they would have to decide within 30 days to accept, reject, or hold a hearing on our proposal. If a hearing date were set, we would then come forth with testimony and evidence of redlining practices. Should a disclosure regulation show that systematic redlining is indeed occurring in certain areas, then we would want to consider further strategies for pressuring financial institutions into providing more financing in these neighborhoods.

Linda Arms Apartments.

While there are several low-income housing units which could be studied, there is a timely situation surrounding the recent HUD proposals for the disposition of the Linda Arms Apartments in Fairview. It appears that the buildings, which are now owned and managed by HUD, will undergo major redesign and rehabilitation, and possibly be sold to the Alaska State Housing Authority (ASHA). The aspects of this issue which may interest the coalition would be the involvement of minority businesses and contractors in the rehabilitation work; the input of tenants and area residents into design, management, and rent levels; and the manner in which the relocation of current residents is carried out while the buildings undergo rehabilitation. We still need to talk with more people from HUD and ASHA, and study their programs and regulations to determine the best way for interested parties to become involved in the project. The coalition may wish to lend its support to an ad hoc tenants organization which now exists at Linda Arms, in order that the residents' needs are heeded, and that the stipulations of the HUD Uniform Relocation Act are enforced.

Use of HUD Block Grants.

HUD provides funding to the Municipality through its Block

Grant Program, which is to be directed toward improvements in low-income neighborhoods, such as property acquisition for parks, street improvements, rehabilitation of publicly-owned residential dwellings, and removal of architechtural barriers. The Planning and Zoning Department of the Municipality solicits input from various neighborhood and citizen's groups to make recommendations for the use of Block Grant funds. It would be appropriate for the coalition to examine the uses to which Block Grant funds have been put in the past, and the current recommendations for their use which are under consideration. There will be a public hearing on this subject in May, in which we could become involved. It is important for these funds to be utilized in low-income neighborhoods, and for them to be directed toward needed services and facilities.

Architechtural Barriers.

Several people have noted that the characteristics of buildings which make it difficult for handicapped people to get around on their own is a definite problem in Anchorage. Barrier-free buildings and transportation facilities are of the utmost importance to the handicapped. The Federal government recently approved the institution of a $25,000 tax credit to employers and transportation services which alter their buildings, entranceways, etc., to make them accessible to the handicapped. However, making the public aware of the availability of this option, and having them utilize it, is the next barrier to be crossed on the local level. We might also wish to push the Assembley to adopt ordinances for removal of architechtural barriers, and for the institution of barrier-free codes in new buildings. In addition, the HUD Block Grant Program, which is administered through the Municipal Planning Department, has specific provisions for funding the removal of architechtural barriers. We would have to become actively involved in the hearing process through which the Planning Department solicits and prioritizes recommendations from the community for the use of HUD Block Grant money.

Senior Citizen Housing.

Homemakers Services

We are currently gathering information on the unique housing problems of senior citizens. Within the next two weeks, we expect to have contacted several resource people on the subject, and are looking at some studies and research which have been done. At that time we can present you with a more thorough assessment of this issue. In the meantime, any resources and information any of you can provide will be appreciated.

EMPLOYMENT ISSUES

Discrimination and Affirmative Action.

Several people have suggested that serious discrimination problems exist for minorities and women, particularly in the State and Municipal governments. As a recent report from the General Government Subcommittee of the State Senate Finance Committee shows, 81% of the positions in State government which pay $20,000 and over are filled by men; a mere 3.7% of these positions are filled by minorities. The report also points out that there are wide variations between different Departments of the State as far as each one's commitment to affirmative action

hiring is concerned. The coalition might want to advocate that the Municipal Assembley conduct a similar survey to assess the extent of the progress made in city level affirmative action. We could also ask that the Municipality do a hard review of its internal employment practices, backing up our request with data from an inquiry conducted by the Assembley. In addition, some input into having the Municipality define and expand the powers of the Equal Rights Commission woudl be valuable for the purpose of instituting affirmative action in the Municipal government and local businesses. At this point, the Commission's budget allotment is apparently too meager to maintain an adequate staff, and the Commission's caseload is backing up. In general, the Commission needs the "teeth" -- through budgetary commitments, and general support from the rest of the Municipal government -- to make some substantive inroads into the affirmative aciton and discriminaiton area. Finally, we might want to promote that the Municipality and the State -- by means of an ordinance, and through the Department of Administration-- require contractors bidding on public projects to disclose their equal employment opportunity practices.

already in contract boiler plate forms

HANDICAPPED ISSUES

Architectural Barriers.

Included with housing issues.

Employment.

Discrimination in employment is a problem for handicapped people, and involves issues such as training, employer awareness, etc. The Opportunities for the Handicapped Commission of the Municipality recently completed a survey, in conjunction with the Department of Labor, assesssing the extent to which handicapped individuals are utilized by employers in the city of Anchorage. We are currently studying this survey, and also talking with individuals who are knowledgeable in the area of employment for the handicapped. We will have more of the specifics of this issue ready at the upcoming coalition meeting, which we will present at that time.

TAX ISSUES

Renters' Tax Credit;

ok

Unlike Alaska, the states of Oregon and California have a tax credit for renters. This works within the state income tax system, and the amount of the credit is a function of income and rent paid. Currently in Alaska, a tax break is enjoyed by resident home owners who can claim mortgage interest paid as a deduction. The Coalition might want to promote legislation to this effect.

Tax Reform;

The biggest tax reform issue is the continuing debate over a

proper oil and gas tax policy.

The largest producing area in Alaska is Prudhoe Bay whose reserves represent the largest oil field in North America. This single discovery will soon be moving six billion dollars worth of oil to market annually. Oil company profits from the field have been conservatively estimated at 98 billion dollars.

Much of the profitability of the field is windfall to the oil companies. The world-wide price of oil was around $2 a barrel when Prudhoe Bay was first discovered in 1968. Then in 1973 the OPEC oil cartel began pushing prices up to their present level of about $13.50 a barrel. Current royalty agreements and severance tax laws are designed to provide Alaskans with around 24% of the net proceeds from production off the field, but unfortunately, the oil companies have inflated the costs of transporting the oil to market, thereby cheating Alaskans out of our fair share of the revenue. For example, Sohio has inflated tanker, pipeline, and field costs to a point where the state only receives 36 cents a barrel in royalty payments for each barrel of oil produced, a mere 2.6% of the sale price of the oil.

Another hot issue is the state income tax for the oil industry. Recent studies by the Department of Revenue indicate that the large oil companies pay only 2.5% to 3% in state income taxes, while Alaska corporations and wage earners pay the full 9.5% rate. The oil corporations are able to avoid the payment of State of Alaska income taxes by "transfer pricing" which shifts profits from Alaska to other states for tax purposes in transactions where the oil companies are selling a product or service from one subsidiary to another.

Both of these practices shortchange the Alaskan taxpayers hundreds of millions of dollars a year. Proposals for changing the method of computing production taxes and the state corporate income tax are currently before the legislature, and promise to be issues next year as well. The importance of the oil tax issue is overwhelming. Many important social reforms in housing, education, and social services can only be financed through state revenues. Tax relief to tenants, property owners and wage earners won't be meanignful without a replacement source of revenue. Furthermore, economic development proposals such as the development of the fisheries and other renewable resources cannot be accomplished without substantial new revenues. For all of these needed programs, oil revenues are vital.

Naturally, the oil industry is using all of its power to persuade legislators and other policy makers not to enact

new tax reform measures. So far, the oil industry has been very successful in its efforts. This is due, in large part, to the lack of grass roots support for a tougher policy towards the oil industry.

MINORITY BUSINESS

There is an organization in Anchorage, the Minority Business Task Force, which has formed to promote minority business in general, and in particular the adoption of a ordinance by the Municipality requiring that at least 15% of municipal contracts be let to minority contractors. The adoption of this ordinance, and the adherence to its provisions by the City would be a positive step given the negative impact of racial discrimination in the business realm.

Also, minority businesses, especially contractors, face harsh obstacles in the necessary dealings with the established lending institutions whose standards for the qualification for business loans and contract performance bonds reflect racial and economic discrimination.

This issue is an important one in light of the Coalition's objective of economic justice. The best resolution of this issue would prompt a reduction in minority unemployment and therefore improve the economic conditions of minorities in the community, and would also cut into racial discrimination which is still very much with us.

A number of important groups within the community are already aligned with this effort. We hope to have representatives from these groups as well as at least one from AMBTF at our next meeting. We should really get together on this one.

LANDLORD-TENANT DISPUTE MEDIATION

At the CRA sponsored Citizen Participation Conference in February, it was made clear that especially the poor and the elderly have problems with landlords. Currently, the Housing and Community Services is the only organization, besides the small claims court and Alaska Legal Services, which is any way involved with the landlord-tenant problem. And this involvement by Housing and Coomunity Services is strictly an educational and referral service.

Years ago, the Anchorage CAP program ran a tenant's rights operation which offered counseling and education. When the CAP folded, the needed service was no longer available. The Citizens' Housing Action Coalition (CHAC) pushed for new program to provide this service. When the rent review

boards were set up during the pipeline boom, they were expected to deal with no-cause evictions but didn't in any meaningful way. The Consumer Protection Agency within the Attorney General's Office is not authorized to deal with landlord-tenant problems in a mediatory way.

In a needs assessment and feasibility report released in October of 1977, the Alaska Judicial Council affirms the need of a dispute mediation center to deal with landlord-tenant problems among others. There are numerous programs of this sort in operation throughout the country which have been developed in response to inadequacies of the court system to handle these. There is every reason to expect that such a program would be as effective in Alaska as elsewhere.

While the study has already been done and recommendations made, there is one aspect of the recommendation that the Coalition might want to look into. Essentially it is that such a center for mediation can be operated or sponsored by either the court system or by a private, non-court affiliated agency. The report acknowledges the respective benefits and problems. Whether the Council's recommendation is followed will depend upon input. The Colaition might want to examine this aspect of the matter more fully and make a recommendation. One way or another, the Coalition should support the establishment of a dispute mediation center.

DAY-CARE

Some time back the League of Women Voters in conjunction with numerous other groups exerted a very concentrated and admirable effort toward the development of quality child-care facilities and a funding program to support these. The large group divided itself into two sub-groups, each with a special task;

A. an educational task force - which worked on four problems;
   1. the scarcity of day-care homes and centers
   2. the tremendous cost of providing quality day-care
   3. the cost of paying to receive day-care
   4. the great need of training and on-going supervision and support of day-care personnel

B. a legislative task force - which worked on
   1. establishing a state day-care subsidy program

Thanks to this large effort, there is now a state Day Care Assistance Program which provides subsidy payment to providers based on the income of parents using the facilities. The program was also designed to provide loans to those establishing centers for the purpose of upgrading property to meet code requirements for this special purpose, and for the purchase of necessary equipment. Anchorage has also seen an increase in the number of licensed day-care facilities as a consequence of this effort. But the need for more and improved quality day-care is still with us.

We are informed by the City that there is a serious need to develop more family day-care homes (as opposed to larger centers) and small neighborhood centers since these, when well regulated, are preferable for very young children . Some of the issues needing to be addressed in order to expand the small program are;

1. a shortage of licensors
2. providing additional resources and staff to assist the small programs
3. review of the zoning laws to permit the establishment of small neighborhood centers where there is need

Additionally, it is rumored that there may be a move on the part of the larger centers to require an increase in the per-child subsidy provided by the Day Care Assistance Program, and to reduce the staff/child ratio. The reason for this is reported to be that the centers are not making it financially.

Any good evaluation of these expected requirements/demands should entail a definition of "making it". Like all businesses, child care centers are entitled to a decent profit. The argument is expected to be that with the current level of per-child subsidy, $250 per month per child maximum, and with the code required staff/child ratios the centers cannot afford to operate. There is a difference of course between not making enough money to pay operating expenses and make a decent profit, and not making as much profit as would be possible if the children were allowed to endure a reduced staff requirement.

The quality of care in the centers is a direct function of both the amount of subsidy and of the ratios. The younger the children the more this is true since younger children require more individual attention. The ratio of staff to children affects the quality and quantity of interaction between the children and their care-givers. Were the operators of the day-care centers to ask that these ratios be changed to permit fewer staff persons, the burden of proof is on them to show that the quality

of care will not suffer, a burden virtually impossible to meet unless these operators propose to exclude the very young children from the centers.

It may well be true that the subsidy should be increased. State and municipal regulations do not address the qualifications of care-givers with respect to training and education. If a care-giver is 18 or older, alive, and without the burden of past criminal record or emotional disturbance, he/she is qualified. These are very minimal requirements. Women in particular are presumed to be qualified simply by virtue of their sex. Hypothetically, an increase in the per-child subsidy would permit an improvement or maintenance of present quality by enabling centers to retain their current staff levels and/or to hire persons of more specific qualification. This is some reason to be supportive of an increase provided that data indicate a need. Given the importance of the function of day-care, any increase in subsidy should be tied to quality considerations.

There is a direct link between the number and quality of child-care facilities, and the economic condition of women with children, since they cannot work without these facilities. Good day-care is a vital social service, the quality and quantity of which should be promoted by the Coalition.

ALASKA PUBLIC INTEREST RESEARCH GROUP
Post Office Box 1093/Anchorage, Alaska 99510/(907) 278-3661
Board of Directors: Hugh Fleischer, Pres.; Malcolm Roberts, Vice Pres.; Julie Wroe, Sec./Treas.; Melissa Middleton, Jane Angvik, Terry Stimson, Dave Case, Robert Goldberg, Joan Ray Charles, Eric Ekvall

Coalition for Economic Justice

March 22, 1978

Dear Thelma,

Though it's been a while since we've been in touch about what's happening with the Coalition, I'm glad to be writing to you now to say that we've accumulated a lot of good information about issues suggested for the Coalition to work on. People in the community have been most cooperative about giving us information. We're ready, now, to select issues and I hope you'll make every effort to attend our meeting. We've included an outline of information on all of these issues. We need your attention to this information in order that the best possible decisions be made.

Once we have a decision about starting issues, we'll need to formalize the Coalition. Of course we can't do all of this at the next meeting. So we'll need to schedule a meeting shortly after this one to attend to formalizing business.

In addition to myself and Sara Tifft, a new Coalttion staff person who's been great to work with the past month, we hope to have others at the meeting who've contributed to our information who'll be able to give you further details in order to facilitate your deciding.

It promises to be a most interesting meeting and will be held Tuesday, March 28th, from 5:15 to 7:00 p.m., at the Community Center at 325 E. 3rd Avenue, in the first floor conference room.

Again, without your participation and input the Coalition cannot be effective. With your participation, we can go far toward improving the quality of life for large numbers of people. You DO make a difference. If it should happen that you've made a previous commitment for this time, please send someone from your organization in your place.

Sincerely,

Linda Trafford, CEJ Coord.

Catastrophic Illness program:

1976 leg. - program to be continued

Suggested some of the budget be used for admin. costs. DSS

(why not let O.S.S. pick up the project).

189 appp. receiving ssi.

87 - '77

102 - '78

may run out of money before end of the year.

Type of illness vary.

Cost of nursing home & extended care need.

1. Sig. of patients could not be considered catastrophic.

2. Latitude

Farm issues:

1. admin. of prog. app. contain & comm. through the social through eligibility worker.

2. Placement: Not in Public Assistance but in Public Health - for image reason.

3. Is the coverage adequate?

4. How large appropriations.

Is it the family or the patient whom we need to address?

32 states "medically needy" programs. Set up on sliding scale.

~~Pilot~~ Pilot project in Multnomah County.

What are "catastrophic illnesses"

Cat agonic progam
catatonic "

Shelman's mil:
Thraw out G. R. prog.
Thraw out catastraphic
Alarm; cover all pap
except the paor.

Take out requirement to
sell house.

Options for [illegible] —
Rendering problem?

E. R. med. & be more
flexible.
State of Wn. — Sliding
scale w/ 100 deductible.

Immunes — medical costs
Blue Cross.?

What would insurance cov-
erage cost the AFDC progr.
Would it cancel the pursuit

benefits?

---

client has to come up w/first dollar - client has to make some decision about what he wants to do.

Catagorically - month to month.

Initially signing

Catch 22 for

1. Social Security
2. Ded. med.
3.

over income
what's going to happen to
family? so, etc. med bill
& family -

Does the income help.
from Social Security.

Taxpayer -

1. Amount of money (set amount). why not a supplemental?

2. Share.

What Groups are we talking about?

1. Surgery to build in a review of borderline programs? G. R. Med Med.

2. Long term care patients Medicine in Hosp. Nursing Home, no.

---

45 days.

G. R. Med. Costs biggest amount

Rita Hamilton

5/4

(3/30)

Statute location into a different catagory –

---

placed in under
[aid to need under
D. R. med.]

Increase in appropriation –

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

Catastrophic Illness Committee

Pouch H-06
Juneau, Alaska
99811

April 4, 1977

Legislature
Document#General #31

The Honorable Charles Parr
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

Re: Catastrophic Illness

We welcomed the recent opportunity of discussing with you some of the concerns of the Catastrophic Illness Committee which have developed during our deliberations promulgating regulations by which the Committee may implement the legislation. We have attempted to develop regulations applicable to Alaskans but following many of the concepts expressed in regulations utilized in Rhode Island and Maine. We have held hearings in Anchorage, Fairbanks, and Juneau regarding the regulations and have reacted favorably to some of the constructive criticisms received. Concern has been expressed by Alaska Legal Services concerning the floor of $1,000, below which no claim will be considered by the Catastrophic Illness Committee. Concern has also been expressed regarding the grey area between the level of income under which medical costs are covered under the GRM Program, or categorical situations covered under Medicaid, and the floor of the Catastrophic Illness Regulations. We recognize this grey area but feel that the Catastrophic Illness legislation was not designed to fill all the gaps and that the legislature may need to react to this gap subsequently or to encourage medical assistance to continue to utilize a program of medical exceptions in these circumstances.

The Committee does wish to alert the Legislature that the level of funding projected for this legislation will probably be inadequate. Since it is new legislation, the $300,000 projected for this present year may be adequate. However, we feel that for the next fiscal year the $450,000 projected will probably be considerably short of the need and that the budget may more realistically be more than $1,000,000. Accurate projections are impossible to obtain as we have no prior experience to guide our deliberations.

In view of the projected budget override, the legislature may wish to guide us through the legislative process and there may be a number of alternatives that could be considered in your deliberations. One alternative would be to raise the floor of minimal medical expenses that would be considered by the Committee. Certainly if the floor was raised to $5,000, as an example, the number of claims under this legislation would be considerably reduced. Criticism would be generated, however, by advocate groups concerned with the protection of lower income situations and the hiatus between GR Med and Catastrophic Illness coverage would be further increased.

A second alternative might be to limit the Catastrophic Illness coverage to categorical diseases which could be considered as Catastrophic Illnesses. This could further be limited to diseases that are not totally incapacitating but require a continuing level of medical support beyond the means of ordinary income if an individual is to remain productive. The rational of this limitation would be that these are individuals who need additional support to continue working and the alternative is perpetuation of an invalid state because they could not earn enough money to meet the medical expenses, and if they are working they would not be covered under Medicaid or one of the other assistance programs. Diseases which could be considered under this category would be hemophilia, progressive degenerative neurologic conditions requiring continuing levels of medical support, conditions under which a person may continue to be productive such as multiple sclerosis. The additional costs for chronic renal dialysis not covered under the Federal Medicare Program would be included, as would chronic pulmonary disease requiring home or ambulatory oxygen, and blood dyscrasias such as leukemia which now has an improved prognosis if appropriately treated, but is a disease in which the treatment program is extremely costly. While the Committee feels this is a possible approach, we do not feel it is realistic. If the Committee was left latitude in designating illnesses to be covered, it is our impression that there would be a number of potential lawsuits against this type of regulation.

Thank you for your consideration of the concerns of the Catastrophic Illness Committee and we would appreciate any assistance you could offer us in resolving the problem areas of this program.

Sincerely,

Robert Fraser

Robert I. Fraser, M.D.

TAPE #48
HH285

MINUTES OF HOUSE HESS COMMITTEE

May 6, 1977

The meeting was called to order by Chairman Parr at 3:15 p.m. Members present: Mr. Parr, Mr. Nakak, Mr. Chatterton, Mr. Phillips & Dr. Beirne.

Absent: Mr. Bennett, Mr. Ose, Mr. Cotten and Mrs. Buchholdt.

HB 409

Thomas

Chairman Parr announced HB 409 was on the agenda and Michael Thomas an attorney from a local law firm testified on behalf of the American Council of Life Insurance. He said he also worked closley on matters such as HB 409 with the Health/Association of America. Two concerns with regard to Section 255 were: He felt it was clear in context that the benefits provided for applied only to needy persons as opposed to all persons. Said they believed this because Article 2 in which the statute is found, is entitled General Relief Assistance and he read Sec. 120. Stated "needy person" was defined in Sec. 300. Said they felt it was fairly clear that Sec. 255 fell within these perimeters and the eligibility under that section is limited to persons who are needy. He said the second concern was that the catastrophic illness committee established by Sec. 255 should not be given so much latitude that they can, by regulation, discourage individuals and employers from buying insurance or in other ways providing for disability hospitalization. Felt there was very wide insurance coverage in the state at the present time. Said the committee had been made available some copies of provisions that had been enacted in Rhode Island to meet some of the problems that are inherent in undertaking to provide limited assistance to citizens who can't otherwise get private health insurance Said this was made available as an example of a fairly c fully drafted set of provisions which take into consideration what the proper degree of state liability might be and what the proper interface might be between state program, private insurance and other government programs.

He said they have drafted some suggested language which should be in the folders. He said with regard to the specific language of 409, said this goes in the opposite direction from the rest of the Chapter on relief assistance. Said this language would be to repay the people who give assistance and prohibit recoupment by the STate against the person, his estate or other people who do not contribute to the medical needs. He said

that the Association has costed the regulations that have been suggested by the Dept. under Sec. 255 without this amendment and they estimate $375,000 per year, plus or minus 25 per cent. Said that is without intermediate care facilities being covered. He said if the legislature intends a program under Section 255 to benefit all persons and not just the needy, then he felt the statute really needs very extensive revision and expansion to provide for the kinds of considerations and that it ought to be studied over the interim to make certain that all incentive to insure or take advantage of other programs or access is given to the state treasure is not taken away. He said in that event, Section 255 should be repealed or its effective date should be put off until such time as the legislature can make a definitive statement as to what it wishes to have covered.

There was discussion as to 3rd party sources and who the third party would be. Discussion on the limitations for life insurance.

Mr. Thomas was asked if the Association would have any objection if it were mandated that every company which sold group health plans offer catastrophic health insurance? Mr. Thomas said there was a problem with this.

..rnold

Next to testify was Elizabeth Arnold from the Attorney Genera'ls Office. She said she agreed with Mr. Thomas' statement wherein he said they need guidance from the legislature. Said there is extremely little guidance in the statute or in terms of legislative intent. She said it seemed the fundamental issue was "who was intended to be covered". She told of public hearings they had had on the subject. She elaborated on the fact that if it is intended for the needy person, their medical bills are already covered under general relief. Said she didn't know why this particular section was even put in. She said even if there isn't a constitutional problem about the catastrophic committee acting as it has acted because of the statute and major implications as it was interpreted, the regulations are ce vulnerable to attack than if they clearly set out what tastrophic illness was, what groups would be covered and how ne funding was to work and is the committee expected to stay within the appropriation, etc. She felt either the statute should be repealed and the concept dropped and the committee should continue paying off the people whom they have obligated money, or the statute should be seriously over-hauled. Felt outside experts should be brought in , the experience of other states who have had this type of legislation should be studied, if they don't repeal the section, the committee needs some kind of amendment

to at least indicate what group is to be covered and if they are expected to stay within the appropriation or whether they can expect to receive a supplement.

Mr. Phillips said it was his understanding that this law was supposed to apply to the middle class people and not just the needy people.

Mr. Chatterton felt it was necessary to have something in the statute.

Mr. Nakak said he doesn't feel a means should be used to decide whether someone should qualify for catastrophic illness assistance.

Frazier

Next to testify was Dr. Frazier with the Division of Public Health. Said a lot of his testimony was already presented by Ms. Arnold. Said he thought the decision that the committee is left with is what facilitated action can occur now that we enable the committee to operate during the next year or should the whole legislation be discarded. Said there was concern about the over-ride on the budget He said their experience so far is that 11 cases have been approved with an authorization of $53,284. 14 applications have been denied, additional 10 were not considered because they were not qualified. 35 applications are pending. Said it is a new program and hasn't been heavily advertised and still not sure how the expenditures will run in another year. Said for this fiscal year it looks like they won't expend but about half of the funds and they don't know what will happen next year. Said he felt that the guidelines that have been drawn up by the committee demand a sufficient amount as the applicant's share, that it won't discourage the purchase of insurance. Said they do need guidelines from the legislature as to whether they should continue the activities of the committee, whether they need to limit expenditures to the amount budgeted or whether the legislature would consider favorably a supplemental request if this becomes necessary.

After much discussion Ms. Arnold said she would like to submit by Monday, something in writing, in moving this out of this chapter, deciding where it should be put, not doing a major revision but including what the determination of eligibility in addition to allowable costs levels and what reimbursements should be made by the committee. Felt this would be a help to the committee in determining who is going to be covered.

Mr. Chatterton objected in that he felt some action should be taken on the bill due to the lateness in the Session.

Mr. Parr said they could meet the next day after the Session and take the bill up again if Ms. Arnold could come back with the draft by then.

Action

Mr. Chatterton moved that on Line 9, page 1, strike the words "amended to read" and replace with "repeal". After much discussion a vote on the motion showed it to fail.

Mr. Parr said the bill would be brought up again on the next day right after the Session adjourned.

The meeting adjourned at 4:45 p.m.

TAPE #32 HHESS

MINUTES OF HOUSE HESS COMMITTEE

April 15, 1977

The meeting was called to order by Chairman Parr at 3:30 p.m. Those present were: Parr, Chatterton, Buchholdt, Phillips, Bennett.

Absent: Nakak, Ose, Cotten & Beirne.

Chairman Parr announced that HB 409 would be taken up and asked Mrs. Buchholdt to speak on her bill. She told the committee her reasons for introducing the bill, the main one being trying
HB 409 to correct problems that have occurred with people she knows in Anchorage who have had an illness and had to sell their homes and all in order to pay the medical bills. She said she would be happy to expand the bill.

Next to testify was Dr. Robert Fraser, Director, Division of Public Health. Dr. Fraser said the Department's concern with the
Fraser bill is with the budgetary restriction. He said they do recognize the present bill does penalize people who have made the effort to meet their costs by going into debt, borrowing money for relatives, etc., and are sympathetic with them.

Mr. Parr informed the committee that he had met with Dr. Fraser and Mrs. Jund (from the Department) a few weeks back regarding this bill. He said this bill had been before the House last year and explained why it did not pass then. Said the committee would have to take a look at this bill and use it as a vehicle to resolve some of the problems facing the Dept. of Health & Social Services. He gave his views as to several alternatives.

There was discussion by members as to what a catastrophic illness was, whether to one person it would be catastrophic and to another person it might not be, depending on their financial status and how they defined catastrophic illness.

Dr. Fraser said the committee on catastrophic illness first met in November and their initial problem was regulations. They felt the fewer regulations they had would be best but said the Attorney General's office told them this would get them into trouble and that they need regulations and a formula to go by. Said they have processed the applications that have been forwarded to them, they have made disposition on roughly $100,000 worth of claims, Said a number of claims have been denied, utilizing the formula.

Mr. Bennett said he would be very apprehensive if they started identifying the give or take 100 different disease conditions. Said you could get into a combination of other conditions. Said perhaps basing it on a scale based on income which has a financial value you could identify he thought perhaps was the only way to halfway be reasonable about it.

Dr. Fraser said they have approved approximately 6 applications, denied about 15 and have about 15 or 20 that did not qualify due to the low amount of their bills. Said they had 25 pending that they had requested more information on. Dr. Fraser was asked by Mr. Chatterton how long it would take them to act on the ones they are waiting information on. Dr. Fraser said depending on how quickly they got their information back they had requested but if they got it back within the next 2 weeks they could have them processed within the next 2 months.

Mr. Parr asked Dr. Fraser what the budget called for for this year. Dr. Fraser said they had asked for $300,000 for this year. He said they had no previous experience to go on so just had to judge as what to ask for.

Dr. Fraser said much of their guidance in drawing up regulations was on the experience of the State of Maine. Said in trying to project the amount they need in Alaska is hard because of some very expensive problems, said a premature infant may have bills up to $35 or $40 thousand dollars. Someone in a skilled nursing facility for a period of time, 10 patients in that category would utilize the entire budget.

There was then much discussion as to the possibility of the state buying insurance for this type of illness through an insurance company.

Next to testify was Jim Pfeiffer, Deputy Director for the Division of Insurance and a member of the Catastrophic Illness Committee.
Pfeiffer Said the way he understood the bill it would allow payments to be made to the person who made the original payments. Said the original bill contemplated payment to medical providers only, but now payment can be paid to a relative, friend,or whoever paid the medical provider. Said he would oppose that type of amendment. Said the original bills intent was to provide a source of funds for persons suffering a catastrophic illness who had no other fund and source available. He said if a person could tap a friend or relative he didn't believe the state should absorb that cost Said he felt this would add and compound the problems of the committee. Said he thought the administratio of such an amendment would be difficult.

There was much discussion with Mr. Pfeiffer regarding a group insurance policy for the entire state of Alaska as to what the preimiums would be etc.

Mr. Parr asked if it would possible to structure a program to match the amount of money instead of matching the money to the program. Mr. Pfeiffer said it was an approach that had a great deal of logic. Said he has sent these regulations to Blue Cross and they had indicated from their already existing records in the State to try to come up with an answer. Mr. Parr informed Mr. Pfeiffer there wasn't much point in having legislation that would offer false hope to people and then not funding it. Said it would make more sense to have something on the books that would be funded by the legislature so the people would know the money was there if they qualified but said he had no idea what would be appropriated but presently doesn't see the 1.2 million being there even with the oil money.

Mr. Bennett asked if they had a dollar figure to provide a program like the one they had discussed that would have a true catastrophic coverage. Pfeiffer said they have not but the closest thing is what he has asked Blue Cross to do. Mr. Parr asked that he furnish us the material when he got it from Blue Cross.

Mr. Parr said for personal policies, he understood Blue Cross policies have a dollar limit. Mr. Heueisen said most policies covered up to a quarter of a million dollars. State employees policy is $250,000 maximum (lifetime) per individual. There was discussion on the different types of policies.

Mr. Parr asked the Committee to hold off action on the bill until we received the information requested from Mr. Pfeiffer back.

The meeting adjourned at 4:50 p.m.

STATE of ALASKA

MEMORANDUM

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

TO: The Honorable Charles H. Parr
State House of Representatives

DATE: May 4, 1977

FILE NO.

TELEPHONE NO.

FROM: James E. Pfeifer
Deputy Director
Division of Insurance

SUBJECT: Catastrophic Illness Legislation

Since another commitment prevents me from testifying before your committee on Friday, May 6, 1977, I present the following written comments:

At your April 15, 1977 committee meeting you requested information as to the anticipated cost which could be attached to the catastrophic illness legislation as currently reflected in the regulations drafted by the Catastrophic Illness Committee.

I have contacted the Health Insurance Association of America (HIAA) and Blue Cross of Washington and Alaska for assistance in cost projections. Neither source was willing to place much reliance on cost projections because of the unavailability of the necessary statistics.

With the understanding that these projections will be viewed as very rough estimates, I present the following:

The HIAA projected an estimated maximum cost of $657,000 for the fiscal year beginning July 1, 1977. This estimate considers substantial intermediate care confinements which is an area of coverage of great concern to HIAA and one which can significantly impact costs.

A copy of a letter from HIAA is attached to this memorandum. Mr. Charles D. Kuhnen, Counsel, raises a number of valid questions and concerns about the legislation and regulations. I should point out that one of his major concerns is that the Catastrophic Illness Committee may have exceeded its authority in defining the legislation as being available for all of the people of Alaska. Even if one determines that the legislation was not intended to be limited to needy persons, the fact that it is included as a part of the statutes governing general relief assistance for needy persons raises a number of questions. I refer you to Mr. Kuhnen's letter for further details.

Blue Cross developed its projections by examining the experience of a large group plan in Alaska. Costs were related to an assumed population group which would be eligible for the program. In other words, Alaskans covered under other programs (such as Medicare, Medicaid, private insurance coverage, the military, Native Health Act, ecc.) would be excluded.

On the assumption that 10 percent of Alaska's population would be eligible, the total cost would be estimated at $1,418,000. Blue Cross acknowledges that the 10 percent estimate could be high. Even if one

cuts it in half, however, the cost would be over $700,000, well above the appropriation.

Because of the magnitude of these projections as well as the wide variance, it appears prudent to me that the HESS Committee should take a position on this matter in the current session. If the HESS Committee is satisfied with the scope of the current regulations, then an additional appropriation probably would be required.

On the otherhand, if your commitee believes that the regulations do not fall within the intent of the law, then more specific direction should be given to the Catastrophic Illness Committee.

You should be aware that our committee is now reviewing and approving claims on a regular basis. As of this date, claims totaling $53,000 have been approved. This number may appear small but you must consider that the committee has been approving claims only for about two months and more importantly, this program is not yet well known in the State. Pending claims on hand yet needing further information could well double the total above.

If I can provide further information or assistance, please advise.

JEP/wj/2/6

cc: Al Ose
Alfred C. Makak
Don Bennett
Sandy Phillips
Thelma Buchholdt
Samuel R. Cotten
E. F. Beirne
C. V. Chatterton
Martin Seve
Robert Fraser

HEALTH INSURANCE ASSOCIATION OF AMERICA
CHICAGO NEW YORK WASHINGTON

LEGAL DEPARTMENT
Charles D. Kuhnen, *Counsel*

Chicago Office
332 South Michigan Avenue
Chicago, Illinois 60604
(312) 939-0801

April 22, 1977

Mr. James E. Pfeiffer, CPA CLU
Deputy Director
State of Alaska
Division of Insurance
Pouch "D"
Juneau, Alaska 99811

RECEIVED
APR 25 1977
DEPARTMENT OF COMMERCE
& ECONOMIC DEVELOPMENT
Div. of Insurance

Re: Alaska Catastrophic Medical Care Costs Law; Proposed Regulation; H.B. 409

Dear Mr. Pfeiffer:

You have asked for our comments about the proposed regulation of the Catastrophic Illness Committee, which is intended to implement AS 47.25.255, and for any cost estimate we might have for the catastrophic illness plan set out in the regulation.

The proposed regulation shows that the Committee gave considerable thought and study to the problems involved in developing such a plan. We have several suggestions for you to consider, based on the insurance experience of our companies, on the experience of the plans in Maine and Rhode Island, and on my own experience working with the Arizona Legislature to try to establish a workable plan for that State. In this letter I will mention some of our serious concerns, leaving details and other suggestions for a later letter.

THE STATUTE

We have one very fundamental difference with the Catastrophic Illness Committee. This is over the meaning of the statute itself. To us, the statute quite clearly authorizes the payment of catastrophic illness benefits for needy persons who are eligible for general relief assistance. The proposed regulation, to the contrary, would make all residents of the State eligible for catastrophic illness benefits.

All of the statutory signs point in the direction of our interpretation. AS 47.25.255 is contained in Title 47, chapter 25, Article 2. Title 47 is the title covering welfare, and social services and institutions. Chapter 25 is entitled "Destitute and Needy Persons". Article 2 deals with general relief assistance for needy persons. All of the sections in Article 2, including the catastrophic illness section, are governed by the first section (47.25.120) of that Article. Section 120 says that financial "assistance" may be given under §§120-300 of chapter 25 to a "needy person" who is eligible under regulations of the Department of Health and Social Services. Over and over again, the provisions of Article 2 tie all of the sections (120-300) of that Article together.

Thus, all of the sections of Article 2 are to be read together, and should be read as dealing with financial "assistance" for "needy persons".

Section 220 provides that the total amount paid in "assistance" to a recipient constitutes a claim against the recipient and his estate. It directs the courts to allow such a claim against the recipient's estate. So catastrophic illness payments, like other assistance for the needy, are recoverable by the State should the needy person or his estate have the resources to repay them.

To me, it would be a mere quibble to say that catastrophic illness payments are not subject to this provision because those payments are made to the provider of services on behalf of the needy person, rather than to the needy person himself. Section 190 allows for assistance payments to be made to a guardian, and I would guess that in practice the State may make other assistance payments to third parties on behalf of a needy person. For the purposes of §220, the needy person would still be the "recipient".

Section 255 itself exhibits its connection with other parts of Article 2. It specifically exempts the catastrophic illness program from the provisions of sections 230 and 240. It does not give the Catastrophic Illness Committee authority to determine who is eligible for catastrophic illness benefits, but only allows the Committee to determine allowable costs and levels of reimbursement. Eligible persons would be the needy who are eligible for general relief assistance under §120.

Section 255 was added to Article 2 by Chapter 221, Laws of 1976, the bill being Senate Bill 542. The Title to the Act supports the above analysis.

It refers only to medical assistance for needy persons. The Act does not indicate that it was intended to enact a State catastrophic insurance program for all of the people of Alaska.

The journals of the House and Senate are not, as far as I can determine, available here in Chicago. I do not know how the catastrophic section of S.B. 542 was explained. If the bill had been intended to provide for a State catastrophic insurance program for all of the citizens of Alaska, I would have expected that it would be much debated and publicized. As far as I know, it did not receive such notice.

And the mere two sentences that the Legislature devotes to catastrophic insurance argues against it being considered a broad State catastrophic insurance program. Had it been considered to be so, would the Legislature have left it to a committee of three persons (the Catastrophic Illness Committee) to say what that program would be? Would the Legislature have left it to the Catastrophic Illness Committee to undertake any program it saw fit, without any direction from the Legislature as to scope or detail, even though such a program could cost millions of dollars or else fail to deliver what it promised? Most unlikely. Although I must say that the Committee has, in this proposed regulation, shown remarkable restraint. If the statute was really intended to give the committee a free hand, it could have developed a regulation which would have made the State, for all practical purposes, the sole health insurer in Alaska. The Committee could do this by making the threshold amount and required out-of-pocket expense low enough so that people no longer found it economical to pay premiums for private health insurance.

What I suspect the Legislature intended to do was provide catastrophic medical cost benefits for some of the people the Medicaid law describes as the "medically needy", without going to the expense that would be required to participate in the full program for the "medically needy" under Medicaid. I don't pretend to understand much about the Medicaid law, but two publications I have read say that Alaska participates in the Medicaid program for the "categorically needy", not in the Medicaid program for the "medically needy". If this is so, a catastrophic program for the medically needy could be adopted which would cost less than the medically needy program under Medicaid. It may be argued that the Department of Health and Social Services could already provide medical assistance to persons eligible for general relief assistance under Article 2. But this argument overlooks the requirement that a person liable for the

support of a needy person was required to participate in covering the needy persons medical needs under §§230 and 240, and that the amount of temporary assistance that could be given under §250 was limited to $80 per month. Chapter 221 of the Laws of 1976 removed the requirements of §§230 and 240 for needy persons with catastrophic illnesses, and make an exception to the $80 limit in §250 in the case of assistance for medical care.

Recommendations. If the Legislature meant to do what my analysis shows that it did in fact do, then, in view of the different interpretation made by the Catastrophic Illness Committee, it would be a good idea for the Legislature to amend §255 to prescribe more explicitly what it intended.

If the Legislature intended to delegate to the Catastrophic Illness Committee the power to adopt a State catastrophic illness program for all Alaskans, paid for by the State, we think it would be wise for the Legislature to amend pending H.B. 409 to postpone the effective date of AS 47.25.255 long enough so the Legislature can develop and enact the program it wants. The delegation of such power to the Catastrophic Illness Committee may very well be an unconstitutional delegation of legislative authority, most particularly since the legislature provided no guidelines whatsoever to the Committee. And, in any event, it seems unfair to the Committee members to place the entire burden of deciding on such an important program on them.

If the Legislature had in mind neither of the above interpretations, it would appear necessary now to amend AS 47.25.255 to clarify what was intended by it.

PROPOSED REGULATION: OUT-OF-POCKET EXPENSE REQUIREMENTS

Many Alaska residents now have coverage, paid for by themselves or their employers, for health care expenses This coverage may be provided under health insurance policies, Blue Cross-Blue Shield plans or other prepaid service plans, or under plans provided by noninsured entities. Such policies or plans often do protect against catastrophic losses. In recent years insurers have been increasing the maximum benefits they now provide, so that coverage is available, particularly under group plans which constitute 75% to 80% of the health insurance

business up to limits of $250,000, or $1,000,000, or sometimes without a maximum overall dollar limit. It is interesting to know that increasing the limits generally costs less than securing separate coverage for catastrophic health care expenses.

We estimate that 248,000 Alaska residents under age 65 are covered for hospital expenses, 250,000 for medical expenses, 142,000 for major medical expenses. The major medical figure is for residents covered under insurance policies issued by insurance companies, and does not include any similar coverage furnished by the Blues. These are December 31, 1975 figures, the latest available from our statistics department. Persons age 65 and older are generally covered under Medicare, and are not included in the above figures.

Insurers do not want to be put out of the health care expense insurance business by a State plan for the general population. We think that your State government would not wish to use State funds to pay for health care costs for persons who have adequate insurance coverage, not to encourage people (or their employers) to drop their insurance coverage because of a State plan. This latter possibility could happen if you are not careful enough about the way you set the threshold amount and the out-of-pocket expense deductibles under the State plan.

Rhode Island has a catastrophic illness plan that contains provisions which encourage people to retain their insurance coverage. Under the Rhode Island law, the dollar amount of the out-of-pocket expense requirement decreases when the person has insurance coverage. Thus, for a person with no nonstate plan, there is a stated or percentage of income out-of-pocket expenditure required. The out-of-pocket expenditure amount is less for a person who has a basic nonstate plan, and is even less for a person with a major medical plan. Enclosed is a copy of the Rhode Island law that includes this graded out-of-pocket expense requirement.

You may wish to consider the Rhode Island requirements or something similar to them.

INTERMEDIATE CARE FACILITIES

We are very much concerned about the regulation proposing to pay for confinements in intermediate care facilities. These facilities are mostly

engaged in providing long-term custodial or semi-custodial care for the elderly.

Medicare does not cover confinement in intermediate care facilities. Medicaid does cover such confinements. Information from the State of Maine is that 40% of the benefit cost of that State's Medicaid program is for intermediate care facility confinements.

This information about Maine came from John Fickett, who is Director of the Division of Medical Assistance of the Maine Department of Health and Welfare. His Division administers Maine's Medicaid program and its catastrophic illness program. The Maine catastrophic illness program does not cover intermediate care facility confinements, and Mr. Fickett says he would advise any other State adopting a catastrophic illness program to omit coverage for such confinements.

OTHER PROBLEMS

As I told you by phone, the proposed regulation needs some additional work. One significant omission is that it does not contain a statement of what health care services are to be covered. This is just as important as listing the exclusions, if not more so.

We think the list of exclusions should be expanded somewhat.

The provisions concerning application of the out-of-pocket expense requirements when there are two or more catastrophic illnesses in the same family needs to be given more thought. This will be difficult to apply, particularly when the twelve-month benefit periods overlap, but begin at different times.

I will comment in more detail on these and other problems in a later letter.

COSTS

For a number of reasons it is very difficult to estimate the probably cost of the plan contained in the proposed regulation. One problem is that the regulation itself needs to be more definitive of the services covered, and of the benefit periods, and of the matters mentioned above. Also we have no up-to-date information on the distribution of the Alaska population by income and family size, and very little information about health care facilities.

In order to make anything more than a general guesstimate, our actuary would need to have a more definitive plan and considerably more information.

His rough estimate, from what information we have including your explanation of a number of points that are not clear in the proposed plan, is about $.90 (plus or minus 25%) per Alaska resident for the fiscal year beginning July 1, 1977, or about $375,000 ± 25% for a population of about 413,000. If intermediate care facility confinements are covered, and if there is a substantial amount of covered intermediate care confinements in Alaska, the figure could be as much as 40% higher on that account.

As with any insurance program, claim costs are likely to run significantly above ~~below~~ such costs in later years, when the program is better known to eligible claimants. Also the costs of health care services are continuing to rise at a high rate, and the rate of this increase will have a substantial effect on future costs.

Sincerely,

Charles D. Kuhnen
Counsel

CDK:rt
Enclosure

$375,000
Adds 25% 94,000
469,000
Intermediate care 40% 188,000
$657,000

CATASTROPHIC ILLNESS PROGRAM DETERMINATION FORMULA

AMOUNT TO BE PAID BY APPLICANT*

PART I - INCOME MEASURE

Annual Gross Income	Number of family members						
	1	2	3	4	5	6	7 or more
$ 0 - $ 5,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
$ 5,001 - $ 5,600	1,275	1,000	1,000	1,000	1,000	1,000	1,000
$ 5,601 - $ 6,200	1,575	1,275	1,000	1,000	1,000	1,000	1,000
$ 6,201 - $ 6,800	1,950	1,575	1,275	1,000	1,000	1,000	1,000
$ 6,801 - $ 7,400	2,325	1,950	1,575	1,275	1,000	1,000	1,000
$ 7,401 - $ 8,000	2,700	2,325	1,950	1,575	1,275	1,000	1,000
$ 8,001 - $ 9,000	3,150	2,700	2,325	2,000	2,000	2,000	2,000
$ 9,001 - $10,000	3,750	3,150	2,700	2,325	2,000	2,000	2,000
$10,001 - $11,000	4,350	3,750	3,150	2,700	2,325	2,000	2,000
$11,001 - $12,000	4,950	4,350	3,950	3,750	2,700	2,325	2,000
$12,001 - $13,000	5,550	4,950	4,350	3,750	3,150	3,000	3,000
$13,001 - $14,000	6,150	5,550	4,950	4,350	3,750	3,150	3,000
$14,001 - $15,000	6,750	6,150	5,550	4,950	4,350	3,750	3,150
$15,001 - $16,000	7,350	6,750	6,150	5,550	4,950	4,350	3,750
over - $16,000	Amount from $16,000 line plus 75% of income over $16,000.						

PART II - LIQUID ASSET MEASURE

Amount of Liquid Assets		Percentage of Liquid Assets to be applied to Medical Expenses
0 - $1,000		-0-
$1,001 - $2,500		50% of excess over $1,000
$2,501 - $5,000	$1,250 +	75% of excess over $2,500
over $5,001	$3,125 +	100% of excess over $5,000

*It is the joint responsibility of the provider and the applicant to arrange a payment schedule to retire the amount to be paid by applicant.

	Example #1	Example #2	Example #3
Total Medical Expenses	$20,000	$20,000	$20,000
Gross Income	6,200	16,000	30,000
Number of Family Members	4	4	4
Liquid Assets	1,500	1,500	1,500
Amount to be paid by Applicant:			
Part I - Income Measure	1,000	5,550	16,050
Part II - Liquid Asset Measure	250	250	250
Total - Applicant	1,250	5,800	16,300
Total Medical Expenses	20,000	20,000	20,000
Balance Eligible for Catastrophic Illness Program	$18,750	$14,200	$ 3,700
Monthly payment by applicant Assuming 3 year payment Schedule For Part I above	$ 28	$ 154	$ 446
% of Gross Income	5.4%	11.6%	17.8%

Note: At the higher income levels, significant tax benefits would reduce the impact of the higher percentage monthly payment.

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 409
Title relating to catastrophic illness
Requested by _____ Date 3/29/77

II. FISCAL DETAIL
Agency Affected Commerce & Economic Development
Program Category Affected Protection
Budget Request Unit(s) Affected Division of Insurance

EXPENDITURES (Thousands of Dollars)

NONE

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL						

FUNDING (Thousands of Dollars)

NONE

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

NONE

FULL TIME						
PART TIME						
TEMPORARY						

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

NONE

IV. DATE April 5, 1977 PREPARED BY James E. Pfeifer
AGENCY Insurance
PHONE 465-2515

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

33-001 (Rev. 10/76)

CATASTROPHIC ILLNESS PROGRAM DETERMINATION FORMULA

MINIMUM MEDICAL EXPENSES FOR CONSIDERATION

ANNUAL GROSS SALARY	MINIMUM MEDICAL COSTS
0 - $ 5,000	$ 1,000
$ 5,001 - $ 8,000	$ 2,000
$ 8,001 - $12,000	$ 3,000
$12,001 - $16,000	$ 4,000
$16,001 - over	$ 5,000

*ANNUAL SHARE FORMULA

Annual Gross Income	Number of family members 1	2	3	4	5	6	7	8 or More
$ 0 - $ 5,000	333	333	333	333	333	333	333	333
$ 5,001 - $ 5,600	425	333	333	333	333	333	333	333
$ 5,601 - $ 6,200	525	425	333	333	333	333	333	333
$ 6,201 - $ 6,800	650	525	425	333	333	333	333	333
$ 6,801 - $ 7,400	775	650	525	425	333	333	333	333
$ 7,401 - $ 8,000	900	775	667	667	667	667	667	667
$ 8,001 - $ 9,000	1,050	900	775	667	667	667	667	667
$ 9,001 - $10,000	1,250	1,050	900	775	667	667	667	667
$10,001 - $11,000	1,450	1,250	1,050	900	775	775	667	667
$11,001 - $12,000	1,650	1,450	1,250	1,050	1,000	1,000	1,000	1,000
$12,001 - $13,000	1,850	1,650	1,450	1,250	1,050	1,000	1,000	1,000
$13,001 - $14,000	2,050	1,850	1,650	1,450	1,250	1,050	1,000	1,000
$14,001 - $15,000	2,250	2,050	1,850	1,650	1,450	1,250	1,050	1,000
$15,001 - $16,000	2,450	2,250	2,050	1,850	1,650	1,450	1,250	1,050
over $16,000	Amount from $16,000 line plus 25% of income over $16,000.							

*Annual Share will be required for a period of 3 years.

Amount of Liquid Assets	Percentage of Liquid Assets to be applied to Medical Expenses
0 - $1,000	-0-
$1,001 - $2,500	50% of excess over $1,000
$2,501 - $5,000	$1,250 + 75% of excess over $2,500
over $5,001	$3,125 + 100% of excess over $5,000

EXAMPLE: Gross Income - $6,200; Liquid Assets - $1,500;
Medical Expenses - $5,000; Number of Family Members - 4.

TOTAL MEDICAL EXPENSES	$5,000	(Qualifies as it exceeds minimum of $2,000)
ANNUAL SHARE - $333 X 3 years	1,000	
BALANCE	4,000	
LIQUID ASSETS (50% of $500)	250	
BALANCE ELIGIBLE FOR PROGRAM*	$3,750	

*Subject to requirements of regulations.

LAW OFFICES OF
ALASKA LEGAL SERVICES CORPORATION
524 WEST SIXTH AVENUE, SUITE 204
ANCHORAGE, ALASKA 99501
TELEPHONE 272 9431

March 14, 1977

Catastrophic Illness Committee
Pouch H-06
Juneau, Alaska 99811

RE: Comments on Proposed Catastrophic Illness Regulations.

Dear People:

Pursuant to Commissioner Williamson's notice of Febr ry 2nd, 1977, I am submitting the comments contained in this letter for the Committee's consideration. The catastrophic illness program has the potential for providing substantial benefits to many of our clients. The draft regulations, however, contain a number of provisions which, if not revised, may adversely effect the substantive and procedural rights of a number of eligible persons and involve the Committee in protracted litigation.

Before commenting on specific sections of the proposed regulations, I would like to point out that one of their most serious shortcomings is that they fail to require that the catastrophic illness program be publicized. There is, thus, a real danger that the program will become a secret benefit which will--like the Medicaid program--be unused by large numbers of eligible persons. This eventually is manifestly contrary to the legislative intent behind AS. 47.25.255; it can be avoided if the Committee adopts a requirement that posters publicizing the availability of benefits and applications be displayed in the emergency rooms and entrance areas of state licensed hospitals and of public buildings. A similar requirement has been placed on the Violent Crimes Compensation Board and has contributed significantly to the success of its efforts.

I. COMMENTS ON SPECIFIC PROPOSALS

7 AAC 48.030 There are two sources of potential difficulty in this section. The first lies in its requirement that applications be made "in the manner prescribed" on the application form. Though the form and "instructions relating to the use of the form" are expressly excluded from coverage of the rule-making provisions of the State Administrative Procedure Act (AS.44.62.010 et seq), an attempt to use the instructions as a vehicle for substantive rule-making would be clearly violative of the Act's terms. For example, an instruction on the form requiring applications to be submitted

within a certain time period after medical treatment is received would undoubtedly constitute a "regulation" as defined in AS. 44.62.640(a)(2) and, thus, be subjected to the procedural requirements in AS. 44.62.040--.290.

The second difficulty lies in subsection (d)'s provision stating that no application will be considered unless medical bills related to the catastrophic illness total more than $1000. It seems that the Legislature intended two elements to be present for an illness to be considered "catastrophic"--a medical element and an economic element. Though it may be possible to set up objective medical standards for determining whether an illness has sufficient physical or mental impact to be considered catastrophic, whether its economic impact rises to the level of a catastrophy is a purely subjective measurement. For some persons medical bills totaling $500. may constitute a catastrophy while other persons might be able to absorb expenses totaling many thousands of dollars without assistance. Arbitrarily setting a cut-off point for the economic element of the definition of a catastrophic illness will exclude an entire class of people whose medical bills are less than $1000. but are suffering a disastrous economic impact from the illness due to the fact that their expenses are very high in relation to their income.

There is a high probability that such a classification violates the right to equal protection of the law granted these class members by the Alaska Constitution. When dealing with a regulation of an economic nature, such a violation exists if the classification does not bear a "fair and substantial relation to the purpose sought to be advanced" by the legislative scheme. Issacson v. Rickey, Alaska Supreme Court Opinion No. 2550 (1976).

A regulatory classification excluding persons whose medical bills are less than $1000 from the coverage of AS. 47.25.255 does not bear a fair and substantial relation to the legislature's purpose in passing that statute. The catastrophic illness law was directed at helping all persons who suffer a serious economic impact as a result of severe medical problems. As has already been pointed out, this impact can exist when expenses are less than $1000.

In response to this criticism it might be argued that people whose incomes are so low that bills of less than $1000. represent a serious impact would be covered by the Medicaid or General Relief Medical Assistance Program. This argument ignores the fact that GRM and Medicaid eligibility requirements are quite restrictive and the benefits of those programs are not available to large numbers of poor people.

Alternatives to the arbitrary cut-off point do exist. The Committee could, for example, develop a formula similar to that proposed in 7 AAC 48.070(a). The purpose of this formula would be to determine at what point a persons financial resources are inadequate to meet medical expenses. Such a formula should not be adopted without public input. See comments to 7 AAC. 48. 070(a), infra.

An even better alternative to the arbitrary cut-off point would be to adopt a formula similar to that used by the State of California to determine medical indigency. That formula is contained in California Welfare and Institutions Code §14.005.7 (copy attached). If applied in Alaska's catastrophic illness program it would operate as follows:

> Step 1--The Committee would determine the amount by which the applicant's income exceeded the GRA and GRM standard of need
>
> Step 2--The Committee would determine the value of resources not excluded under 7 AAC 48.070(c).
>
> Step 3--The value of the excess income derived under Step 1 and the resources described in Step 2 would be added. The sum obtained would then be compared to the applicant's medical bills. If the total bills exceeded the sum of the above-described assets there could be a finding that the illness had had a catastrophic economic impact.

7 AAC.48.050. The exclusion in subsection (e) of psychological or psychiatric treatment not required by court order is overbroad. It is quite possible that a person may suffer emotional difficulties which are severe enough to intervere with his ability to support himself or his family but which would not justify court-ordered treatment. Severe depression or persistent anxiety may, for example, interfere with a person's ability to hold a job. The definition of excluded psychological or psychiatric treatment should be narrowed so that such persons will be given the benefit of AS 47.25.255 (unless they can receive help from public agencies of programs in their community).

7 AAC.48.070(a). It is unacceptable for the formula which will determine what benefits people receive to be devised without public comment. Whatever formula is suggested will not relate solely to the Committee's internal affairs but will directly affect the public. It is, thus, a "regulation" as defined in AS.44.62.640 and must be adopted pursuant to the Administrative Procedure Act. If the Committee fails to utilize the Act's rule-making procedures and promulgating the formula the first person whose benefits are denied or reduced as a result of its application will have a cuase of action based on the illegality of the procedure

used to adopt it.

Any proposed formula should be based upon net, not gross, income, for a formula based upon gross income would ignore the applicant's necessary non medical expenses and, thereby, underestimate the true impact of medical bills.

7 AAC.48.070(c). The main shortcoming of this section is that it does not exclude restricted property such as Native Allotments or Townsite lots from consideration as assets. This realty is restricted property which under federal law and regulations is held in trust by the Secretary of the Interior and is not freely alienable. It, thus, cannot be liquidated to meet medical expenses. 43 USC. §§270-1, 732-733; 43 CFR. §2561.3.

The subsection also fails to exclude the Alaska Longevity Bonus from consideration as income. This failure contravenes the purpose of the Longevity Bonus Statute, as set forth in AS.47.45.170.

In light of the foregoing, the following language should be added to the subsection:

> "(8) Money received from Alaska Longevity Bonus Fund.
>
> "(9) Lands held pursuant to the Allotment Act of 1906 [43 USC. §270-1 et seq].
>
> "(10) Lands described in restricted deeds issued by the Townsite Trustee, U.S. Department of the Interior."

It is also suggested that § .070(5) be changed to read, "one thousand dollars of liquid assets not otherwise excluded by this subsection". In light of the definition of "liquid assets" in 7 AAC. 18.130 (8). such a change would clarify the apparent intent of clause (5).

7 AAC.48.080(b). See discussion of $1000. cut-off point, supra.

7 AAC.48.080(d). This subsection appears to allow the Committee to consider the overall availability of catastrophic illness funds in deciding individual cases. AS.47.25.255 does not grant the Committee such discretion. By passing the statute the state has undertaken to grant all persons suffering from catastrophic illness benefits of the legislative scheme. The Committee cannot shirk this responsibility to individual applicants by considering the overall availability of funds.

7 AAC.48.080(e). This provision is ambiguous. The "other factors or circumstances" should be specified.

7 AAC. 48.090-.110 There is little reason for interposing the reconsideration procedure between the decision of an application and the fair hearing which is required as a matter of procedural due process. Though it might be said that a reconsideration may serve to narrow issues on appeal, the issues which will arise as the result of adverse decisions on applications will most likely revolve around narrow factual questions anyway (e.g; the applicant's income, the nature of his assets, the character or impact of his illness). Furthermore, requiring a reconsideration will have the effect of clogging the Committee's calendar with disputed matters that could be expeditously resolved by hearing officers and could affect its ability to deal efficiently with new applications.

The most significant arguements against having a reconsideration prior to a fair hearing is that, as structured in the proposed regulation, the reconsideration will have a chilling effect on the exercise of the right to a hearing by many low income people in the state. In order for the reconsideration to be obtained, the applicant must submit a detailed written statement along with supporting documentation. A substantial portion of the state's low income population is not used to expressing arguments in writing. The reliance on written statements of grounds by proposed §.090 will discourage a number of people in this category from pursuing meritorious appeals.

Another defect with the proposed regulations relating to appeals procedures is that they do not require applicants to be notified regarding their due process rights when adverse decisions are rendered. As was recognized in Aguchak v. Montgomery Ward Co., Inc., 520 P.2d 1352 (Alaska 1974), applicants' procedural due process rights will only be protected if the notices regarding the Committee's decision are reasonably calculated to apprise them of these rights.

To remedy this shortcoming I propose that the following provisions shall be added:

> "All information describing hearing rights and procedures and rights to representation shall be printed in boldface type on the front or facing page of the notice informing the applicant of the Committee's decision. In addition, the front or facing page of the notice shall indicate that those unable to hire legal counsel to represent them may be able to obtain assistance from Alaska Legal Services Corporation."

The provision of section 100 incorporating the Department's regulations regarding welfare and food stamp fair hearings by reference could cause problems. Though many of the procedures re-

lating to welfare fair hearings can be easily adapted to appeals from the Committee's decisions, others may be wholly inappropriate. It is suggested that a thorough review be made of these procedures so that those which conflict with the goals of the catastrophic illness program will not be inadvertently adopted.

My final comment on the proposed appeals procedure concerns the 30 day limit for seeking review contained in section 110. This period will normally give applicants ample time to request a hearing. but a provision stating that the limit can be extended or waived for good cause would serve the ends of justice by assuring that hearing rights are protected when the failure to make a timely request results from circumstances beyond the control of the applicant (e.g. a representative's negligence or inability to understand hearing procedures). Also, the regulation should specifiy that a request for a haring will be deemed made upon a dispatch. This will protect the rights of persons who live in areas of the state where mail service is erratic.

7 AAC. 48.130(3). The arbitrary nature of the $1000 cut-off point in the definition of "catastrophic illness" has already been discussed. It should also be noted that the limitation of the definition to a single illness conflicts with §. 070(b).

II. CONCLUSION

By the comments contained herein, Alaska Legal Services does not waive any objection to the final regulations adopted by the Catastrophic Illness Committee. I hope, however, that these suggestions provide the Committee with some assistance in devising workable and fair rules. Thank you for the opportunity to participate in the rule-making process.

Sincerely,

ALASKA LEGAL SERVICES CORPORATION

Richard Brown
Staff Attorney

RB:shb

Library References

Social Security and Public Welfare ⇐241. C.J.S. Social Security and Public Welfare § 73.

§ 14005.7 Medically indigent adult and family persons eligible for health care service

The following medically indigent adult and family persons are eligible for health care service under Section 14005:

(a) A medically indigent adult person whose monthly income in excess of the amount required for maintenance established pursuant to Section 14005.12 (exclusive of any amounts considered exempt as income under other provisions of this code pertaining to public assistance recipients) is not sufficient to provide for the cost of health care or coverage less any amount by which the value of his other resources, owned by him alone, or in combination with his spouse, exceeds the value established in accordance with Section 14006, or a reasonable portion of such value thereof as may be determined in accordance with standards established by the director; or

(b) A medically indigent family person in a family whose monthly family income in excess of the amount required for maintenance established pursuant to Section 14005.12, by family size (exclusive of any amounts considered exempt as income under other provisions of this code pertaining to public assistance recipients) is not sufficient to provide for the cost of health care or coverage less any amount by which the value of the family's other resources exceeds the value established in accordance with Section 14006, or a reasonable portion of such value thereof as may be determined in accordance with standards established by the director.

(Added by Stats.1971, c. 577, p. —, § 13, eff. Aug. 13, 1971, operative Oct. 1, 1971.)

Cross References

Medi-Cal card, see § 14017.

Library References

Social Security and Public Welfare ⇐241. C.J.S. Social Security and Public Welfare § 73.

§§ 14005.8, 14005.9 Blank

§ 14005.10 Standards for determining monthly income for purposes of eligibility

For purposes of facilitating arrangements for health care through prepaid health plans, the department may set standards for determin-

LAW OFFICES OF
ALASKA LEGAL SERVICES CORPORATION
524 WEST SIXTH AVENUE, SUITE 204
ANCHORAGE, ALASKA 99501
TELEPHONE 272-9431

March 14, 1977

Catastrophic Illness Committee
Pouch H-06
Juneau, Alaska 99811

RE: Comments on Proposed Catastrophic Illness Regulations.

Dear People:

Pursuant to Commissioner Williamson's notice of February 2nd, 1977, I am submitting the comments contained in this letter for the Committee's consideration. The catastrophic illness program has the potential for providing substantial benefits to many of our clients. The draft regulations, however, contain a number of provisions which, if not revised, may adversely effect the substantive and procedural rights of a number of eligible persons and involve the Committee in protracted litigation.

Before commenting on specific sections of the proposed regulations, I would like to point out that one of their most serious shortcomings is that they fail to require that the catastrophic illness program be publicized. There is, thus, a real danger that the program will become a secret benefit which will--like the Medicaid program--be unused by large numbers of eligible persons. This eventually is manifestly contrary to the legislative intent behind AS. 47.25.255; it can be avoided if the Committee adopts a requirement that posters publicizing the availability of benefits and applications be displayed in the emergency rooms and entrance areas of state licensed hospitals and of public buildings. A similar requirement has been placed on the Violent Crimes Compensation Board and has contributed significantly to the success of its efforts.

I. COMMENTS ON SPECIFIC PROPOSALS

7 AAC 48.030 There are two sources of potential difficulty in this section. The first lies in its requirement that applications be made "in the manner prescribed" on the application form. Though the form and "instructions relating to the use of the form" are expressly excluded from coverage of the rule-making provisions of the State Administrative Procedure Act [AS.44.62.010 et seq], an attempt to use the instructions as a vehicle for substantive rule-making would be clearly violative of the Act's terms. For example, an instruction on the form requiring applications to be submitted

within a certain time period after medical treatment is received would undoubtedly constitute a "regulation" as defined in AS. 44.62.640(a)(2) and, thus, be subjected to the procedural requirements in AS. 44.62.040--.290.

The second difficulty lies in subsection (d)'s provision stating that no application will be considered unless medical bills related to the catastrophic illness total more than $1000. It seems that the Legislature intended two elements to be present for an illness to be considered "catastrophic"--a medical element and an economic element. Though it may be possible to set up objective medical standards for determining whether an illness has sufficient physical or mental impact to be considered catastrophic, whether its economic impact rises to the level of a catastrophy is a purely subjective measurement. For some persons medical bills totaling $500. may constitute a catastrophy while other persons might be able to absorb expenses totaling many thousands of dollars without assistance. Arbitrarily setting a cut-off point for the economic element of the definition of a catastrophic illness will exclude an entire class of people whose medical bills are less than $1000. but are suffering a disastrous economic impact from the illness due to the fact that their expenses are very high in relation to their income.

There is a high probability that such a classification violates the right to equal protection of the law granted these class members by the Alaska Constitution. When dealing with a regulation of an economic nature, such a violation exists if the classification does not bear a "fair and substantial relation to the purpose sought to be advanced" by the legislative scheme. Issacson v. Rickey, Alaska Supreme Court Opinion No. 2550 (1976).

A regulatory classification excluding persons whose medical bills are less than $1000 from the coverage of AS. 47.25.255 does not bear a fair and substantial relation to the Legislature's purpose in passing that statute. The catastrophic illness law was directed at helping all persons who suffer a serious economic impact as a result of severe medical problems. As has already been pointed out, this impact can exist when expenses are less than $1000.

In response to this criticism it might be argued that people whose incomes are so low that bills of less than $1000. represent a serious impact would be covered by the Medicaid or General Relief Medical Assistance Program. This argument ignores the fact that GRM and Medicaid eligibility requirements are quite restrictive and the benefits of those programs are not available to large numbers of poor people.

Alternatives to the arbitrary cut-off point do exist. The Committee could, for example, develop a formula similar to that proposed in 7 AAC 48.070(a). The purpose of this formula would be to determine at what point a persons financial resources are inadequate to meet medical expenses. Such a formula should not be adopted without public input. See comments to 7 AAC. 48. 070(a), infra.

An even better alternative to the arbitrary cut-off point would be to adopt a formula similar to that used by the State of California to determine medical indigency. That formula is contained in California Welfare and Institutions Code §14.005.7 (copy attached). If applied in Alaska's catastrophic illness program it would operate as follows:

> Step 1--The Committee would determine the amount by which the applicant's income exceeded the GRA and GRM standard of need
>
> Step 2--The Committee would determine the value of resources not excluded under 7 AAC 48.070(c).
>
> Step 3--The value of the excess income derived under Step 1 and the resources described in Step 2 would be added. The sum obtained would then be compared to the applicant's medical bills. If the total bills exceeded the sum of the above-described assets there could be a finding that the illness had had a catastrophic economic impact.

7 AAC.48.050. The exclusion in subsection (e) of psychological or psychiatric treatment not required by court order is overbroad. It is quite possible that a person may suffer emotional difficulties which are severe enough to intervere with his ability to support himself or his family but which would not justify court-ordered treatment. Severe depression or persistent anxiety may, for example, interfere with a person's ability to hold a job. The definition of excluded psychological or psychiatric treatment should be narrowed so that such persons will be given the benefit of AS 47.25.255 (unless they can receive help from public agencies of programs in their community).

7 AAC.48.070(a). It is unacceptable for the formula which will determine what benefits people receive to be devised without public comment. Whatever formula is suggested will not relate solely to the Committee's internal affairs but will directly affect the public. It is, thus, a "regulation" as defined in AS.44.62.640 and must be adopted pursuant to the Administrative Procedure Act. If the Committee fails to utilize the Act's rule-making procedures and promulgating the formula the first person whose benefits are denied or reduced as a result of its application will have a cuase of action based on the illegality of the procedure

used to adopt it.

Any proposed formula should be based upon net, not gross, income, for a formula based upon gross income would ignore the applicant's necessary non medical expenses and, thereby, underestimate the true impact of medical bills.

7 AAC.48.070(c). The main shortcoming of this section is that it does not exclude restricted property such as Native Allotments or Townsite lots from consideration as assets. This realty is restricted property which under federal law and regulations is held in trust by the Secretary of the Interior and is not freely alienable. It, thus, cannot be liquidated to meet medical expenses. 43 USC. §§270-1, 732-733; 43 CFR. §2561.3.

The subsection also fails to exclude the Alaska Longevity Bonus from consideration as income. This failure contravenes the purpose of the Longevity Bonus Statute, as set forth in AS.47.45.170.

In light of the foregoing, the following language should be added to the subsection:

> "(8) Money received from Alaska Longevity Bonus Fund.
>
> "(9) Lands held pursuant to the Allotment Act of 1906 [43 USC. §270-1 et seq].
>
> "(10) Lands described in restricted deeds issued by the Townsite Trustee, U.S. Department of the Interior."

It is also suggested that § .070(5) be changed to read, "one thousand dollars of liquid assets not otherwise excluded by this subsection". In light of the definition of "liquid assets" in 7 AAC. §48.130 (8). such a change would clarify the apparent intent of clause (5).

7 AAC.48.080(b). See discussion of $1000. cut-off point, supra.

7 AAC.48.080(d). This subsection appears to allow the Committee to consider the overall availability of catastrophic illness funds in deciding individual cases. AS.47.25.255 does not grant the Committee such discretion. By passing the statute the state has undertaken to grant all persons suffering from catastrophic illness benefits of the legislative scheme. The Committee cannot shirk this responsibility to individual applicants by considering the overall availability of funds.

7 AAC.48.080(e). This provision is ambiguous. The "other factors or circumstances" should be specified.

7 AAC. 48.090-.110 There is little reason for interposing the reconsideration procedure between the decision of an application and the fair hearing which is required as a matter of procedural due process. Though it might be said that a reconsideration may serve to narrow issues on appeal, the issues which will arise as the result of adverse decisions on applications will most likely revolve around narrow factual questions anyway (e.g; the applicant's income, the nature of his assets, the character or impact of his illness). Furthermore, requiring a reconsideration will have the effect of clogging the Committee's calendar with disputed matters that could be expeditously resolved by hearing officers and could affect its ability to deal efficiently with new applications.

The most significant arguements against having a reconsideration prior to a fair hearing is that, as structured in the proposed regulation, the reconsideration will have a chilling effect on the exercise of the right to a hearing by many low income people in the state. In order for the reconsideration to be obtained, the applicant must submit a detailed written statement along with supporting documentation. A substantial portion of the state's low income population is not used to expressing arguments in writing. The reliance on written statements of grounds by proposed §.090 will discourage a number of people in this category from pursuing meritorious appeals.

Another defect with the proposed regulations relating to appeals procedures is that they do not require applicants to be notified regarding their due process rights when adverse decisions are rendered. As was recognized in Aguchak v. Montgomery Ward Co., Inc., 520 P.2d 1352 (Alaska 1974), applicants' procedural due process rights will only be protected if the notices regarding the Committee's decision are reasonably calculated to apprise them of these rights.

To remedy this shortcoming I propose that the following provisions shall be added:

> "All information describing hearing rights and procedures and rights to representation shall be printed in boldface type on the front or facing page of the notice informing the applicant of the Committee's decision. In addition, the front or facing page of the notice shall indicate that those unable to hire legal counsel to represent them may be able to obtain assistance from Alaska Legal Services Corporation."

The provision of section 100 incorporating the Department's regulations regarding welfare and food stamp fair hearings by reference could cause problems. Though many of the procedures re-

lating to welfare fair hearings can be easily adapted to appeals from the Committee's decisions, others may be wholly inappropriate. It is suggested that a thorough review be made of these procedures so that those which conflict with the goals of the catastrophic illness program will not be inadvertently adopted.

My final comment on the proposed appeals procedure concerns the 30 day limit for seeking review contained in section 110. This period will normally give applicants ample time to request a hearing. but a provision stating that the limit can be extended or waived for good cause would serve the ends of justice by assuring that hearing rights are protected when the failure to make a timely request results from circumstances beyond the control of the applicant (e.g: a representative's negligence or inability to understand hearing procedures). Also, the regulation should specifiy that a request for a haring will be deemed made upon a dispatch. This will protect the rights of persons who live in areas of the state where mail service is erratic.

7 AAC. 48.130(3). The arbitrary nature of the $1000 cut-off point in the definition of "catastrophic illness" has already been discussed. It should also be noted that the limitation of the definition to a single illness conflicts with §. 070(b).

II. CONCLUSION

By the comments contained herein, Alaska Legal Services does not waive any objection to the final regulations adopted by the Catastrophic Illness Committee. I hope, however, that these suggestions provide the Committee with some assistance in devising workable and fair rules. Thank you for the opportunity to participate in the rule-making process.

Sincerely,

ALASKA LEGAL SERVICES CORPORATION

Richard Brown
Staff Attorney

RB:shb

Library References

Social Security and Public Welfare ⇐241.

C.J.S. Social Security and Public Welfare § 73.

§ 14005.7 Medically indigent adult and family persons eligible for health care service

The following medically indigent adult and family persons are eligible for health care service under Section 14005:

(a) A medically indigent adult person whose monthly income in excess of the amount required for maintenance established pursuant to Section 14005.12 (exclusive of any amounts considered exempt as income under other provisions of this code pertaining to public assistance recipients) is not sufficient to provide for the cost of health care or coverage less any amount by which the value of his other resources, owned by him alone, or in combination with his spouse, exceeds the value established in accordance with Section 14006, or a reasonable portion of such value thereof as may be determined in accordance with standards established by the director; or

(b) A medically indigent family person in a family whose monthly family income in excess of the amount required fc maintenance established pursuant to Section 14005.12, by family size (exclusive of any amounts considered exempt as income under other provisions of this code pertaining to public assistance recipients) is not sufficient to provide for the cost of health care or coverage less any amount by which the value of the family's other resources exceeds the value established in accordance with Section 14006, or a reasonable portion of such value thereof as may be determined in accordance with standards established by the director.

(Added by Stats.1971, c. 577, p. —, § 13, eff. Aug. 13, 1971, operative Oct. 1, 1971.)

Cross References

Medi-Cal card, see § 14017.

Library References

Social Security and Public Welfare ⇐241.

C.J.S. Social Security and Public Welfare § 73.

§§ 14005.8, 14005.9 Blank

§ 14005.10 Standards for determining monthly income for purposes of eligibility

For purposes of facilitating arrangements for health care through prepaid health plans, the department may set standards for determin-

Brent is secretary out of town till Thurs. AFT.

MINUTES OF HOUSE HESS COMMITTEE

April 15, 1977

The meeting was called to order by Chairman Parr at 3:30 p.m. Those present were: Parr, Chatterton, Buchholdt, Phillips, Bennett.

Absent: Nakak, Ose, Cotten & Beirne.

Chairman Parr announced that HB 409 would be taken up and asked Mrs. Buchholdt to speak on her bill. She told the committee her reasons for introducing the bill, the main one being trying
HB 409 to correct problems that have occurred with people she knows in Anchorage who have had an illness and had to sell their homes and all in order to pay the medical bills. She said she would be happy to expand the bill.

Next to testify was Dr. Robert Fraser, Director, Division of Public Health. Dr. Fraser said the Department's concern with the
Fraser bill is with the budgetary restriction. He said they do recognize the present bill does penalize people who have made the effort to meet their costs by going into debt, borrowing money for relativ.. etc., and are sympathetic with them.

Mr. Parr informed the committee that he had met with Dr. Fraser and Mrs. Jund (from the Department) a few weeks back regarding this bill. He said this bill had been before the House last year and explained why it did not pass then. Said the committee would have to take a look at this bill and use it as a vehicle to resolve some of the problems facing the Dept. of Health & Social Services. He gave his views as to several alternatives.

There was discussion by members as to what a catastrophic illness was, whether to one person it would be catastrophic and to another person it might not be, depending on their financial status and how they defined catastrophic illness.

Dr. Fraser said the committee on catastrophic illness first met in November and their initial problem was regulations. They felt the fewer regulations they had would be best but said the Attorney General's office told them this would get them into trouble and that they need regulations and a formula to go by. Said they have processed the applications that have been forwarded to them, they have made disposition on roughly $100,000 worth of claims, Said a number of claims have been denied, utilizing the formula.

Mr. Bennett said he would be very apprehensive if they started identifying the give or take 100 different disease conditions. Said you could get into a combination of other conditions. Said perhaps basing it on a scale based on income which has a financial value you could identify he thought pehaps was the only wa. to halfway be reasonable about it.

Dr. Fraser said they have approved approximately 6 applications, denied about 15 and have about 15 or 20 that did not qualify due to the low amount of their bills. Said they had 25 pending that they had requested more information on. Dr. Fraser was asked by Mr. Chatterton how long it would take them to act on the ones they are waiting information on. Dr. Fraser said depending on how quickly they got their information back they had requested but if they got it back within the next 2 weeks they could have them processed within the next 2 months.

Mr. Parr asked Dr. Fraser what the budget called for for this year. Dr. Fraser said they had asked for $300,000 for this year. He said they had no previous experience to go on so just had to judge as what to ask for.

Dr. Fraser said much of their guidance in drawing up regulations was on the experience of the State of Maine. Said in trying to project the amount they need in Alaska is hard because of some very expensive problems, said a premature infant may have bills up to $35 or $40 thousand dollars. Someone in a skilled nursing facility for a period of time, 10 patients in that category would utilize the entire budget.

There was then much discussion as to the possibility of the state buying insurance for this type of illness through an insurance company.

Next to testify was Jim Pfeiffer, Deputy Director for the Division of Insurance and a member of the Catastrophic Illness Committee.
feiffer Said the way he understood the bill it would allow payments to be made to the person who made the original payments. Said the original bill contemplated payment to medical providers only, but now payment can be paid to a relative, friend,or whoever paid the medical provider. Said he would oppose that type of amendment. Said the original bills intent was to provide a source of funds for persons suffering a catastrophic illness who had no other fund and source available. He said if a person could tap a friend or relative he didn't believe the state should absorb that cost Said he felt this would add and compound the problems of the committee. Said he thought the administratio of such an amendment would be difficult.

There was much discussion with Mr. Pfeiffer regarding a group insurance policy for the entire state of Alaska as to what the preimiums would be etc.

Mr. Parr asked if it would possible to structure a program to match the amount of money instead of matching the money to the program. Mr. Pfeiffer said it was an approach that had a great deal of logic. Said he has sent these regulations to Blue Cross and they had indicated from their already existing records in the State to try to come up with an answer. Mr. Parr informed Mr. Pfeiffer there wasn't much point in having legislation that would offer false hope to people and then not funding it. Said it would make more sense to have something on the books that would be funded by the legislature so the people would know the money was there if they qualified but said he had no idea what would be appropriated but presently doesn't see the 1.2 million being there even with the oil money.

Mr. Bennett asked if they had a dollar figure to provide a program like the one they had discussed that would have a true catastrophic coverage. Pfeiffer said they have not but the closest thing is what he has asked Blue Cross to do. Mr. Parr asked that he furnish us the material when he got it from Blue Cross.

Mr. Parr said for personal policies, he understood Blue Cross policies have a dollar limit. Mr. Heueisen said most policies covered up to a quarter of a million dollars. State employees policy is $250,000 maximum (lifetime) per individual. There was discussion on the different types of policies.

Mr. Parr asked the Committee to hold off action on the bill until we received the information requested from Mr. Pfeiffer back.

The meeting adjourned at 4:50 p.m.

Public Hearings

talked to Michele Shook - 465-3090

Fairbanks
Anchorage 7 Getting a copy & the Anch. hearing
Juneau July act. Nov.

Most Hospitals have been apprised & supplied with applications - perhaps there could be Sm. Hosp. in Rural Communities that may not -

14 States have CIHP

3 member Board -

Dr. Fraser
Jim Pfeifer -
Barbara Bowles -

other States -

Alaska - (Rhode Island)
Maine
Arizona
Mass. ?

---

they have not staffed this program as yet -

DRAFT

7 AAC 48.010
7 AAC 48.020
7 AAC 48.030

CHAPTER 48. CATASTROPHIC ILLNESS.

Section

10. Committee meetings
20. Confidentiality
30. Applications for assistance
40. Residency
50. Services excluded from coverage
60. Required documentation; investigation
70. Applicant's share
80. Standards for reimbursement to providers
90. Reconsideration of decision by committee
100. Fair hearing
110. Finality of decisions
120. Lien on subsequent payment from collateral sources
130. Definitions

7 AAC 48.010. COMMITTEE MEETINGS. The Catastrophic Illness Committee shall meet twice a month on dates which the committee establishes.

(Eff. / /1977, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.020. CONFIDENTIALITY. The confidentiality provisions of 7 AAC 37.020 -- 7 AAC 37.130 are adopted by reference and made applicable to this chapter.

(Eff. / /1977, Register)

Authority: AS 47.05.010
AS 47.05.020
AS 47.05.030

7 AAC 48.030. APPLICATIONS FOR ASSISTANCE. (a) All applications for financial assistance under this chapter must be made on a form authorized by the committee, and in the manner prescribed on it.

(b) Application forms will be available at Regional Health Offices of the Division of Public Health, or may be obtained by writing to the committee at Pouch H06, Juneau, Alaska 99811.

(c) Applications may be filed by a person who has suffered a catastrophic illness or by a parent, spouse, or legal guardian of that person; or by any other interested party with the written consent of the person who has suffered a catastrophic illness.

(d) No application will be considered unless the total medical bills related to the catastrophic illness are more than $1,000 in a 12 month period after all sources of third party payment have been exhausted.

(Eff. / /1977, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.040. RESIDENCY OF APPLICANT. Applicants must be residents of the State of Alaska at the time of application and at the time the catastrophic illness for which state aid is sought occurred.

(Eff. / /1977, Register)

Authority: AS 47.05.010
AS 47 25.255

7 AAC 48.050. SERVICES EXCLUDED FROM COVERAGE. The following services and charges are excluded from coverage under this chapter:

(a) Dentistry and optometry unless prescribed by a licensed dentist or physician as medically necessary as the result of an injury or illness;

(b) Elective medical or surgical procedures;

(c) Drugs and medications not prescribed by a licensed physician;

(d) Services received as a result of a normal pregnancy;

(e) Psychological or psychiatric treatment unless required by court order and not available from public agencies or programs;

(f) Chiropractic services;

(g) Services not of a medical nature.

(Eff. / /1977, Register)

Authority: AS 47.05.010
AS 47.35.255

7 AAC 48.060. REQUIRED DOCUMENTATION; INVESTIGATION. Each application will be reviewed by the committee or its designee for completeness of information, including required documentation of medical expenses, gross income and assets. The committee or its designee may return the application for more complete information to the person who is applying and may investigate any portion of an application.

(Eff. / /1977, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.070. CALCULATION OF APPLICANT'S SHARE. (a) A formula adopted by the committee shall be utilized in determining the applicant's share of total medical bills related to a catastrophic illness, based on annual gross income, number of dependents and amount of assets. This formula may be revised by the committee from time to time and shall be made available to persons who request it by writing to the committee at Pouch H06, Juneau, Alaska 99811;

(b) For the purposes of applying the formula to determine the applicant's share, multiple catastrophic illness occuring within a 12 month period to the applicant or other members of the applicant's family shall be treated as one catastrophic illness;

(c) In applying the formula to determine the applicant's share, the total gross income and the total assets of the family of an applicant may be considered; the following assets will be excluded:

(1) a home providing shelter for the applicant and the land on which it is situated;

(2) one automobile or truck, not used for business purposes;

(3) tools, equipment and vehicles required in a trade or business;

(4) ordinary household and personal effects;

(5) $1,000 of liquid assets;

(6) all non-liquid assets unless such exclusion would bring about an inequitable result; however, all income derived from such property will be taken into consideration in determining the recipient's gross income;

(7) inalienable shares in a Native Corporation created pursuant to the Alaska Native Claims Settlement Act, P.L. 92-203, 43 U.S.C. 1601 et seq., during the period of their inalienability as specified in the act.

(d) Assets received as custodian, guardian, conservator or trustee for another are not considered assets of the custodian, guardian, conservator or trustee himself.

(Eff. / /1977, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.080. STANDARDS FOR REIMBURSEMENT TO PROVIDERS. The amount that the committee reimburses providers for medical services rendered to a person who has suffered a catastrophic illness shall not be greater than 100% of the total unpaid bills related to the catastrophic illness and must be determined by the following standards:

(a) Medical bills related to a catastrophic illness will be considered for 12 month periods. The initial 12 month period begins with the date of the first charges incurred because of the illness, but no charges incurred before July 1, 1976, will be considered;

(b) The committee may not reimburse a provider if the applicant's total bills related to the catastrophic illness are less than $1,000 in any 12 month period described in (a) after all sources of third party payment have been exhausted by the applicant or by someone acting on behalf of the applicant;

(c) The committee may not reimburse a provider for the applicant's share of the total medical bill, as determined by the formula referred to in section 70 of this chapter;

(d) The committee may consider the availability of catastrophic illness funds;

(e) The committee may consider any other factors or circumstances which it determines to be relevant in an individual case.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.090. RECONSIDERATION OF DECISION BY COMMITTEE. The committee shall promptly notify an applicant of its decision with written reasons for the amount of the award or for a finding of non-eligibility. An applicant who is dissatisfied with a decision of the committee may apply to the committee for reconsideration within 30 days of receipt of the decision. The request for reconsideration must include a written statement of grounds for reconsideration and any supporting documentation which was not available to the committee for its original decision. Witnin 30 days of receipt of a request for reconsideration, the committee shall affirm, amend or reverse its original decision. The committee shall promptly notify the applicant of its decision upon reconsideration with written reasons for its action.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.100. FAIR HEARING. An applicant who is dissatisfied with the committee's decision upon reconsideration may request a fair hearing in accordance with the procedures established by the Department of Health and Social Services at 7 AAC 49.020 -- 7 AAC 49.250.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.110. FINALITY OF DECISIONS. Decisions as to catastrophic illness awards are final (a) 30 days after receipt by the applicant of the committee's decision unless a reconsideration is requested during this time; or (b) 30 days after receipt of the committee's decision upon reconsideration unless a fair hearing is requested during this time; or (c) after denial or dismissal as provided by 7 AAC 49.110; or (d) 15 days after receipt of the hearing authority's decision if that decision is not appealed during this time as provided by 7 AAC 49.230; or (e)

after the decision of the director on appeal as provided by 7 AAC 49.240.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.180
AS 47.25.255

7 AAC 48.120. REIMBURSEMENT TO CATASTROPHIC ILLNESS FUND. If the applicant or a provider is recompensated from any other source for medical bills which have been paid by the catastrophic illness fund, the state shall have the right to reimbursement for the amount paid from the fund. As a condition of application for catastrophic illness funds an applicant shall sign an agreement to this effect. As a condition of payment from the fund a provider shall sign an agreement to this effect.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.130. DEFINITIONS. In this chapter

(1) "applicant" means a person who has suffered a catastrophic illness:

(2) "applicant's share" means the amount of the total medical bill related to the catastrophic illness which the committee determines that the applicant can reasonable be expected to pay based on income, assets, and number of dependents;

(3) "catastrophic illness" means a single illness or injury which results in medical expenses of over $1,000 during a 12 month period, after all other sources of third party payment have been exhausted;

(4) "committee" means the Catastrophic Illness Committee;

(5) "elective medical or surgical procedures" means treatment which is not immediately essential to the life or health of a person;

(6) "family" means two or more persons related by blood or marriage or adoption living as one economic unit;

(7) "fund" means the catastrophic illness fund;

(8) "liquid assets" means assets which can be readily converted to cash;

(9) "non-liquid assets" means all assets not covered by (6);

(10) "provider" means a licensed physician, pharmacist, dentist, or other health services worker who has provided services not excluded by section 50 of this chapter to an applicant as a result of a catastrophic illness, or a licensed hospital, clinic, skilled nursing home, intermediate care facility or health maintenance organization which has provided these services;

(11) "third party payments" means payments of medical expenses related to a catastrophic illness by sources other than the applicant or the catastrophic illness fund, including, but not limited to state and federal medical assistance programs; private health insurance; employment-related health insurance; military health insurance; Workmen's Compensation; Violent Crimes Compensation; Indian Health Service of the U.S. Department of Health, Education and Welfare.

(Eff. / /77, Register)

Authority: AS 47.05.010

P. O. Box 1124
Anchorage Alaska 99510

April 9, 1977

Representative Thelma Buchholdt
Alaska State Legislature
Pouch V
Juneau 99811

Dear Thelma:

Enclosed is a copy of a letter sent to Joe McKinnon and certain documents which may be of interest to you.

The Catastrophic Illness law is a good one and with all the meney spent by the state for so many things I don't know of a better way to spend state money.

Anything you can do to help keep it a good law will be appreciated.

Clifford E. Warren

STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES
CATASTROPHIC ILLNESS PROGRAM
POUCH H-06
JUNEAU, ALASKA 99811

Applicant's Name _____

Date of Birth _____ Social Security Number _____ Phone _____

Address _____ Residence in Alaska from _____

Number of persons in household _____ Ages of Children in household _____

Name of Employer _____ Address _____

Position occupied _____ Salary _____

If unemployed, state length of unemployment and include statement as to future employment. _____

_____

_____

Husband's or Wife's Employer _____ Address _____

Position occupied _____ Salary _____

Total Annual Income before taxes $ _____ Other income $ _____

How Received. Weekly ☐ Monthly ☐ Annually ☐ Source(s) _____

Describe Catastrophic Illness for which you are applying for assistance.

_____

Date of onset of illness _____ Physician _____ Address _____ _____

ATTACH COPIES OF ALL MEDICAL BILLS INCURRED TO DATE IN CONNECTION WITH THE CATASTROPHIC ILLNESS.

List all medical insurance policies and indicate extent of coverage. If none, explain. _____

_____

_____

_____

List all State and/or Federal programs and all private organizations to which application for assistance has been made. Indicate eligibility determination of each and amount of assistance allowable.

_____

_____

_____

Describe your current and future ability to pay for medical costs. Discuss when you will be able to return to work if applicable, expected income during future months, and how much can be set aside to meet medical cost.

_____

_____

_____

_____

ATTACH A STATEMENT OF ILLNESS FROM PHYSICIAN.

Use this space or attach additional sheets to provide any further information relative to this application.

WARNING: Please note that a person who knowingly makes a false claim under this Chapter is guilty of a misdemeanor and upon conviction is punishable by a fine not to exceed $1,000 or imprisonment not to exceed 1 year, or both. This is pursuant to AS 47.25.280-290.

I certify that I have read this application and that the information contained herein is true and correct to the best of my knowledge and belief.

_____ _____

Signature of applicant or person applying of his/her behalf Date

I agree to turn over to the Department of Health and Social Services any third party payments received as a result of this Catastrophic Illness subsequent to payment by the Department in an amount not to exceed the Department's payment on my behalf.

I understand that the Department may take legal action to secure this reimbursement.

_____ _____

Signature of applicant, parent, or guardian Date

AUTHORIZATION TO RELEASE INFORMATION

I/we hereby authorize you to release to the Catastrophic Illness Committee any information or copies of documentation that they may request relative to a Catastrophic Illness claim for financial assistance.

Photostatic copies of this authorization will be considered as valid as the original.

_____

Signature of applicant, parent or guardian

_____

Date

LAWS OF ALASKA

1976

Source: HCS CSSB 542 am H

Chapter No. 221

AN ACT

Relating to medical assistance for needy persons; and providing for an effective date.

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

* Section 1. AS 47.07.020(b) is amended by adding a new paragraph to read:

(6) persons in a medical or intermediate care facility whose income while in the facility does not exceed 300 per cent of the supplemental security income benefit rate under title XVI of the Social Security Act but who would not be eligible for an optional state supplementary payment if they left the hospital or other facility.

* Sec. 2. AS 47.07.030 is amended to read:

Sec. 47.07.030. MEDICAL SERVICES TO BE PROVIDED. Medical services to be offered to eligible persons include inpatient hospital, outpatient hospital, laboratory and X-ray, inpatient psychiatric hospital for persons age 65 or older and persons under age 21, skilled and intermediate nursing home, physician, home health care services, early periodic screening diagnosis and treatment of persons under 21 years of age, clinic services, treatment of speech, hearing and language disorders, and reasonable transportation to and from the point of medical care. No additional services may be provided unless approved by the legislature.

* Sec. 3. AS 47.07.080 is amended by adding a new paragraph to read:

(3) "clinic services" means services which are restricted to state-approved outpatient community mental health services which receive grants under AS 47.30.520 - 47.30.620 and state-operated mental health clinics.

* Sec. 4. AS 47.25.250 is amended to read:

Sec. 47.25.250. TEMPORARY RELIEF. When a needy person is not entitled to assistance under secs. 120 300 of this chapter and has no relatives in the state liable for his support under secs. 230 and 240 of this chapter, the needy person may receive temporary assistance in the form and amount which the department considers necessary. Temporary assistance for needs other than transportation and medical care may not exceed $80 per person per month.

* Sec. 5. AS 47.25 is amended by adding a new section to read:

Sec. 47.25.255. CATASTROPHIC ILLNESS. Notwithstanding the provisions of secs. 230 and 240 of this chapter, the department shall reimburse providers of medical care for costs incurred in the treatment of persons suffering catastrophic illness. The determination of allowable costs and levels of reimbursement shall be made by the Catastrophic Illness Committee, consisting of a medical review officer from the Department of Health and Social Services, a member appointed by the governor who has suffered a catastrophic illness, and a representative of the Department of Commerce and Economic Development appointed by the governor.

* Sec. 6. Section 1 of this Act takes effect immediately in accordance with AS 01.10.070(c).

* Sec. 7. Sections 2, 3, 4 and 5 of this Act take effect July 1, 1976.

Approved by governor: June 20, 1976
Actual effective date: Sec. 1: June 21, 1976; Secs. 2, 3, 4 and 5: July 1, 1976

STATES WITH INSURANCE LAWS CONCERNING ALCOHOLISM COVERAGE

	Citation	Effective Date
Alabama		
Alaska		
Arizona		
Arkansas		
California		
Colorado	§10-8-301	1-1-75
Connecticut	Public Act 77-237 Laws 1977	10-1-77
Delaware		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois	Sec. 979 (10)	10-1-73
Indiana		
Iowa		
Kansas	S.B. 105	7-1-77
Kentucky		
Louisiana	§215.5	7-1-75
Maine		
Maryland	477L	7-1-76
Massachusetts		

	Citation	Effective Date
Michigan	§3609	7-1-74
Minnesota	62A. 149	9-1-76
Mississippi	83-9-27 83-9-29 83-9-30	1-1-75
Missouri		
Montana		
Nebraska		
Nevada	689A.030 689B.030 (HIAA Ins. Dept. Bul. Nev. No. 1-75)	
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota	26-39-01 Dept. Bul. No. 30	7-1-75
Ohio		
Oklahoma		
Oregon	743.411 to 743.444	10-4-77
Pennsylvania		
Rhode Island		
South Carolina		

	Citation	Effective Date
South Dakota	58-18-7.1 58-18-7.2 58-18-7.3	7-1-77
Tennessee	56-1167	7-1-74
Texas		
Utah		
Vermont		
Virginia	38.1-348.7	7-1-78
Washington	48.21.160 48.21.170 48.21.180 48.21.190	7-1-74
West Virginia		
Wisconsin	632.89	9-1-74
Wyoming		

CATEGORY: HEALTH & SOC. SERV. PROGRAM: DEPARTMENT OF H&SS 04-06-22-01-00
AGENCY: HEALTH & SOC. SERV. SUB-PROGRAM: GENERAL RELIEF MEDICAL 06330620000

EXPEND. AND FUNDING RECORD	(01) FY74 ACT	(02) FY75 ACT	(03) FY76 ATH	(04) FY76 RP	(05) FY76 SUP	(06) MAINT.	(07) REQUEST	(08) GOVERNOR	(09) HOUSE	(10) SENATE	(11) F.C.C.	(12) SPC APPR	(13) FIS NOTE
01 PERS SERVICE													
02 TRAVEL		19.3	24.9			31.6	31.6	31.6	11.6	30.0	30.0		3.2
03 CONTRACTUAL		2294.5	2970.9	430.2-		3020.7	3020.7	3020.7	2020.7	1903.4	1903.4		300.4
04 COMMODITIES		489.0	453.3			628.3	628.3	628.3	400.0	608.7	608.7		2.0
05 EQUIPMENT		.	2.8			1.3	1.3	1.3	1.3				
06 LAND, BLDGS													
07 GRANTS, CLMS													
08 MISC													
** TOTAL EXP.		2802.8	3456.9	430.2-		3681.9	3681.9	3681.9	2433.6	2542.1	2542.1		305.6
09 I-A TRANSFER		.1											
10 FEDERAL RECP													
11 OF MATCH													
12 GENERAL FUND		2802.8	3456.9	430.2-		3681.9	3681.9	3681.9	2433.6	2542.1	2542.1		305.6
13 PROGRAM RECP													
14 OTHER FUNDS													
15 FULL-TIME													
16 PART-TIME													
17 TEMPORARY													
18 MAN MONTHS													

NEW POSITION RECORD SEGMENTS

POSITION TITLE	LOCATION	TYP	PRI	NP	SEB	COST	OTH.COST	TOT.COST	FED.FUND	GEN.FUND	OTH.FUND	SV	NS	SN	FC	FN

NO ENTRIES

NEW POSITION, REVISED PROGRAM, APPROPRIATION AND FISCAL NOTE FOOTNOTES

REVISED PROGRAMS: 76283 32.0-; 76288 358.2-; 76335 40.0-;

FISCAL NOTES: SB 615 2.0; SB 542 303.6;

3 Copies

Alt: 2,542,100

1977

STATE OF ALASKA -- COMPONENT BUDGET ANALYSIS

06-10-76

CATEGORY: HEALTH
AGENCY: HEALTH & SOC. SERV.

PROGRAM: DEPARTMENT OF H&SS
SUB-PROGRAM: GENERAL RELIEF MEDICAL

04-05-22-01-00
063306020000

* * * * F.C.C. ANALYSIS * * * *

OBJECT GROUP	$ DIFF.	% DIFF.	DESCRIPTION OF DIFFERENCES: GOVERNOR - F.C.C.
02 TRAVEL	-1.6	-5.3	
03 CONTRACTUAL	-1117.3	-58.7	GOVERNOR'S AMENDMENT (1000.0)
04 COMMODITIES	-19.6	-3.2	
05 EQUIPMENT	-1.3	0.0	
TOTAL	-1139.8	-44.8	

LEGISLATIVE INTENT:
(A) HOSPITALS ARE TO RECEIVE 100% REIMBURSEMENT UNDER THE DEPARTMENTS FEE SCHEDULE.
(B) A SUPPLEMENTAL IS TO BE REQUESTED IF ACTUAL COSTS EXCEED THE APPROPRIATION.
(C) NO FUNDS ARE TO BE TRANSFERRED OUT OF THIS APPROPRIATION.

PLEASE RETURN TO
ROBERT I. FRASER, MD
DIRECTOR, DIVISION OF PUBLIC

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH
75 Davis Street
Providence, R. I. 02908

January 26, 1977

Donald K. Freedman, Director
Department of Health and Social Services
312 Health and Social Services Building
150 3rd Street
Pouch H
Juneau, Alaska 99801

Dear Mr. Freedman:

We understand that your State passed some type of catastrophic health plan during the last year and we would appreciate receiving any information concerning this program.

As you may know, Rhode Island began such a program in January, 1975. For your information, I am enclosing a copy of our CHIP Manual. Any information you may wish to exchange will be appreciated.

Sincerely,

Brian E. Keeler
Assistant Chief
Division of Health Insurance

BEK/mcj

enclosure

Robert J. Fraser, as
Director, Division of
Public Health

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

DIVISION OF HEALTH INSURANCE

CHIP MANUAL

CATASTROPHIC HEALTH INSURANCE PLAN

POSITION PAPER/Department of Health and Social Se

CS HB 409

An Act relating to catastrophic illness; and providing for an effective date.

The Catastrophic Illness Committee has been working under an existing, one paragraph statute, AS 47.25.255, for six months and has encountered many problems in attempting to formulate regulations and policies with the inadequate guidance supplied by the Statute. CS HB 409 answers three of the major problems encountered:

1. It removes the Catastrophic Illness statute from the chapter on needy persons eligible for general relief and creates a new chapter on Catastrophic Illness assistance in AS 47. This reflects the intent of the legislature to assist persons of middle income rather than low income persons eligible for other forms of public assistance;

2. It specifically gives the Committee the power to determine eligibility for catastrophic illness assistance in addition to allowable costs and levels of reimbursement and to establish reasonable classifications of persons based on certain criteria which is set out in the bill; and

3. It expresses the intent of the legislature that the Committee remain within its appropriation rather than return to the legislature requesting a supplemental appropriation. In order to do so, the Committee is instructed to establish priorities.

The Department views this bill as a "bandaid" approach to Catastrophic Illness assistance, which will make it possible for the Committee to function until next year. Without the changes in its authorizing statute, the Committee could be subject to legal attack for giving assistance to the "non-needy" and for exercising powers which have not been delegated to it.

The Department of Health and Social Services supports this bill.

Recommended by: Robert I. Fraser, Date: 5/18/77
Robert I. Fraser, M.D.
Director, Division of Public Health

Approved by: Lois M. Jones for Francis S. L. Williamson Date: 5/19/77
Commissioner

STATE OF ALASKA
THE LEGISLATURE
LEGISLATIVE AFFAIRS AGENCY

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907 465-3800

MEMORANDUM

May 27, 1977

SUBJECT: State Health Insurance (W.O. #4206)

TO: The Honorable Thelma Buchholdt

FROM: Sharman Haley SH
Research Analyst

Carter's National Health Insurance Proposal

The Carter Administration has not developed a comprehensive health insurance proposal. An advisory committee was recently established to evaluate the alternative approaches to national health insurance, and they are currently taking testimony in several cities across the country.

During the campaign, Carter promised national health insurance with the following provisions:

1. universal and mandatory coverage, implemented in stages based on priorities of need and financial feasibility;
2. comprehensive and uniform benefits with emphasis on preventive medicine;
3. financing by payroll taxes and general tax revenues;
4. cost and quality controls, uniform standards and set rates;
5. maximum personal interrelationship between patient and physician, consumer choice of provider, and basic concern for the dignity of the person, unrelated to wealth or income;
6. incentives for improved delivery of services, for increased productivity, for redistribution of health personnel, and

resources for the development of alternative delivery systems;

7. consumer representation in development and administration.

Carter estimated the cost of implementing this program at $10 billion of new federal expenditures. It is not clear what his reasoning was to arrive at such a low figure, since he has not proposed a plan that can be costed out. One comprehensive mandatory plan that has been cost estimated is the Health Security Act, and the estimate of new federal expenditures for that plan is $80 billion.

There were 23 different national health insurance proposals before Congress last year, but none are moving now.

State Approaches

Two national organizations have developed model state health insurance legislation. The Conference of Insurance Legislators proposes a comprehensive health care program with universal voluntary coverage, regulated by the state, but administered by private carriers and financed by consumers. The National Association of Insurance Commissioners proposes a catastrophic health care program financed by the state. We have requested copies of these two models.

There are five states that have passed and implemented state health insurance. In Rhode Island, Maine, and Minnesota, the state provides financial assistance for catastrophic health expenses. In Hawaii, Connecticut and Minnesota, again, the state regulates private comprehensive health coverage to insure quality and availability and to control costs. No state directly subsidizes comprehensive health insurance for its residents, because it appears to be prohibitively expensive.

Hawaii: Every employer in Hawaii is required to offer a qualified health care plan to his/her employees and to pay at least half the premium. Qualified plans must meet state minimum standards. Small employers with fewer than eight employees whose share of the premiums would exceed 1.5% of their payroll, when that excess is greater than 5% of the employer's income from the business are entitled to a state subsidy for the remainder of the premium. This statute took effect in 1975, and though several employers applied for state assistance, none were found to be eligible.

Connecticut: The Connecticut comprehensive health care plans statute insures the universal availability of comprehensive health care insurance contracts meeting state minimum standards, at standardized premiums. The Health Reinsurance Association is created with mandatory membership of all carriers in the state to pool risk for the mandated coverage. The premium rates vary by sex and age, and for group contracts by geographical area, as well. Sample quarterly premium rates are in Table I.

Table I - Sample Quarterly Premium Rates for Connecticut Comprehensive Health Care Plans

Individual/ /Group*	30-year old Female	60-year old Male
Deductible $200	$114.57/ /$103.11	$243.15/ /$218.82
$500	$ 85.92/ /$ 77.34	$182.37/ /$164.13
$750	$ 74.46/ /$ 67.02	$158.04/ /$142.23

* Rate for Hartford, New Haven and Fairfield region.

Minnesota: The Minnesota statute requires all health insurance carriers to offer health coverage which meets minimum state standards, and requires employee health benefits to meet minimum standards. It also establishes a state comprehensive health plan available to any resident who is rejected, restricted, or limited in their health coverage from the private sector. This state plan is offered by all carriers and reinsured by an association of carriers, in which membership is mandatory, to pool the profits and losses of high risk coverage.

This comprehensive health insurance statute in Minnesota took effect in January of this year. There are now 12 law suits pending challenging the law. Interstate employers complain that when Minnesota law requires a high standard of health benefits for employees, the employer must offer the same high benefits to its employees in other states. Thus, the law has impact beyond the borders of the state and may be unconstitutional.

Minnesota also has a Catastrophic Health Expense Protection Act under which the state pays 90 percent of a resident's health care expenses after the resident's out-of-pocket expenses exceed (a) 40 percent of his/her household income under $15,000, 50 percent of his/her household income between $15,000 and $25,000, plus 60 percent of his/her household income in excess of $25,000; or (b) $2,500; whichever is greater. This statute does not take effect until July 1 this year, so its fiscal impact is not known. On the basis of very crude estimates, it was budgeted for $18 million over the two year budget period, plus $50,000 for administration.

Rhode Island: Rhode Island's catastrophic health insurance statute has been in effect for three years. For the 85 percent of Rhode Island's residents who have private health coverage which meets minimum standards,

the state will pay costs of health care beyond the limits or coverage of the private insurance and above $500 or 10 percent of the resident's income. For the other 15 percent who do not have private insurance, the state will pay costs over $5,000 or 50 percent of the resident's income. The program is not well known yet. Of the 300 to 400 applications to the state for payment of health bills received each year, only half are found to be eligible. The annual state expenditure for the coverage is running $1,500,000 per year.

A health resources development fund is established not only to pay catastrophic costs but to make grants, loans, or contracts for the improvement of health facilities, services or education.

The statute also authorizes state regulation regarding consumer protection, quality of health coverage, universal availability, and rates.

Maine: The Maine catastrophic illness statute provides that the state will pay all remaining eligible health care expenses when the resident's out-of-pocket expenses reach 20 percent of the resident's net income, plus $1,000. For residents whose net worth exceeds $20,000 and such net worth includes cashable assets, 10 percent of such cashable assets are added to the out-of-pocket expenses threshold.

Considerations for Alaska

Although Alaska has a Catastrophic Illness Committee, it has not been given clear guidelines nor adequate funding.

The state approaches which have been tested elsewhere which you may want to consider for Alaska include:

1. state minimum standards for comprehensive health plans offered by private carriers;
2. mandatory availability of such plans to all state residents regardless of age or physical condition;
3. mandatory membership of all health insurance carriers in a reinsurance association to pool risk;
4. regulation of premium rates and provider reimbursements;
5. comprehensive health benefits mandated for all employees, with at least 50 percent of the premiums paid by employers;

All of the above provisions combined would still leave some people without comprehensive coverage. Self-employed, part-time or non-working people with adequate incomes would have a choice whether or not to purchase coverage, and some would choose not to. Self-employed, part-time, unemployed and non-working people with low incomes, however, could not afford to purchase private health insurance. People in this category might include farmers, homesteaders, miners, independent truckers, fishermen, small family business people, widows, retired people not eligible for Medicare, lots of low paid part-time workers (mostly women) and, of course, all their dependents. In addition, there are large numbers of seasonally employed people in Alaska who would only have coverage part of the year, such as loggers, cannery workers, and tourist industry employees. Public Health Services, Medicaid, and Medicare provide coverage for large sectors of low income Alaskans, plus General Relief-Medical and other state programs provide piecemeal health services for eligibles, but we are still far from comprehensive coverage for all.

The only way for the state to insure universal coverage is to subsidize it to the tune of millions of dollars.

Before we can proceed to draft a state comprehensive health insurance plan for Alaska, some policy decisions must be made:

1. Coverage - is enrollment voluntary or mandatory, and for whom is the coverage targeted?
2. Benefits - which expenses will be covered?
3. Financing - what portion will the state or employers pay? How much in premiums, deductibles, or co-payments must the consumer pay?
4. Cost and Quality Control - how will rates or standards of care be set?
5. Administration - what is the role of private carriers? What is the role of the state?

There will be a seminar on state health insurance plans on Friday, July 29, in Washington, D. C., sponsored by the Georgetown University Health Policy Center. There will be four forums: (1) political planning for enactment of state health insurance; (2) administrative aspects; (3) benefit coverage and eligibility; and (4) the cost of state health insurance, and looking ahead to national health insurance. Reservations or inquiries should be directed to: Jordan Braveman, Director of Policy Analysis, Georgetown University Health Policy Center, 3520 Prospect Street, N.W., Washington, D. C. 20057. He can also be reached by phone at (202) 625-3092.

We will be happy to meet with you at your earliest convenience to discuss these questions.

SH:jm

The Legislature of the State of Alaska
FISCAL NOTE

First Session - Tenth Legislature

I. REQUEST

Bill No. CS for HB 409 (Sterling)

Title: Catastrophic Illness

Requested by: [illegible] Date: [illegible]

Return Date Requested: ASAP

Agency: Department of Health & Social Services Program: Health

II. FISCAL DETAIL

Budget Request Unit(s) Affected: General Relief Medical

A. EXPENDITURES: (Thousands of dollars)

	OBJECT	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100	PERSONAL SERVICES		20.0	21.0	22.0	23.1	24.3
200	TRAVEL		4.0	4.2	4.4	4.6	4.9
300	CONTRACTUAL		2.0	2.1	2.2	2.3	2.4
400	COMMODITIES		1.0	1.0	1.1	1.2	1.3
500	EQUIPMENT		3.0	.5	.5	.5	.5
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.						
	TOTAL		30.0	28.8	30.2	31.7	33.4

B. FUNDING: (Thousands of dollars)

GENERAL FUND		30.0	28.8	30.2	31.7	33.4
FEDERAL FUNDS						
OTHER						

C. POSITIONS:

PERMANENT/TEMPORARY	/	2/	2/	2/	2/	2/
MAN MONTHS (P./T.)	/	6/	6/	6/	6/	6/

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

A two person part time staff to handle the administrative and clerical supporting function to the claims review committee would involve an Administrative Assistant III (part time) and a Clerk Typist III (part time). Offices would be located in Juneau.

No provision has been made in the above for claims. This is normally included in the Governor's requested budget. The Request for FY 78 is $450,000.

An inflation figure of 5% annually was utilized in computation of future fiscal years.

IV. ATTACHMENTS

V. DATE: 5/20/77 PREPARED BY: Don Kemp

Don Kemp, Acting Director
Division of Public Assistance

Marsha Lenhard

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

Agency: Department of Health & Social Services Program: Health

II. FISCAL DETAIL

Budget Request Unit(s) Affected: General Relief Medical

A. EXPENDITURES: (Thousands of dollars)

	OBJECT	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100	PERSONAL SERVICES		20.0	21.0	22.0	23.1	24.3
200	TRAVEL		4.0	4.2	4.4	4.6	4.9
300	CONTRACTUAL		2.0	2.1	2.2	2.3	2.4
400	COMMODITIES		1.0	1.0	1.1	1.2	1.3
500	EQUIPMENT		3.0	.5	.5	.5	.5
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.						
	TOTAL		30.0	28.8	30.2	31.7	33.4

B. FUNDING: (Thousands of dollars)

GENERAL FUND		30.0	28.8	30.2	31.7	33.4
FEDERAL FUNDS						
OTHER						

C. POSITIONS:

PERMANENT/TEMPORARY	/	2/	2/	2/	2/	2/
MAN MONTHS (P./T.)	/	6/	6/	6/	6/	6/

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

A two person part time staff to handle the administrative and clerical supporting function to the claims review committee would involve an Administrative Assistant III (part time) and a Clerk Typist III (part time). Offices would be located in Juneau.

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An inflation figure of 5% annually was utilized in computation of future fiscal years.

IV. ATTACHMENTS

V. DATE 5/20/77 PREPARED BY: Don Kemp

Don Kemp, Acting Director
Division of Public Assistance

Original: Legislative Finance
cc: Budget and Management

TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. CSHB 409 (Finance)
Title Catastrophic Illness
Requested by _____ Date _____

II. FISCAL DETAIL
Agency Affected Dept. of Health & Social Services
Program Category Affected Health
Budget Request Unit(s) Affected General Relief Medical

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES		20.0				
200 TRAVEL		4.0				
300 CONTRACTUAL		2.0				
400 COMMODITIES		1.0				
500 EQUIPMENT		3.0				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		30.0				

FUNDING (Thousands of Dollars)

GENERAL FUND		30.0				
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME						
PART TIME		2				
TEMPORARY						

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

IV. DATE 5/19/77 PREPARED BY House Finance Committee
AGENCY _____
PHONE _____

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

33-001 (Rev. 10/76)

Agency: Department of Health & Social Services Program: Health

II. FISCAL DETAIL

Budget Request Unit(s) Affected: General Relief Medical

A. EXPENDITURES: (Thousands of dollars)

	OBJECT	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100	PERSONAL SERVICES		20.0	21.0	22.0	23.1	24.3
200	TRAVEL		4.0	4.2	4.4	4.6	4.9
300	CONTRACTUAL		2.0	2.1	2.2	2.3	2.4
400	COMMODITIES		1.0	1.0	1.1	1.2	1.3
500	EQUIPMENT		3.0	.5	.5	.5	.5
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.						
	TOTAL		30.0	28.8	30.2	31.7	33.4

B. FUNDING: (Thousands of dollars)

GENERAL FUND		30.0	28.8	30.2	31.7	33.4
FEDERAL FUNDS						
OTHER						

C. POSITIONS:

PERMANENT/TEMPORARY	/	2/	2/	2/	2/	2/
MAN MONTHS (P./T.)	/	6/	6/	6/	6/	6/

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

A two person part time staff to handle the administrative and clerical supporting function to the claims review committee would involve an Administrative Assistant III (part time) and a Clerk Typist III (part time). Offices would be located in Juneau.

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An inflation figure of 5% annually was utilized in computation of future fiscal years.

IV. ATTACHMENTS

V. DATE: 5/20/77 PREPARED BY: Don Kemp

Don Kemp, Acting Director
Division of Public Assistance

Original: Legislative Finance
cc: Budget and Management

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF COMMERCE &
ECONOMIC DEVELOPMENT

1100 MacKAY BUILDING
333 DENALI STREET
ANCHORAGE 99501

ALASKA PUBLIC UTILITIES COMMISSION

May 12, 1977

Honorable Steve Cowper, Chairman
House Finance Committee
Pouch WF, State Capitol
Juneau, Alaska 99811

Dear Steve:

Enclosed is the Commission's comments concerning House Committee Substitute for Senate Bill 50 pending before the House Finance Committee. Because of the extraneous material now contained in what has been a very important measure, the Commission has grave reservations about the legislation, particularly Section 5 of the bill, and desires to call its concern to your and the Committee's attention.

If you or the other members of the Committee have any questions about our position, please do not hesitate to contact us. I will be in Juneau over the weekend of May 13-15 and would be pleased to make myself available should you desire it.

Cordially,

Stuart C. Hall

STUART C. HALL
Commissioner

SCH:McP

cc: Frances A. Ulmer, Esq.
Legislative Assistant to the Governor

Pamela Knode, Information Officer
Department of Commerce & Econ. Dev.

Arthur H. Peterson, Esq.
Assistant Attorney General

Honorable Lisa Rudd, Chairman
House Community & Regional Affairs Committee

Honorable Sam Cotten, Chairman
House Rules Committee

Honorable Mike Miller, Majority Leader
House of Representatives

Akepke

April 8, 1977

State of Alaska
Dept. of Health & Social Services
Catastrophic Illness Program
Pouch H-06
Juneau, Alaska 99811

Gentlemen:

I offer the following comments on the proposed regulations to be promulgated by your committee.

I preface my specific comments by stating that it is my belief that the Catastrophic Illness (AS 47.25.255) statute was enacted by the Alaska State Legislature to help those citizens of the State of Alaska who have suffered catastrophic illness, and who were financially injured by such illness.

Further, that the intent of the legislature was that such persons did not have to be at the poverty level to receive assistance, but were to have their medical costs paid by the State so that they could continue to lead normal lives and continue to be wage earners, or continue operating their businesses so that they would not become a burden to the State, and assume at least part of continuing medical expenses.

While it is understood that eligibility should not be given to the wealthy, neither is eligibility predicated on the person's need to sell all his assets, and to disregard his liabilities. He should be allowed to retain reasonable assets so that he could continue to live a reasonably normal life and continue to make his living. Certainly it was not legislative intent that AS 47.25.255 be considered as a means of paying off the medical profession's bad debts.

Proposed Regulations

7 AAC 48.050 Services Excluded from Coverage (C)
This paragraph infers that Laetrile is excluded. The use of Laetrile has been legalized in the State of Alaska and is being prescribed and used by Alaska physicians. Dr. Ernesto Contreras of Mexico also is a licensed physician. By international ethics or agreements, treatments by foreign doctors are honored in this country.

Please Note that this paragraph indicates that all prescribed drugs or medications (not just Laetrile) are to be paid for under the Catastrophic Illness statute.

7 AAC 48.070 Calculation of Applicant's Share

(b) Does this paragraph mean that applicants will not receive payment until after 12 months? If so, there will be problems with the medical providers demanding payment, or refusing services.

(c) (1) "Note" that Clifford E. and June C. Warren sold their home to pay medical and other bills.

(3) "Note" that liquid assets and working capital are needed to run a business. Without these assets tools, equipment, vehicles, etc. are of no use and your business is bankrupt and your source of income is eliminated.

(5) One thousand dollars of liquid assets will not sustain a business, nor will it last very long for living expenses: rents, payments, utilities, transportation costs, food, clothing, etc. etc. etc. $1,000 is far too low an amount to be excluded nowadays; that is almost the poverty level.

7 AAC 48.080 Standards For Reimbursement To Providers

There is nothing in the Catastrophic Illness statute that indicates that only unpaid bills will be paid. The statute is intended to help Alaskan citizens injured by catastrophic illnesses. People who have paid their medical bills to the point of severe financial damage should, and I believe are intended, to be compensated. There would be no equity for one person to sell his liquid and non-liquid assets (home, life insurance, etc.), as we did to meet our obligations, and practically bankrupting our business and means of livelihood, while another person keeps his home and other liquid or non-liquid assets, etc. etc., not meeting his obligations and then having the State pay his unpaid bills. This would be inequitable.

The statute does not limit payments to unpaid bills. Warren Painting Co., Inc. was the provider of the majority of June Warren's medical services in the sense that these bills were paid for by the company by selling its liquid and non-liquid assets. It is my interpretation of the Catastrophic Illness statute that the provider was to receive the payment to insure that payments were for medical costs, and money could not be obtained under false pretenses. The medical providers, such as doctors, hospitals, etc., can be paid and in return reimburse those who paid them. Prescription drugs and laboratory tests are cash on the line (unless you pay more at a clinic for the laboratory tests), and being vital to treatment, have to be paid for in cash.

(a) Nothing in the statute says you have to leave unpaid bills for 12 months, nor is there a time limit on the length

of time as to when the medical bills will be paid. There is nothing in the statute limiting payments to those incurred after July 1, 1976. The statute was intended to help those injured by catastrophic illness before or after July 1, 1976. The only criterion should be the person's liquid financial position at the time of application, and were the medical costs bona fide, etc. etc.

(b) Again the twelve month period question arises. Does this mean the bills remain unpaid for twelve months? It should be that bills are not paid until $1,000 worth are accumulated. The third party payment is understandable regarding third party payments from Medicare, medical insurance, etc., but what is meant by someone acting on behalf of the applicant? If it is meant that some other individual, company, etc. helping an applicant, then that is wrong as they have no moral or legal obligation to do so and are entitled to be repaid.

(c) The statute does not contemplate a formula, but if such formula is allowed the one proposed is wrong as far as amount of liquid assets. First of all, liquid assets should not be considered as liquid assets until liabilities are taken into consideration. Secondly, no formula should start below $5,000, as this amount will be needed to pay applicant's living and miscellaneous expenses, etc., and then only for a short period of time.

If it is shown that an applicant has a weekly or monthly income in an amount above that needed for a reasonable standard of living or payment of bills and miscellaneous medical expenses, and the liquid assets are surplus, then perhaps the formula is justified. But not until then.

(d) The statute gives no authority for a split-the-pot determination. There is an additional $2,542,100.00 available to the committee, as listed under the Component Budget Summary of the State Health and Social Services Department, which also states under (B), Legislative Intent:

> "A supplemental appropriation is to be requested if actual costs exceed the appropriation."

If funds are short, it is requested that the $2,542,100.00 be used, and if needed, additional funds be requested from the legislature.

(e) It is hoped the committee will take into consideration the particular factors regarding our application as presented to it.

7 AAC 48.130 Definitions

(10) (11) A provider can also be a non-responsible

Summary

It is my belief that the legislative intent, being to help Alaskans who suffered catastrophic illnesses, does not allow regulations that thwart that intent.

Legislative intent was not to force Alaskans to the poverty level, or be financially disabled to the degree that they could not continue to earn a living, meet their obligations, live reasonably well, etc. before their eligibility is recognized.

It is not believed that it was legislative intent to penalize those Alaskans who meet their obligations by selling their non-liquid assets (homes, etc.), while others are to be helped by the State who retained their non-liquid assets (homes, etc.), and left their medical and other bills unpaid. It is not believed that eligible Alaskans are required to wait a year before their medical bills are paid. The Catastrophic Illness statute does not show legislative intent to allow costs only after July 1, 1976. Such prior costs are part of the current Catastrophic Illness, and need to be paid if the intents and purposes of the law are recognized and adhered to.

The Catastrophic Illness law is one of the best laws passed by the legislature to help Alaskans suffering catastrophic illness to live a reasonably normal life, continuing or allowing spouses to continue to earn their own living, paying at least in part their medical bills and not becoming a burden on the State. It is requested that in the light of my comments that the Catastrophic Illness Committee will revise their proposed regulations so that the legislative intent is carried out and equity can be maintained between all applicants applying.

Yours truly,

Clifford E. Warren

Clifford E. Warren
P. O. Box 1124
Anchorage, Alaska 99510

Proposed (revised)

CHAPTER 48. CATASTROPHIC ILLNESS.

Section

10. Committee meetings
20. Confidentiality
30. Applications for assistance
40. Residency
50. Services excluded from coverage
60. Required documentation; investigation
70. Applicant's share
80. Standards for reimbursement to providers
90. Reconsideration of decision by committee
100. Fair hearing
110. Finality of decisions
120. Recovery from collateral source
130. Definitions

7 AAC 48.010. COMMITTEE MEETINGS. The Catastrophic Illness Committee shall meet twice a month on dates which the committee establishes.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.020. CONFIDENTIALITY. The confidentiality provisions of 7 AAC 37.020 -- 7 AAC 37.130 are adopted by reference and made applicable to this chapter.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.05.020
AS 47.05.030

7 AAC 48.030. APPLICATIONS FOR ASSISTANCE. (a) All applications for financial assistance under this chapter shall be made on a form authorized by the committee. The information required by the committee shall be supplied in full by the applicant or the applications may not be considered. Additional sheets may be used, as necessary.

(b) Application forms, along with the formula used to calculate the applicant's share, described in section 70 of this chapter, shall be available at Offices of the Division of Public Assistance, at Regional Health Offices of

the Division of Public Health, at state licensed hospitals, or by writing to the committee at Pouch H06, Juneau, Alaska 99811.

(c) Applications may be filed by a person who has suffered a catastrophic illness or by a parent, spouse, or legal guardian of that person; or by any other interested party with the written consent of the person who has suffered a catastrophic illness.

(d) No application shall be considered unless the total medical bills related to the catastrophic illness are more than $1,000 in a period not to exceed 12 months after all sources of third party payment have been exhausted.

(e) A poster publicizing the availability of benefits under this chapter shall be supplied to hospitals licensed in the state of Alaska for display in a public area. The poster shall also be supplied for display in appropriate public buildings throughout the state according to the availability of appropriations for catastrophic illness.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.040. RESIDENCY OF APPLICANT. Applicants shall be residents of the state of Alaska at the time of application and at the time the catastrophic illness for which state aid is sought occurred.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.050. SERVICES EXCLUDED FROM COVERAGE. The following services and charges are excluded from coverage under this chapter:

(a) Dentistry and optometry unless prescribed by a licensed dentist or physician as medically necessary as the result of an injury or illness;

(b) Elective medical or surgical procedures;

(c) Drugs and medications not prescribed by a licensed physician;

(d) Services received as a result of a normal pregnancy;

(e) Private psychological or psychiatric treatment or private alcoholism treatment, unless not availble from public agencies or programs;

(f) Chiropractic services;

(g) Services not of a medical nature;

(h) Medical services currently provided to persons in the custody of the Division of Corrections;

(i) Residential care in a skilled nursing home or intermediate care facility for more than 90 days, if the committee finds such exclusion to be necessary based on the availability of catastrophic illness funds and the need of other applicants.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.060. REQUIRED DOCUMENTATION; INVESTIGATION. Each application shall be reviewed by the committee or its designee for completeness of information, including required documentation of medical expenses, gross income and assets. The committee or its designee may return the application for more complete information to the person who is applying and may investigate any portion of an application.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.070. CALCULATION OF APPLICANT'S SHARE. (a) A formula adopted by the committee shall be utilized in determining the applicant's share of total medical bills related to a catastrophic illness, based on annual gross income, number of dependents and amount of assets. This formula shall be provided along with the application form and shall also be made available to persons who request it by writing to the committee at Pouch H06, Juneau, Alaska 99811;

(b) For the purposes of applying the formula to determine the applicant's share, multiple catastrophic illness occuring within a 12 month period to the applicant or other members of the applicant's family shall be treated as one catastrophic illness;

(c) In applying the formula to determine the applicant's share, the total gross income and the total assets of the family of an applicant may be considered; the following assets shall be excluded:

(1) a home providing shelter for the applicant and the land on which it is situated;

(2) one non-commercial vehicle;

(3) tools, equipment and vehicles required in a trade or business;

(4) ordinary household and personal effects;

(5) $1,000 of liquid assets;

(6) all non-liquid assets unless such exclusion would bring about an inequitable result; however, all income derived from such property shall be taken into consideration in determining the recipient's gross income;

(7) inalienable shares in a Native Corporation created pursuant to the Alaska Native Claims Settlement Act, P.L. 92-203, 43 U.S.C. 1601 et seq., during the period of their inalienability as specified in the act.

(8) Alaska longevity bonus;

(9) any other assets specifically restricted for the use of the recipient by state or federal law.

(d) Assets received as custodian, guardian, conservator or trustee for another are not considered assets of the custodian, guardian, conservator or trustee himself.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.080. STANDARDS FOR REIMBURSEMENT TO PROVIDERS. The amount that the committee reimburses providers for medical services rendered to a person who has suffered a catastrophic illness shall not be greater than 100% of the total unpaid bills related to the catastrophic illness and shall be determined by the following standards:

(a) Medical bills related to a catastrophic illness shall be considered for periods not to exceed 12 months. The initial 12 month period begins with the date of the first charges incurred because of the illness, but no charges incurred before July 1, 1976, shall be considered;

(b) The committee may not reimburse a provider if the applicant's total bills related to the catastrophic illness are less than $1,000 in any period not to exceed 12 months described in (a) after all sources of third party payment have been exhausted by the applicant or by someone acting on behalf of the applicant;

(c) The committee may not reimburse a provider for the applicant's share of the total medical bill, as determined by the formula referred to in

section 70 of this chapter;

(d) The committee shall reimburse hospitals and other institutions at the rates and in the manner established by existing provider agreements with the department of health and social services. Physicians, dentists, and all other providers shall be reimbursed at rates not less than those set out at 45 Code of Federal Regulations 250.30(b)(3)(i)(A);

(e) The committee may consider the availability of catastrophic illness funds;

(f) The committee may consider any other factors or circumstances which it determines to be relevant in an individual case.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.090. RECONSIDERATION OF DECISION BY COMMITTEE. The committee shall promptly notify an applicant of its decision with written reasons for the amount of the award or for a finding of non-eligibility. An applicant who is dissatisfied with a decision of the committee may apply to the committee for reconsideration within 30 days of receipt of the decision. The request for reconsideration shall include a written statement of grounds for reconsideration and any supporting documentation which was not available to the committee for its original decision. Within 30 days of receipt of a request for reconsideration, the committee shall affirm, amend or reverse its original decision. The committee shall promptly notify the applicant of its decision upon reconsideration with written reasons for its action. Information describing hearing rights and procedures shall be printed in bold-face type on the written notification of decision.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 100. FAIR HEARING. An applicant who is dissatisfied with the committee's decision upon reconsideration may request a fair hearing in accordance with the procedures established by the department of health and social services at 7 AAC 49.020 -- 7 AAC 49.250.

(Eff. / /77, Register)

7 AAC 48.100
7 AAC 48.110
7 AAC 48.120
7 AAC 48.130

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.110. FINALITY OF DECISIONS. Decisions as to catastrophic illness awards are final (a) 30 days after receipt by the applicant of the committee's decision unless a reconsideration is requested during this time; or (b) 30 days after receipt of the committee's decision upon reconsideration unless a fair hearing is requested during this time; or (c) after denial or dismissal as provided by 7 AAC 49.110; or (d) 15 days after receipt of the hearing authority's decision if that decision is not appealed during this time as provided by 7 AAC 49.230; or (e) after the decision of the director on appeal as provided by 7 AAC 49.240. Time limits for appeal may be extended or waived for good cause. Request for a hearing shall be deemed made upon dispatch.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.180
AS 47.25.255

7 AAC 48.120. RECOVERY FROM A COLLATERAL SOURCE. If the applicant or a provider is recompensated from any other source for medical bills which have been paid by the catastrophic illness committee, the state shall have the right to reimbursement for the amount paid by the committee. As a condition of application for catastrophic illness assistance, an applicant shall sign an agreement to this effect. As a condition of payment by the committee a provider shall sign an agreement to this effect.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.130. DEFINITIONS. In this chapter

(1) "applicant" means a person who has suffered a catastrophic illness;

(2) "applicant's share" means the amount of the total medical bill related to the catastrophic illness which the committee determines that the applicant can reasonably be expected to pay based on income, assets, and

number of dependents;

(3) "catastrophic illness" means a single illness or injury which results in medical expenses of over $1,000 during a period not to exceed 12 months, after all other sources of third party payment have been exhausted;

(4) "committee" means the Catastrophic Illness Committee;

(5) "elective medical or surgical procedures" means treatment which is not essential to the life or health of a person;

(6) "family" means two or more persons related by blood or marriage or adoption living as one economic unit;

(7) "liquid assets" means assets which can be readily converted to cash;

(8) "non-liquid assets" means all assets not covered by (7);

(9) "provider" means a licensed physician, pharmacist, dentist, or other health services worker who has provided services not excluded by section 50 of this chapter to an applicant as a result of a catastrophic illness, or a licensed hospital, clinic, skilled nursing home, intermediate care facility or health maintenance organization which has provided these services;

(10) "third party payments" means payments of medical expenses related to a catastrophic illness by sources other than the applicant or the catastrophic illness committee, including, but not limited to state and federal medical assistance programs; private health insurance; employment-related health insurance; military health insurance; Workmen's Compensation; Victims Crimes Compensation; Indian Health Service of the U.S. Department of Health, Education and Welfare, awards in legal actions.

(Eff. / /77, Register)

Authority: AS 47.05.010

1A

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 409
Title relating to catastrophic illness
Requested by _____ Date 3/29/77

II. FISCAL DETAIL
Agency Affected Commerce & Economic Development
Program Category Affected Protection
Budget Request Unit(s) Affected Division of Insurance

EXPENDITURES (Thousands of Dollars)

NONE

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL						

FUNDING (Thousands of Dollars)

NONE

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

NONE

FULL TIME						
PART TIME						
TEMPORARY						

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

NONE

IV. DATE April 5, 1977 PREPARED BY James F. Pfeifer
AGENCY Insurance
PHONE 465-2515

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

33-001 (Rev. 10/76)

CHAPTER 48. CATASTROPHIC ILLNESS.

Section

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130. Definitions

7 AAC 48.010. COMMITTEE MEETINGS. The Catastrophic Illness Committee shall meet twice a month on dates which the committee establishes.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.020. CONFIDENTIALITY. The confidentiality provisions of 7 AAC 37.020 -- 7 AAC 37.130 are adopted by reference and made applicable to this chapter.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.05.020
AS 47.05.030

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(b) Application forms, along with the formula used to calculate the applicant's share, described in section 70 of this chapter, shall be available at Offices of the Division of Public Assistance, at Regional Health Offices of

the Division of Public Health, at state licensed hospitals, or by writing to the committee at Pouch H06, Juneau, Alaska 99811.

(c) Applications may be filed by a person who has suffered a catastrophic illness or by a parent, spouse, or legal guardian of that person; or by any other interested party with the written consent of the person who has suffered a catastrophic illness.

(d) No application shall be considered unless the total medical bills related to the catastrophic illness are more than $1,000 in a period not to exceed 12 months after all sources of third party payment have been exhausted.

(e) A poster publicizing the availability of benefits under this chapter shall be supplied to hospitals licensed in the state of Alaska for display in a public area. The poster shall also be supplied for display in appropriate public buildings throughout the state according to the availability of appropriations for catastrophic illness.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.040. RESIDENCY OF APPLICANT. Applicants shall be residents of the state of Alaska at the time of application and at the time the catastrophic illness for which state aid is sought occurred.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

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(b) Elective medical or surgical procedures;

(c) Drugs and medications not prescribed by a licensed physician;

(d) Services received as a result of a normal pregnancy;

(e) Private psychological or psychiatric treatment or private alcoholism treatment, unless not availble from public agencies or programs;

(f) Chiropractic services;

(g) Services not of a medical nature;

(h) Medical services currently provided to persons in the custody of the Division of Corrections;

(i) Residential care in a skilled nursing home or intermediate care facility for more than 90 days, if the committee finds such exclusion to be necessary based on the availability of catastrophic illness funds and the need of other applicants.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

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(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.070. CALCULATION OF APPLICANT'S SHARE. (a) A formula adopted by the committee shall be utilized in determining the applicant's share of total medical bills related to a catastrophic illness, based on annual gross income, number of dependents and amount of assets. This formula shall be provided along with the application form and shall also be made available to persons who request it by writing to the committee at Pouch H06, Juneau, Alaska 99811;

(b) For the purposes of applying the formula to determine the applicant's share, multiple catastrophic illness occuring within a 12 month period to the applicant or other members of the applicant's family shall be treated as one catastrophic illness;

(c) In applying the formula to determine the applicant's share, the total gross income and the total assets of the family of an applicant may be considered; the following assets shall be excluded:

(1) a home providing shelter for the applicant and the land on which it is situated;

(2) one non-commercial vehicle;

(3) tools, equipment and vehicles required in a trade or business;

(4) ordinary household and personal effects;

(5) $1,000 of liquid assets;

(6) all non-liquid assets unless such exclusion would bring about an inequitable result; however, all income derived from such property shall be taken into consideration in determining the recipient's gross income;

(7) inalienable shares in a Native Corporation created pursuant to the Alaska Native Claims Settlement Act, P.L. 92-203, 43 U.S.C. 1601 et seq., during the period of their inalienability as specified in the act.

(8) Alaska longevity bonus;

(9) any other assets specifically restricted for the use of the recipient by state or federal law.

(d) Assets received as custodian, guardian, conservator or trustee for another are not considered assets of the custodian, guardian, conservator or trustee himself.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.080. STANDARDS FOR REIMBURSEMENT TO PROVIDERS. The amount that the committee reimburses providers for medical services rendered to a person who has suffered a catastrophic illness shall not be greater than 100% of the total unpaid bills related to the catastrophic illness and shall be determined by the following standards:

(a) Medical bills related to a catastrophic illness shall be considered for periods not to exceed 12 months. The initial 12 month period begins with the date of the first charges incurred because of the illness, but no charges incurred before July 1, 1976, shall be considered;

(b) The committee may not reimburse a provider if the applicant's total bills related to the catastrophic illness are less than $1,000 in any period not to exceed 12 months described in (a) after all sources of third party payment have been exhausted by the applicant or by someone acting on behalf of the applicant;

(c) The committee may not reimburse a provider for the applicant's share of the total medical bill, as determined by the formula referred to in

section 70 of this chapter;

(d) The committee shall reimburse hospitals and other institutions at the rates and in the manner established by existing provider agreements with the department of health and social services. Physicians, dentists, and all other providers shall be reimbursed at rates not less than those set out at 45 Code of Federal Regulations 250.30(b)(3)(i)(A);

(e) The committee may consider the availability of catastrophic illness funds;

(f) The committee may consider any other factors or circumstances which it determines to be relevant in an individual case.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.090. RECONSIDERATION OF DECISION BY COMMITTEE. The committee shall promptly notify an applicant of its decision with written reasons for the amount of the award or for a finding of non-eligibility. An applicant who is dissatisfied with a decision of the committee may apply to the committee for reconsideration within 30 days of receipt of the decision. The request for reconsideration shall include a written statement of grounds for reconsideration and any supporting documentation which was not available to the committee for its original decision. Within 30 days of receipt of a request for reconsideration, the committee shall affirm, amend or reverse its original decision. The committee shall promptly notify the applicant of its decision upon reconsideration with written reasons for its action. Information describing hearing rights and procedures shall be printed in bold-face type on the written notification of decision.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 100. FAIR HEARING. An applicant who is dissatisfied with the committee's decision upon reconsideration may request a fair hearing in accordance with the procedures established by the department of health and social services at 7 AAC 49.020 -- 7 AAC 49.250.

(Eff. / /77, Register)

7 AAC 48.100
7 AAC 48.110
7 AAC 48.120
7 AAC 48.130

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.110. FINALITY OF DECISIONS. Decisions as to catastrophic illness awards are final (a) 30 days after receipt by the applicant of the committee's decision unless a reconsideration is requested during this time; or (b) 30 days after receipt of the committee's decision upon reconsideration unless a fair hearing is requested during this time; or (c) after denial or dismissal as provided by 7 AAC 49.110; or (d) 15 days after receipt of the hearing authority's decision if that decision is not appealed during this time as provided by 7 AAC 49.230; or (e) after the decision of the director on appeal as provided by 7 AAC 49.240. Time limits for appeal may be extended or waived for good cause. Request for a hearing shall be deemed made upon dispatch.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.180
AS 47.25.255

7 AAC 48.120. RECOVERY FROM A COLLATERAL SOURCE. If the applicant or a provider is recompensated from any other source for medical bills which have been paid by the catastrophic illness committee, the state shall have the right to reimbursement for the amount paid by the committee. As a condition of application for catastrophic illness assistance, an applicant shall sign an agreement to this effect. As a condition of payment by the committee a provider shall sign an agreement to this effect.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.130. DEFINITIONS. In this chapter

(1) "applicant" means a person who has suffered a catastrophic illness;

(2) "applicant's share" means the amount of the total medical bill related to the catastrophic illness which the committee determines that the applicant can reasonably be expected to pay based on income, assets, and

number of dependents;

(3) "catastrophic illness" means a single illness or injury which results in medical expenses of over $1,000 during a period not to exceed 12 months, after all other sources of third party payment have been exhausted;

(4) "committee" means the Catastrophic Illness Committee;

(5) "elective medical or surgical procedures" means treatment which is not essential to the life or health of a person;

(6) "family" means two or more persons related by blood or marriage or adoption living as one economic unit;

(7) "liquid assets" means assets which can be readily converted to cash;

(8) "non-liquid assets" means all assets not covered by (7);

(9) "provider" means a licensed physician, pharmacist, dentist, or other health services worker who has provided services not excluded by section 50 of this chapter to an applicant as a result of a catastrophic illness, or a licensed hospital, clinic, skilled nursing home, intermediate care facility or health maintenance organization which has provided these services;

(10) "third party payments" means payments of medical expenses related to a catastrophic illness by sources other than the applicant or the catastrophic illness committee, including, but not limited to state and federal medical assistance programs; private health insurance; employment-related health insurance; military health insurance; Workmen's Compensation; Violent Crimes Compensation; Indian Health Service of the U.S. Department of Health, Education and Welfare, awards in legal actions.

(Eff. / /77, Register)

Authority: AS 47.05.010

7 April 77

DEAR Thelma -

I support your stand RE-garding the amendment to the CATASTROPHIC illness bill (HB409).

FAMILIES in NEED should RECIEVE AID before they become bankrupt. I APPRECIATE your position on human rights.

Sincerely,
Rick

P.S. I have not been REINSTATED in the DAY CARE PROGRAM, they say no funds yet.

Mrs. Thelma Buckholdt.
State Representative.

Dear Mrs. Buckholdt:

Thank you, Thelma, for letting me know about HB. 409. It is good to know that we have Representatives that still think of others in trouble. Most people do not think of, or care about the tremendous Hospital & Doctor Bills that occur during a Catastrophic illness, and that there are many that are financially unable to meet these demands. Think Glad there are some who do think & act on these things.

Yes, I heartily approve of Bill HB-409. Thank you again for including us on your mailing list. We remain supporters of you. Sincerely

Vernon + Helen Gilbert.

Introduced: 3/29/77
Referred: Health,Education & Social Services and Finance

BY BUCHHOLDT,BEIRNE,BRADLEY, COTTEN,GARDINER,MCKINNON, OSTERBACK AND RUDD

IN THE HOUSE

HOUSE BILL NO. 409

IN THE LEGISLATURE OF THE STATE OF ALASKA

TENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to catastrophic illness; and providing for an effective date."

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

* Section 1. AS 47.25.255 is amended to read:

Sec. 47.25.255. CATASTROPHIC ILLNESS. Notwithstanding the provisions of secs. 230 and 240 of this chapter, the department shall reimburse providers of medical care for costs incurred in the treatment of persons suffering catastrophic illness. <u>If (1) costs of a catastrophic illness were paid by the person suffering the illness or by a parent, spouse, child or other person related by blood to that person; (2) debt was incurred to pay all or part of the cost; and (3) the debt has not been fully repaid, the person paying the costs shall be reimbursed the allowable cost to the extent of any payment made by that person.</u> The determination of allowable costs and levels of reimbursement shall be made by the Catastrophic Illness Committee, consisting of a medical review officer from the Department of Health and Social Services, a member appointed by the governor who has suffered a catastrophic illness, and a representative of the Department of Commerce and Economic Development appointed by the governor.

* Sec. 2. This Act takes effect immediately in accordance with AS 01.10.-070(c).

(OVER)

There is no doubt that the bill on the reverse is a good bill and well intended as far as it goes but in my mind it only scratches the surface.

Anyone that is il and much more so for one with any form of catastrophic illness, has their recovery seriously hindered and in some cases,blocked, by the opressing fear of the financial strain. To provide aid only after having already"spent a high percentage of their income and other resources" is much too late to remove the worry and strain caused by seeing their financial security go even if there is good reson to beleive that all or part will ,hopefully,be returned to them.

My only income is from Disability payments (Workmans Compensation) made by the insurance company,the state and social security. These alow me to live-no more-just live. If I were to suffer a heart attact and require both in-hospital and later in-home care the costs would be beyound my ability to cover. However,at the onset of the condition one could by simple math compute my income and my outgo and see that I would not be able to stand up under the ectra cost load. If the bill were inclusive enough payments could begin at the onset to defer costs over and above my ability to pay. The expenses would be coveeed,and above all my mind put to rest so that I could devote all my energy to getting well and not worrying about money problems which in the case given (heart) might initself cause another attact.

In summary I am trying to say...do not wait until the horse is gone before locking the barn . Your bill helps and makes the original bill much more livable but it still misses the mark. It will have to be reworked again at another date. Cannot it be done all at one time? Too much can happen to a person if you step in to help after the fact. I can see no reason,if this type of help is going to be given, that the help cannot be made to begin at the begining.

Maybe I read the bill wrong and if so disregard my comments but at this time I have the syrong feeling that the bill as ammended (proposed) still has a long way to go before it is able to meet the original intent and the full intent of the ammendment and the good people that drafted it.

My heartfelt thanks for your efforts to help us that for one reason or another are not quilified to fully help ourselves. God will love you for your thoughts and efforts.

Sincerely,

Robert L. Merrill

Robert L. Merrill
3402 Wyoming Drive.
Anchorage,Alaska
99503

1A

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 409
Title relating to catastrophic illness
Requested by _____ Date 3/29/77

II. FISCAL DETAIL
Agency Affected Commerce & Economic Development
Program Category Affected Protection
Budget Request Unit(s) Affected Division of Insurance

EXPENDITURES (Thousands of Dollars)

NONE

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL						

FUNDING (Thousands of Dollars)

NONE

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

NONE

FULL TIME						
PART TIME						
TEMPORARY						

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

NONE

IV. DATE April 5, 1977 PREPARED BY James F. Pfeifer
AGENCY Insurance
PHONE 465-2515

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

33-001 (Rev. 10/76)

ALASKA STATE HOSPITAL ASSOCIATION, INC.

5531 ARCTIC BLVD, SUITE 1
PHONE 277-1633

ANCHORAGE, ALASKA 99502

April 1, 1977

Thelma Bucholdt
Alaska House Of Representatives
Pouch V
Juneau, Alaska

Dear Thelma,

In response to your telephone call this week regarding HB 409 I wish to make the following observations:

The catastrophic legislation that was passed last year resulted in a mere $300,000 fund being established to pay for such illnesses. Since that bill was retroactive to July 1, 1976 for reimbursement purposes, the $300,000 will be depleted before it ever addresses cases in 1977.

I understand that only $450,000 is being appropriated for 1978. I don't know if that survived the budget or not. A catastrophic illness will probably average $30,000 per case. We are talking about taking care of 10 to 15 patients. Anyone with a lick of common sense can see that in reality - we don't even have catastrophic care! Lets quit giving lip service to something that is a hoax.

To furtheraugment that hoax by adding the three items you suggest in HB 409 only confuses the issue more. What has to be done, Thelma, is for legislators to better understand the true number of catastrophic cases in Alaska and a projection of those dollar amounts along with the conditions pertaining thereto. We provided some figures to the Dept. of H & SS last year. We would be glad to do this again. These figures would not include what hospitals write off for bad debts, plus charity care, plus other payment denials and deficits they encounter. It would reflect the dollar amounts of catastrophic cases. The Medicaid program should have a good basis, too. All the money they spent for "medical exceptions" beyond Medicaid and GR Med could have fallen into this category. In fact the two sources could be compared. It would look more like $1,200,000 from our experience.

If Alaska is going to take credit for providing catastrophic illness funds then lets do it! Lets not pretend and give our residents false hope. This has been a problem for some time and we endorsed several attempts in past years to get catastrophic care passed in the legislators. We were glad to see it was. But thoroughly disappointed in the unrealistic approach to funding. Many people, such as Mr. Malasarte, are caught in that lack of action by previous legislators. We can't go back and pick up all those people - we will be doing well to provide for those who are getting trapped today. If we don't correct this funding problem; next year we will have that many more Malasarte's.

Let me know how we can help!

Sincerely,

Marion K Lampman
Executive Director

mkl
cc: Various Legislators and hospitals

Alaska State Legislature — House

HEALTH, EDUCATION & SOCIAL SERVICES COMMITTEE

Pouch V, State Capitol
Juneau, Alaska 99811
(907) 465-3797

RE: Catastrophic Illness

Some ideas for eligibility requirements:

1. All insurance has to be used up first.
2. A family is allowed one vehicle.
3. A family is allowed to keep one place of residence if it occupies that place.
4. There will be a ceiling of $20,000. per year per family.
5. 90% of liquid assets (stocks, bonds, land) must be used first.
6. If any money is received from the Violent Crime Compensation Board, it must be used first.
7. The order of priorities shall be:
   a. People in need of treatment so they can continue, or be restored to "normal".
   b. People with a prognosis of "no improvement".
   c. Terminal cases.

These are only suggestions. Any constructive criticism is welcomed. Please send comments to Charlie Parr or Rocky MacKinnon in House HESS. 465-3777 or 465-3797.

HB 409, Catastrophic Illness will be heard Friday, May 6 at 3:00p.m. in room 112 of the Capitol Building.

409

Clifford E. Warren
P. O. Box 1124
Anchorage 99510

May 2, 1977

Thelma Buchholdt
State Representative
Pouch V
Juneau Alaska 99811

Dear Thelma:

Received your letter of Ap. 18, 1977 enclosing House Bill 409.

One of the greatest complaints in this country today by the majority of the people is that when it comes to medical care, legal services, etc. the rich get it because they can afford it, the poor get it for nothing, while the average citizen cant afford it, goes without it, or goes into debt for it.

When the Alaska State Legislature enacted the Catastrophic Illness law I thought, not only for June and I but for the majority of the people of this state, that the legislature had recognized the rights and needs of the people in these areas. But it appears at this stage that the Catastrophic Illness Committee is going to turn the law into another ripoff to pay off the medical professions' old, bad debts and it will not help the people suffering catastrophic illness and the large medical expenses accruing.

Catastrophic illness starts when you have medical expenses above five or ten thousand dollars and do not have medical insurance. There are many reasons why some people do not have medical insurance including the fact that they cannot obtain any.

Certainly people with large liquid assets should not benefit from the catastrophic illness program, but those with small or no liquid assets or with fixed assets needed to live a reasonable normal life or maintain a business so that they may continue to earn a living, pay at least part of the medical bills, and not become a burden on the state under welfare should be helped. The fact that a person has liquidated his assets to pay his medical bills and placed his livlihood and business in jeopardy should be recognized. It is unjust for one person to do this while another keeps his assets (in particular fixed assets) and does not pay his medical bills but has the state pay them for him.

A person or company who has liquidated assets to pay medical bills should be reimbursed by the state to the degree that he or his company can regain the former position as to his home and business. The present catastrophic illness law allows this to be done.

If the catastrophic illness law is only allowed to pay after medical bills of five or ten thousand or more are incurred those people having medical insurance will continue to keep that insurance, but those people needing help to maintain their normal lives and continue in business will be helped.

Certainly people with high incomes should not need the help from the state and can pay their medical bills in most cases, even then there are circumstances that would warrant helping them.

Enclosed is an article from the paper showing that (allowing for the increased cost of living in Alaska) a family needs over $20,000. per year to live a normal life.

I wont go into the subject much further as many of the other thoughts are contained in my letter to the Catastrophic Illness Committee regarding their proposed regulations.

With many people still having and maintaining their medical insurance there will not be too many applying for state help under the law, but supposing it did cost ten or twelve million (which I doubt) to help those suffering catastrophic illness -- this is peanuts compared to programs the state is paying hundreds of millions for and which are much less needed. As an example, the ten or twelve million being spent by the federal and state governments on alcoholism, etc., etc., etc.

If I am able to and if I can be of any help I will come to Juneau, not only for June and I, but for the many people of the state who need and deserve help.

Thank you very much for your interest and your help.

Sincerely,

Clifford E. Warren

cc: Rep. Joe McKinnon

Encl.

Brent is secretary out of town till Thurs. Aft.

MINUTES OF HOUSE HESS COMMITTEE

April 15, 1977

The meeting was called to order by Chairman Parr at 3:30 p.m. Those present were: Parr, Chatterton, Buchholdt, Phillips, Bennett.

Absent: Nakak, Ose, Cotten & Beirne.

Chairman Parr announced that HB 409 would be taken up and asked Mrs. Buchholdt to speak on her bill. She told the committee her reasons for introducting the bill, the main one being trying
HB 409 to correct problems that have occurred with people she knows in Anchorage who have had an illness and had to sell their homes and all in order to pay the medical bills. She said she would be happy to expand the bill.

Next to testify was Dr. Robert Fraser, Director, Division of Public Health. Dr. Fraser said the Department's concern with the
Fraser bill is with the budgetary restriction. He said they do recognize the present bill does penalize people who have made the effort to meet their costs by going into debt, borrowing money for relatives, etc., and are sympathetic with them.

Mr. Parr informed the committee that he had met with Dr. Fraser and Mrs. Jund (from the Department) a few weeks back regarding this bill. He said this bill had been before the House last year and explained why it did not pass then. Said the committee would have to take a look at this bill and use it as a vehicle to resolve some of the problems facing the Dept. of Health & Social Services. He gave his views as to several alternatives.

There was discussion by members as to what a catastrophic illness was, whether to one person it would be catastrophic and to another person it might not be, depending on their financial status and how they defined catastrophic illness.

Dr. Fraser said the committee on catastrophic illness first met in November and their initial problem was regulations. They felt the fewer regulations they had would be best but said the Attorney General's office told them this would get them into trouble and that they need regulations and a formula to go by. Said they have processed the applications that have been forwarded to them, they have made disposition on roughly $100,000 worth of claims, Said a number of claims have been denied, utilizing the formula.

Mr. Bennett said he would be very apprehensive if they started identifying the give or take 100 different disease conditions. Said you could get into a combination of other conditions. Said perhaps basing it on a scale based on income which has a financial value you could identify he thought perhaps was the only way to halfway be reasonable about it.

Dr. Fraser said they have approved approximately 6 applications, denied about 15 and have about 15 or 20 that did not qualify due to the low amount of their bills. Said they had 25 pending that they had requested more information on. Dr. Fraser was asked by Mr. Chatterton how long it would take them to act on the ones they are waiting information on. Dr. Fraser said depending on how quickly they got their information back they had requested but if they got it back within the next 2 weeks they could have them processed within the next 2 months.

Mr. Parr asked Dr. Fraser what the budget called for for this year. Dr. Fraser said they had asked for $300,000 for this year. He said they had no previous experience to go on so just had to judge as what to ask for.

Dr. Fraser said much of their guidance in drawing up regulations was on the experience of the State of Maine. Said in trying to project the amount they need in Alaska is hard because of some very expensive problems, said a premature infant may have bills up to $35 or $40 thousand dollars. Someone in a skilled nursing facility for a period of time, 10 patients in that category would utilize the entire budget.

There was then much discussion as to the possibility of the state buying insurance for this type of illness through an insurance company.

Next to testify was Jim Pfeiffer, Deputy Director for the Division of Insurance and a member of the Catastrophic Illness Committee.
Pfeiffer Said the way he understood the bill it would allow payments to be made to the person who made the original payments. Said the original bill contemplated payment to medical providers only, but now payment can be paid to a relative, friend,or whoever paid the medical provider. Said he would oppose that type of amendment. Said the original bills intent was to provide a source of funds for persons suffering a catastrophic illness who had no other fund and source available. He said if a person could tap a friend or relative he didn't believe the state should absorb that cost Said he felt this would add and compound the problems of the committee. Said he thought the administration of such an amendment would be difficult.

There was much discussion with Mr. Pfeiffer regarding a group insurance policy for the entire state of Alaska as to what the preimiums would be etc.

Mr. Parr asked if it would possible to structure a program to match the amount of money instead of matching the money to the program. Mr. Pfeiffer said it was an approach that had a great deal of logic. Said he has sent these regulations to Blue Cross and they had indicated from their already existing records in the State to try to come up with an answer. Mr. Parr informed Mr. Pfeiffer there wasn't much point in having legislation that would offer false hope to people and then not funding it. Said it would make more sense to have something on the books that would be funded by the legislature so the people would know the money was there if they qualified but said he had no idea what would be appropriated but presently doesn't see the 1.2 million being there even with the oil money.

Mr. Bennett asked if they had a dollar figure to provide a program like the one they had discussed that would have a true catastrophic coverage. Pfeiffer said they have not but the closest thing is what he has asked Blue Cross to do. Mr. Parr asked that he furnish us the material when he got it from Blue Cross.

Mr. Parr said for personal policies, he understood Blue Cross policies have a dollar limit. Mr. Heueisen said most policies covered up to a quarter of a million dollars. State employees policy is $250,000 maximum (lifetime) per individual. There was discussion on the different types of policies.

Mr. Parr asked the Committee to hold off action on the bill until we received the information requested from Mr. Pfeiffer back.

The meeting adjourned at 4:50 p.m.

CATASTROPHIC ILLNESS

PUBLIC HEARING

ANCHORAGE (3/2/77)

Dr. Fraser introduced the meeting and reviewed Committee's intent with description of legislative intent. He also reviewed with those present the regulations with comments as to changes and intent of committee in promulgating each particular regulation. (Line 21 - 135).

Comments and/or questions from the group as follows:

Mary Tomasiewicz, Easter Seal Society: (line 145) "I'd like to say that we're very happy to see these rules and regulations. It's going to save a lot of agencies a lot of time because when people talk with one agency to find out where they can get they're bills paid, they're told that there isn't a resource they keep calling all others, so I think with this it will certainly make it easier for agencies. One of the things that I do ask is under the definition of providers it mentions hospitals, clinics and I'm just wondering under clinics, would something like the Alaska Treatment Center be considered and also the Speech and Hearing Center in Fairbanks for speech therapy, also there's physical therapy and occupational therapy at the Center? Would some of the care provided by the Municipality--are they to be considered a provider?" Dr. Fraser indicated that the Treatment Center would be covered. Mrs. Tomasiewics clarified the Municipality to mean that agencies Home Health Care Program--Dr. Fraser indicated that they would. "It's (referring to Home Health) not listed as that type of facility and I'm just wondering about that. The other thing I am __?__ is the dentistry. We get many calls from senior citizens for dentures. If they do cost over $1000 and financially I am sure they would be covered under this-- I'm not sure that dentures are always due to either a __?__ would relate to because of an injury or illness and is /that excluded? Is that to be considered as something that is provided" Dr. Fraser: "This is something that the Committee, of course, will consider, but my own reaction is probably not because one of the things that is __?__ apparent is that the funding of this program is going to mean that the Committee is very limited .... There are lots of groups that are not intended to be considered in this legislation and I think that it is the perogative of people who feel that additional things should be covered or that additional programs should be considered is to notify their legislators and the Department." Mary Tomasiewics: "I'll start with you by saying that I feel that this is one of the needs."

Judy Sharpe and Fred Gladden/ Providence Hospital, Judy Sharpe, Spokeswoman: Submitted concerns in writing (see attached) (Line 207) (Fantastic, more should submit written comments, then testify) Mrs. Sharpe read her written comments aloud, making the following questions: "..Your creating a program which I think is really good, but you can hurt a lot of people by offering them an additional hope and then not being able to respond to many peoples needs." Dr. Fraser indicated her statement as valid, however Committee limited by

(#27)

legislative intent and limited appropriation in implementation; if it is obvious that the expenditures are going to be in excess, then perhaps the legislature will be requested to either give a supplemental appropriation or change the legislation. Dr. Fraser indicated the recognition of the Committee that 10 patients in a nursing home for a year could well use up the appropriation. Judy Sharpe: "I think perhaps it should be identified right from the start with the Legislature that this is a great program, but not realistic to do any sort of real good..." Medical Exception subject discussed:: (line # 257): "... we have attempted (Judy Sharpe) to get the figures on how much is spent on Medical exceptions for the last year and wern't able to come up with anything, but it wouldn't surprise me if the medical exceptions alone were more than your authorized operating budget for the first year." Dr. Fraser indicated intent of Catastrophic Illness/was not to eliminate medical exceptions and discussed tenuous legislative setup for medical exceptions.... Dr. Fraser indicated where Committee looks at an application referred to Committee by PA and it does not qualify for Catastrophic Illness, the application will be bounced back to PA. Judy Sharpe: (line #309) - "Are the costs for administering the CI program to come out of $300,000 budget?" Dr. Fraser: At present there are costs for administration. Incurred Expenses (#4 on attached memo) (line 328) - "... if so, to what extent?" Dr. Fraser: "Within the terms of the CI program guidelines will continue to pick up the expenses after the guidelines have been fulfilled" Judy Sharpe: "So that a patient could ~~seek~~ apply to CI for expenses that are in the future, getting a determination" Dr. Fraser: "But during the 12 month interval. Now for the second year or ongoing problem, bills will be considered from the beginning of the illness in a particular year and continue for a 12 month period. If the illness continues for a second 12 month period, there would be a similar deductable and a similar responsibility on the part of the patient and then CI would pick up the additional expenses." Believe Dr. Tower: "Is there any provision whereby a person can get assurance that his costs will be covered before the incurred expense?" Judy Sharpe: "We've dealt with many patients that need to have rehab and when they find out what it's going to cost, just say no way, go home phsycally dehabilatated and never going to get any better because they can't afford and refuse to take the risk..." Income level discussed. (line # 382) Makeup of Committee/(line # 405). Recommendation of Committee include member from provider community, Dr. Fraser pointed out that to keep administrative expense down, committee would have to be kept localized. Criteria to evaluated the effectiveness discussed (line #442). Dr. Fraser indicated he could not answer that (refer to #8 of memo attached).

Marion Lampman, Alaska Hospital Association: (line 463) "...I'd like to go back to about a year when we had our mid-year meeting in Juneau, which was last March, We had a number of our administrators present some case studies and this problem really came to the surface of the need for such ~~xxxxx~~ legislation. Subsequently, we did a rough survey for Dr. Chalmers. I looked some of those old figures back up and we estimated at that time

cases that were current amounted to $648,000 and that's just hospitals... and what they had on the books at that time and of patients that really were in a catastrophic illness medically ... As you see these applications come in and as you get a better handle on it, let us help you to get some more money for this program." End of side 1.

"... Every time some more deficiencies rise in the funding of such programs, hospitals are reminded that they owe so much for charity care and I don't think that collectively that that was ever intended to be 50% of their revenue and it's getting out of hand..."

Shirley Harmon, Alaska HOmemakers, Home Health Aide Service: (line 13) Referenced definition of 'provider' - "...Whether a private non-profit agency, whether it's Alaska Homemaker-Home Health agency or another, is also included as a provider..." Dr. Fraser indicated the intent of the Committee when drawing up the regulations, that this type of expense would be considered and not excluded. Ms. Harmon ~~asked~~ suggested that this be clarified in the definition of provider.

Daisy Van Nortuick, Alaska Hospital and Medical Center: (line #53) -- concern with medical exceptions. "... we were told there is no more funds available until catastrophic illness comes through. Is this in fact right, or is it wrong? Is there funds for medical exceptions at this time, still?" Dr Fraser indicated it a matter of interpretation and reiterated as above discussion. Indicated his inability to answer any detailed questions on operation of PA. Ms. Van Nortuick directed questions relative to limited budget (line 120) -- ..."if you run out of funds in Oct or Nov, could the people you have under consideration then, would they be carried over into the next year or would it be cut off...?" Dr. Fraser indicated the possibility of requesting a supplemental appropriation. ~~possibly Shirley Ms. VanNortuick??~~ (line #143) ? Helen Beirne? Person of unknown determination:/ "... I think what we're talking about is the $300,000 for this year and 6 months of this year have already passed, so we're now up against another legislative session where they will be looking at this again as to whether it's going to be more than $300,000, whether they will accept that or not. We're also looking at have covered as a precedence in this, the Violent Crimes Commission, which in a sense is sort of a catastrophic type of illness and they do know that over the years that Violent Crimes has increased to about $350,000 now, over a 3 or 4 year period; so that was one of the reasons they put in the $300,000. They didn't know. I don't think there was any anticipation however, that the medical exception would be cut out at that time, even though we knew two million had been turned back in prior to this bill being enacted that had not been expended through various medical assistance programs, it had been reverted back into the general budget. This bill went back through much easier because that had reverted back. The reason the $300,000 is because nobody knows any different, and so I think the Department cannot stand up and say what are we going to do, what we really have to say is are we going to bring enough facts before the legislature have it increased. The other thing I would say is that the CI concept is really for

catastrophic illnesses and how we are going to determine that is what they are attempting to do here and I can understand their problem, because we can say a stroke is a catastrophic illness and it is. My concern is the formula I read here to me addresses people who are not in the category which was intended. I thought the intent was that these would be the citizens who fell in an area where they would not be eligible for welfare and let me say that the example looks to me that that's a person who would fall under something other than CI, we're talking about the gross income of $6200..." "I think the intent was that these probably were the middle income people, pay their taxes -- support many, many concepts of people who are not capable or have not for some environmental reason or whatever, have not paid taxes, now they"re suffering an injury or CI which forces them for all purposes under welfare unless they have some assistance. As I look at the example, a person who only has a income of $6200 is a person who probably is in a category that would fall under a categorical. Because last year, the formula we had was based on somebody with $10,000 but they couldn't even work with it because they said a $10,000 income with this kind of a deficit would throw them down into a welfare category." Pointed out by Dr. Tower that Medicaid has not medical deductable in their provisions in Alaska, and other categorical programs (AFDC or Aid to the Disabled) would cover medical wo what Committee has done is to take this down to the lowest level. There is no other program to cover it. Helen Beirne -- "I feel that the formula -- I would like to have seen the example addressed to a middle income individual, $6200 person is not going to be paying taxes really, however, I realize they need assistance." Dr. Fraser discussed Committee's attempt relative to the formula. Helen Beirne: "... I think your formula addresses the other category... but I think that probably the people who ask questions her, the questions their asking are legitimate questions, but I don't think we can expect an answer right now. I am surprised that general relief went down as this came in"(above, she is referring to medical exceptions, not general relief). Medical exception legislation again discussed. "... whatever authorized (believe this is Marion Lampman speaking???) the medical exception anyway? (line 220) I'm guessing, but ... so you're trying to do two things with this piece of legislation... if this is truly a catastrophic bill, you just can't make it all things to all people... so maybe you ought to raise the limit, and I think what Helen is saying is very good, the lower incomes need to be put into a different category and maybe we have to go to the legislators or whereever and battle that they be covered under the GR Med..." (line 245) (Who is speaking here??? male.) "I just might point out one of the problems that we've had in trying to identify the adequacey of the CI Program is to identify exactly how much was expended toward the exception under the GRM program. We contacted the DHSS, they could not tell us how many dollars were expended under the GRM exception program and we wanted to get a handle on those costs to see exactly what the appropriateness of this $300,000 level would be. And apparently it's dumped into the general fund, there's no identification as to how the costs have been incurred or how the money's been expended." Helen Beirne:

(Line 260)
"As I recall what came before the committee (HESS); we couldn't get an answer either because I do believe it was jumbled up together, but it seemed to be very minimal. Now, during the course of the year, I have submitted several people that have fallen into certain categories of what I thought was categorical or CI and in a couple of cases they have said these people don't own a home, whatever might be the reason, the baby was a congenital defect baby, they fall under certain other areas, so many of these things will be picked up that we have been calling CI. ... An awful lot has to be worked out still, and I think it's going to take a year to work out. I hope something isn't
(line 281)
eliminated in theprocess of transition." "The other thing about the Committee, the Committee was made by Statute and it was made with the idea that it could be expedited. I think the idea was that probably there might be conflict of interest by getting people on who were from hospitals and so forth; they felt they would bring in just a very small group who could sit down at regular intevals at a minimum of cost and that the $300,000 would not have to be expended on administrative costs." Marion Lampman: "... what happened to the figures that we, the Hospital Assn when this was all polled by all the hospitals, was submitted--what happened to the $648,000 that was reserved figures?" Helen Beirne: "I think the feeling of the Committee (HESS) was that the idea was not to pay the debts of hospitals--the idea was to establish a program which would have a firm base and grow, and not to go retroactively and talk about what debts there were at the present time owed to hospitals. We did that 6 years ago when revenue sharing was brought into effect... I think that one of the things that could be done this year now that there's been more activity on this that that could be resubmitted and the HESS Committee could look at it again after a year of activity, or should we say inactivity?"

Line 323-- Dave Pritz, Office of Vocational Rehabilitation: "I guess I have a different outlook on this. A couple of things that have been said really confuse. One of them is it locks as though we just hatched the first egg or something and it really kind of surprised me because a program like this, as I understand it, is operable in 14 states, and it would seem to me uncharacteristic of Alaska that we benefit by finding out how it's doing in those 14 states and how much it's costing them. From the comments I hear, it would seem to indicate that it's the first CI bill ever to happen and nobody knew or had any ballpark figures." Dr. Fraser referred to other states, some of which required a tie-in with a qualified insurance program. Dave Pritz: "And secondly, I was wondering, questions have been raised ... concerning the subject of what used to be medical exceptions being tossed into this category of CI, and no real answer has been given to this question." D. Pritz referred to PA people in audience who might be able to address this question, Garth Patterson and John Lappo. Briefly discussed -- nothing new here!!!

Line 396-- Rick Jarvis, Office of Vocational Rehabilitation: "I am [illegible] a clients of mine who have disabilities that require large medical expenses each year,

such as hemophiliacs... Would you be able to cover them?" Dr. Fraser answered appropriately. Rick Jarvis referred to a particular case for which he had an interest. Dr. Fraser referred to guidelines of regulations. End of tape 1.

Tape # 2:

Question relative to liquid assets raised by Rick Jarvis. Discussed briefly by Dr. Fraser. Line 15-- Helen Beirne discussed hemophiliacs and experience with few other states from which HESS Committee got information relative to a workable formula. (Line #51) Marion Lampman further discussed $648,000 figure. (Line 75) Grace Dillon, CI person: Related her personal experience -- kidney problem. Kidney renal dialysis relationship with SSI. Discussion ensued relative to other forms of treatment which can be recieved at home, like renal dialysis. Garth Patterson, Division of PA: (Line 141) -- Recommend add under exclusions of consideration of assets, change "one automobile or truct" to "one non-commercial vehicle". Other comment re "GRMed Exception is not a program, it is an exception to a program; and I could propose a CI Exception program. There is always an exception. Gayle McKenzie, CI person, gives her personal story. (Line 151) Line 210: Helen Beirne: "...It indeed this program got started, would everybody say we're not going to buy insurance because the State will pay for it all. This is a very vital concern because once it becomes known, everything above and beyond what your capable of paying ... that makes it then something else other than CI, it makes it a national health insurance, so we had some problems here ..." Dr. Fraser indicated that there is feeling by many that Legislature might look at bill and make a requirement of having CI insurance a pre-requisite to this program. Helen Beirne: "You mean/go back and pull one of those/bills out that was written better and get it passed instead of this one that slipped through." Line 234: Dr. Tower raised question relative to coverage of transportation costs. Discussion ensued on costly travel to outside facilities as well as local travel, i.e., Bethel to Anchorage. Garth Patterson (or Rick Jarvis): "Under the definition where "physician recommends therapy" whether it's speech or whatever, maybe that could be considered. It would be worth investigating." Someone pointed a case where a quadraplegic was transported outside and the cost was $7000, which points out validity of problem. Pointed out by Dr. Tower that there can be no pre-authorization under CI. Dr. Tower: " ... It's going to come up quite a bit. With a person whose gone down to Virginia Mason, I'm thinking particularly of/babies, undre private means until the family w-s completely wiped out." (Helen Beirne) Line #320, "Dr. Fraser, when does this come before the Committee (HESS) in terms of funding? Are there enough figures to present to them to have an increase in the $300,000? That was an arbitrary figure, based really on nothing." Dr. Fraser indicated that Committee was going to run through what they had and hopefully be able to come up with some projected figures. Line #329, Rick Jarvis (possibly Fred Gladden) (??): "I'd just like to make one comments as far as maybe pulling togehter the illusions or x comments that have gone

on this evening. I don't know that in every case the provider is necessarily concerned with payment being rendered, as far as the hospital is concerned, we're not looking at payment to the hospitals in this case, your right, Hill Burton is a legal obligation that we have, but at the same time, I think that the provider in many cases is the best position to speak on behalf of the patient for the population being served, and that's the intent behind us being here today. We'll not in allprobability see much of that money, but we at the same time, are in a very definiteposition to crystalize some of the situations that we encount on a daily basis and bring that to your attention and it's not." Line 366-- Helen Beirne: "...right now the Violent Crimes Commission has actually put a limit on what can be paid. Although that this isn't the way we really desire it, it might be that a limit would haveto be put on. And certainly if your're suffering from a CI, it's better to have $10,000 paid or nothing paid .... As I recall, that formula originally said there could be up to $10,000 paid and the way it was written, of course, if they had insurance that paid up to $10,000, that eliminated them from getting $10,000 from the Violent Crimes Commission. So that was changed, so that $10,000 above insurance and third party payments. Believe it is raised now to $15,000. If it appears just one illness might absolutely wipe out everything for people who might only have $5,000. I just don't know how nigh this could go, but that is something. We'd like to think that everybody could get paid whether they had $30,000 or $50,000, but if they can't maybe there has to be a limit set on it so that it can be stretched further"

Further discussion ensued on this subject. End of Anchorage meeting.

PROVIDENCE
HOSPITAL

3200 Providence Drive
Anchorage, Alaska 99504

276-4511

POSITION STATEMENT: PROPOSED CATASTROPHIC ILLNESS REGULATIONS

We support the concept of a catastrophic illness program to help Alaskans defray burdensome medical expenses resulting from major illness or injury. For those citizens without adequate insurance coverage and for those not eligible for assistance through existing state or federal programs, an ironic dilemma can result: A person can end up medically sound but financially destroyed by lengthy or intensive medical treatment. For many, recovery from the financial burden becomes an impossible or life-long task, requiring a drastic alteration of goals and lifestyle and depletion of every resource for which the individual has worked. For too many people, the stress and anxiety of a major illness or trauma is outweighed by the anxiety caused by the bills accumulated because of the illness. For these citizens, the Catastrophic Illness program offers hope.

However, we would like to identify several areas of concern:

1) If the proposed operating budget is $300,000 for the first year, the program's effectiveness is immediately seriously stunted. In the current age of sophisticated and costly medicine, it is all too easy for a patient to have a $25,000 hospital bill, $15,000 in physician fees and $10,000 in skilled nursing home care leading to recovery. Only a handful of claims of this nature would deplete the year's budget, leaving out hundreds of other valid claimants. Although this may seem to be an extreme example, it unfortunately can happen. And there are many more less dramatic cases of accumulated bills beyond the patient's means. To create an effective program which will reach people, the State must make a serious commitment of financial support. Otherwise the program cannot offer any hope to the majority of applicants.

2) Furthermore, we are aware that the Department of Health and Social Services has eliminated another financial assistance program (General Relief Medical Assistance - Medical Exception) at the same time it is creating the Catastrophic Illness program. All applications for GRM-Medical Exception are being referred for action to the Catastrophic Illness program. The limited budget and the closure of another viable resource program make it seem less and less likely that the Catastrophic Illness program can make a serious impact.

3) Are the costs of administering the program to come out of the $300,000 budget? If so, the limited resources would be further dissipated by administrative costs.

4) The proposed regulations appear to deal only with incurred expenses. Consideration should be given to those people who need further major medical treatment but who cannot assume the financial burden and therefore refuse treatment. A good example of this problem is the stroke patient who requires extensive rehabilitation to achieve the highest level of recovery but who refuses because of lack of resources. Will the program assist this person? If so, to what extent? And further, will the budget be able to handle the costs?

5) Item 7 AAC 48.030(d) It is our opinion that if the budget is going to be so severely limited, perhaps it would be appropriate to raise the base limit for application from $1,000 to a higher amount. This could be one method of reaching true catastrophic victims. Further, the program regulations could better serve the applicant by considering the total episode from onset to finish rather than restricting it to a 12-month period.

6) Further clarification of 7 AAC 48.080(d) (the Committee may consider the availability of catastrophic illness funds;) is requested. What does this mean?

7) What is the make-up of the Committee? We feel it should include a representative from the provider area (i.e., nursing home, hospital).

8) What criteria will be used to evaluate the effectiveness and worth of the program? What mechanism will be used to correct any deficiencies?

MARY TOMASIEWICZ. EASTER SEAL SOCIETY

FRED GLADDEN — PROVIDENCE HOSPITAL

JUDY SHARPE — PROVIDENCE HOSPITAL

Marion Hampton — AK State Hospital

SHIRLEY HARMON — ALASKA HOMEMAKERS - HOME HEALTH AIDE SERV.

~~Donna Berry — AK State Hosp. Assn.~~

Peggy Lawfritank — Alaska Hosp + Med. Center

Dave Voltz — DVR

Rick Jarvis — DVR

Grace Wilson — Cedar Tuition

Barb Patterson — Div of Pub. Assistance

Gayle McKenzie

$30,000 BABY

1500

640000 Hosp only

Proposed (revised)

CHAPTER 48. CATASTROPHIC ILLNESS.

Section

10. Committee meetings
20. Confidentiality
30. Applications for assistance
40. Residency
50. Services excluded from coverage
60. Required documentation; investigation
70. Applicant's share
80. Standards for reimbursement to providers
90. Reconsideration of decision by committee
100. Fair hearing
110. Finality of decisions
120. Recovery from collateral source
130. Definitions

7 AAC 48.010. COMMITTEE MEETINGS. The Catastrophic Illness Committee shall meet twice a month on dates which the committee establishes.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.020. CONFIDENTIALITY. The confidentiality provisions of 7 AAC 37.020 -- 7 AAC 37.130 are adopted by reference and made applicable to this chapter.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.05.020
AS 47.05.030

7 AAC 48.030. APPLICATIONS FOR ASSISTANCE. (a) All applications for financial assistance under this chapter shall be made on a form authorized by the committee. The information required by the committee shall be supplied in full by the applicant or the applications may not be considered. Additional sheets may be used, as necessary.

(b) Application forms, along with the formula used to calculate the applicant's share, described in section 70 of this chapter, shall be available at Offices of the Division of Public Assistance, at Regional Health Offices of

the Division of Public Health, at state licensed hospitals, or by writing to the committee at Pouch H06, Juneau, Alaska 99811.

(c) Applications may be filed by a person who has suffered a catastrophic illness or by a parent, spouse, or legal guardian of that person; or by any other interested party with the written consent of the person who has suffered a catastrophic illness.

(d) No application shall be considered unless the total medical bills related to the catastrophic illness are more than $1,000 in a period not to exceed 12 months after all sources of third party payment have been exhausted.

(e) A poster publicizing the availability of benefits under this chapter shall be supplied to hospitals licensed in the state of Alaska for display in a public area. The poster shall also be supplied for display in appropriate public buildings throughout the state according to the availability of appropriations for catastrophic illness.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.040. RESIDENCY OF APPLICANT. Applicants shall be residents of the state of Alaska at the time of application and at the time the catastrophic illness for which state aid is sought occurred.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.050. SERVICES EXCLUDED FROM COVERAGE. The following services and charges are excluded from coverage under this chapter:

(a) Dentistry and optometry unless prescribed by a licensed dentist or physician as medically necessary as the result of an injury or illness;

(b) Elective medical or surgical procedures;

(c) Drugs and medications not prescribed by a licensed physician;

(d) Services received as a result of a normal pregnancy;

(e) Private psychological or psychiatric treatment or private alcoholism treatment, unless not availble from public agencies or programs;

(f) Chiropractic services;

(g) Services not of a medical nature;

(h) Medical services currently provided to persons in the custody of the Division of Corrections;

(i) Residential care in a skilled nursing home or intermediate care facility for more than 90 days, if the committee finds such exclusion to be necessary based on the availability of catastrophic illness funds and the need of other applicants.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.060. REQUIRED DOCUMENTATION; INVESTIGATION. Each application shall be reviewed by the committee or its designee for completeness of information, including required documentation of medical expenses, gross income and assets. The committee or its designee may return the application for more complete information to the person who is applying and may investigate any portion of an application.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.070. CALCULATION OF APPLICANT'S SHARE. (a) A formula adopted by the committee shall be utilized in determining the applicant's share of total medical bills related to a catastrophic illness, based on annual gross income, number of dependents and amount of assets. This formula shall be provided along with the application form and shall also be made available to persons who request it by writing to the committee at Pouch H06, Juneau, Alaska 99811;

(b) For the purposes of applying the formula to determine the applicant's share, multiple catastrophic illness occuring within a 12 month period to the applicant or other members of the applicant's family shall be treated as one catastrophic illness;

(c) In applying the formula to determine the applicant's share, the total gross income and the total assets of the family of an applicant may be considered; the following assets shall be excluded:

(1) a home providing shelter for the applicant and the land on which it is situated;

(2) one non-commercial vehicle;

(3) tools, equipment and vehicles required in a trade or business;

(4) ordinary household and personal effects;

(5) $1,000 of liquid assets;

(6) all non-liquid assets unless such exclusion would bring about an inequitable result; however, all income derived from such property shall be taken into consideration in determining the recipient's gross income;

(7) inalienable shares in a Native Corporation created pursuant to the Alaska Native Claims Settlement Act, P.L. 92-203, 43 U.S.C. 1601 et seq., during the period of their inalienability as specified in the act.

(8) Alaska longevity bonus;

(9) any other assets specifically restricted for the use of the recipient by state or federal law.

(d) Assets received as custodian, guardian, conservator or trustee for another are not considered assets of the custodian, guardian, conservator or trustee himself.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.080. STANDARDS FOR REIMBURSEMENT TO PROVIDERS. The amount that the committee reimburses providers for medical services rendered to a person who has suffered a catastrophic illness shall not be greater than 100% of the total unpaid bills related to the catastrophic illness and shall be determined by the following standards:

(a) Medical bills related to a catastrophic illness shall be considered for periods not to exceed 12 months. The initial 12 month period begins with the date of the first charges incurred because of the illness, but no charges incurred before July 1, 1976, shall be considered;

(b) The committee may not reimburse a provider if the applicant's total bills related to the catastrophic illness are less than $1,000 in any period not to exceed 12 months described in (a) after all sources of third party payment have been exhausted by the applicant or by someone acting on behalf of the applicant;

(c) The committee may not reimburse a provider for the applicant's share of the total medical bill, as determined by the formula referred to in

section 70 of this chapter;

(d) The committee shall reimburse hospitals and other institutions at the rates and in the manner established by existing provider agreements with the department of health and social services. Physicians, dentists, and all other providers shall be reimbursed at rates not less than those set out at 45 Code of Federal Regulations 250.30(b)(3)(i)(A);

(e) The committee may consider the availability of catastrophic illness funds;

(f) The committee may consider any other factors or circumstances which it determines to be relevant in an individual case.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.090. RECONSIDERATION OF DECISION BY COMMITTEE. The committee shall promptly notify an applicant of its decision with written reasons for the amount of the award or for a finding of non-eligibility. An applicant who is dissatisfied with a decision of the committee may apply to the committee for reconsideration within 30 days of receipt of the decision. The request for reconsideration shall include a written statement of grounds for reconsideration and any supporting documentation which was not available to the committee for its original decision. Within 30 days of receipt of a request for reconsideration, the committee shall affirm, amend or reverse its original decision. The committee shall promptly notify the applicant of its decision upon reconsideration with written reasons for its action. Information describing hearing rights and procedures shall be printed in bold-face type on the written notification of decision.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 100. FAIR HEARING. An applicant who is dissatisfied with the committee's decision upon reconsideration may request a fair hearing in accordance with the procedures established by the department of health and social services at 7 AAC 49.020 -- 7 AAC 49.250.

(Eff. / /77, Register)

7 AAC 48.100
7 AAC 48.110
7 AAC 48.120
7 AAC 48.130

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.110. FINALITY OF DECISIONS. Decisions as to catastrophic illness awards are final (a) 30 days after receipt by the applicant of the committee's decision unless a reconsideration is requested during this time; or (b) 30 days after receipt of the committee's decision upon reconsideration unless a fair hearing is requested during this time; or (c) after denial or dismissal as provided by 7 AAC 49.110; or (d) 15 days after receipt of the hearing authority's decision if that decision is not appealed during this time as provided by 7 AAC 49.230; or (e) after the decision of the director on appeal as provided by 7 AAC 49.240. Time limits for appeal may be extended or waived for good cause. Request for a hearing shall be deemed made upon dispatch.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.180
AS 47.25.255

7 AAC 48.120. RECOVERY FROM A COLLATERAL SOURCE. If the applicant or a provider is recompensated from any other source for medical bills which have been paid by the catastrophic illness committee, the state shall have the right to reimbursement for the amount paid by the committee. As a condition of application for catastrophic illness assistance, an applicant shall sign an agreement to this effect. As a condition of payment by the committee a provider shall sign an agreement to this effect.

(Eff. / /77, Register)

Authority: AS 47.05.010
AS 47.25.255

7 AAC 48.130. DEFINITIONS. In this chapter

(1) "applicant" means a person who has suffered a catastrophic illness;

(2) "applicant's share" means the amount of the total medical bill related to the catastrophic illness which the committee determines that the applicant can reasonably be expected to pay based on income, assets, and

number of dependents;

(3) "catastrophic illness" means a single illness or injury which results in medical expenses of over $1,000 during a period not to exceed 12 months, after all other sources of third party payment have been exhausted;

(4) "committee" means the Catastrophic Illness Committee;

(5) "elective medical or surgical procedures' means treatment which is not essential to the life or health of a person;

(6) "family" means two or more persons related by blood or marriage or adoption living as one economic unit;

(7) "liquid assets" means assets which can be readily converted to cash;

(8) "non-liquid assets" means all assets not covered by (7);

(9) "provider" means a licensed physician, pharmacist, dentist, or other health services worker who has provided services not excluded by section 50 of this chapter to an applicant as a result of a catastrophic illness, or a licensed hospital, clinic, skilled nursing home, intermediate care facility or health maintenance organization which has provided these services;

(10) "third party payments" means payments of medical expenses related to a catastrophic illness by sources other than the applicant or the catastrophic illness committee, including, but not limited to state and federal medical assistance programs; private health insurance; employment-related health insurance; military health insurance; Workmen's Compensation; Violent Crimes Compensation; Indian Health Service of the U.S. Department of Health, Education and Welfare, awards in legal actions.

(Eff. / /77, Register)

Authority: AS 47.05.010

For an Act entitled: "An Act relating to catastrophic illness; and providing for an effective date".

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

*Section 1. AS 47 is amended by adding a new chapter to read:

Chapter 08. CATASTROPHIC ILLNESS ASSISTANCE.

Sec. 47.08.010. REIMBURSEMENT OF PROVIDERS. According to the provisions of this chapter, the Department of Health and Social Services Catastrophic Illness Committee shall reimburse providers of medical care for unpaid costs incurred in the treatment of a person suffering an illness or accident which results in financial catastrophic to the person or his family as defined in regulations adopted by the Committee.

Sec. 47.08.015. CATASTROPHIC ILLNESS COMMITTEE. There is created the Catastrophic Illness Committee, consisting of a medical review officer from the Department of Health and Social Services, a member appointed by the governor who has suffered a catastrophic illness, and a representative of the Department of Commerce and Economic Development appointed by the governor, and necessary administrative staff.

Sec. 47.08.020. POWERS AND DUTIES OF COMMITTEE. The Catastrophic Illness Committee shall determine eligibility, allowable costs and levels of reimbursement. It shall adopt regulations, make reasonable classifications of persons according to the size of family, family income and assets, and health care coverage from all other sources. Other sources include, but are not limited to, state and federal medical assistance programs, private health insurance, employment-related health insurance, military health insurance, workmen's compensation, violent crimes compensation, and Indian Health Service. In order not to exceed the budget appropriated by the legislature, the committee shall establish priorities for those eligible for assistance under this chapter. The committee

may not make reimbursement for costs incurred before July 1, 1976.

Sec. 47.08.025. NOTICE. The Catastrophic Illness Committee shall seek the assistance of medical providers to assure that the public is aware of the catastrophic illness program.

*Sec. 2. AS 47.25.255 is repealed.

*Sec. 3. This Act takes effect immediately in accordance with AS 01.-10.070 (c).

Catasrophic Illness program:

This program has no budget for staff of its own. It has, therefore, been "robbing from Peter to pay Paul". There needs to be money in some budget to cover the expenses of the project.

There is a lack of understanding as to what limit catastrophic illness has. The committee has reviewed all applications and has found many medically needy but not eligible for G.R. medical and other programs. They are also not needy enough to qualify for C.I.

What needs to be done to provide a measure of assistance to these people?

Is that what the program needs to do or should it be used as a last resort?

Does the program belong in Public Health or Public Assistance. Public Health feels that it is a total money program and should remain in Public Assistance. I do to.

It is to early to judge if there's enough money available or not for the project.

MONTHLY BREAKDOWN OF EXPENDITURS FOR FY 77 CATASTROPHIC ILLNESS PROGRAM ---$300,000 Appropriation

Month	Administration	Physicians	Hospitals	Others	Totals
April	$ 258.91	$ 2,645.39	---	--	$ 2,904.30
May	12.28	7,385.20	$40,482.89	---	47,880.37
June	36.50	890.65	961.11	$4000.07	5,888.33
July 13	--------	1,841.13	4,235.32	-----	6,076.45
				TOTAL--------	$62,749.45

FY 78 Budget (Starting July 14, 1977) $450.000 Appropriation

Month	Administration	Physicians	Hospitals	Others	Totals
July 14, 1977	------	$ 686.69	$ 4,636.54	-----	$ 5,353.23
August	$ 86.60	3,493.16	41,481.49	$ 330.00	45,391.25
September	245.11	7,841.49	3,031.56	2,513.81	13,631.97
October	47.72	4,108.46	43,298.36	--------	47,454.54
				Total paid out to date	$111,830.99

Estimated
Medical Expenses committed for
to date as yet unpaid ---------$51,131.33.

MONTHLY BREAKDOWN OF EXPENDITURES FOR FY 78 (Continued) $450,000 Appropriation

Month	Administration	Physicians	Hospitals	Other	Totals
Total expenditures as of October 31, 1977----------					$ 111,830.99
November	$ 210.85	$ 6,953.56	$ 20,138.19	$ 1,622.59	28,924.34
				Total paid out to date	$ 140,755.35

Estimated Medical Expenses commited for to date as yet unpaid---------- $62,267.63
Amount of appropriation $ 450,000.00
deducting total paid out & committed funds--------$ 203,022.98
Amount of appropriation remaining----------$ 246,977.02

December	$ 24.37	$ 13,606.87	$ 36,051.67	$ 557.00	$ 50,259.91
				Total paid out to date	$ 191,015.26

Estimated Medical expenses commited for to date as yet unpaid----------$71,996.06
Amount of appropriation $ 450,000.00
deducting total paid out & committed funds---$ 263,011.32

Amount of appropriation remaing----------$ 186,988.68

MONTHLY BREAKDOWN OF EXPENDITURES FOR FY 78 CATASTROPHIC ILLNESS PROGRAM (continued) $450,000 Appropriation

Month	Adminimstration	Physicians	Hospitals	Other	Totals
Total expenditures as of December 31, 1977----------					$ 191,015.26
January 1978	$ 98.99	$ 23,144.00	$ 85,462.35	$ 3,269.18	111,974.78
				Total paid out to date	$ 302,989.78

Estimated Medical Expenses committed for to day as yet unpaid----------$ 19,957.35

Amount of Appropriation	$ 450,000.00
deducting total paid out & committed funds	$ 332,947.13
Amount of appropriation remaining	$ 137,052.87

Original sponsors: Buchholdt, Beirne, Bradley, et al

Cliff Warren marked this copy

IN THE HOUSE BY THE FINANCE COMMITTEE

SENATE CS FOR CS FOR HOUSE BILL NO. 409

IN THE LEGISLATURE OF THE STATE OF ALASKA

TENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to catastrophic illness; and providing for an effective date."

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

* Section 1. AS 47 is amended by adding a new chapter to read:

CHAPTER 8. CATASTROPHIC ILLNESS ASSISTANCE.

Sec. 47.08.010. REIMBURSEMENT OF PROVIDERS. According to the provisions of this chapter, the Department of Health and Social Services shall reimburse providers of medical care for unpaid costs incurred in the treatment of a person suffering an illness or accident which results in financial catastrophe to the person or his family.

Sec. 47.08.020. CATASTROPHIC ILLNESS COMMITTEE. There is created the Catastrophic Illness Committee, consisting of a medical review officer from the Department of Health and Social Services, a member appointed by the governor who has suffered a catastrophic illness, and a representative of the Department of Commerce and Economic Development appointed by the governor.

Sec. 47.08.030. NOTICE. The committee shall enlist the assistance of medical providers in making the public aware of the catastrophic illness assistance program.

Sec. 47.08.040. APPLICATIONS FOR ASSISTANCE. An application for financial assistance under this chapter may be filed by a person who has suffered catastrophic illness or by a parent, spouse, or legal guardian of that person, or by any other interested party with the written consent of the person who has suffered the catastrophic illness.

Sec. 47.08.050. SERVICES EXCLUDED FROM COVERAGE. Annually, the committee shall determine in light of appropriated funds and expected need the medical expenses reimbursable under this chapter, except that the following are not reimbursable:

(1) dentistry and optometry unless prescribed by a licensed dentist or physician as medically necessary as the result of the injury or illness;

(2) elective medical or surgical procedures;

(3) drugs and medications not prescribed by a licensed physician;

(4) services received as a result of a pregnancy or birth without unusual complications;

(5) private psychological or psychiatric treatment or private alcoholism treatment, unless not available from public agencies or programs;

(6) chiropractic services;

(7) services not of a medical nature;

(8) medical services currently provided to persons in the custody of the division of corrections;

(9) costs incurred before July 1976.

Sec. 47.08.060. CALCULATION OF APPLICANT'S SHARE. (a) As frequently as necessary the committee shall adopt, in light of appropriated funds and expected need, a formula to be used in determining the applicant's share of total medical expenses incurred as a result of a catastrophic illness, based on the applicant's annual gross income, number of dependents, amount of assets, and forthcoming third-party payments, all considered in light of the requirement that the applicant's share will be paid to the provider on a payment schedule covering a period of at least three years.

(b) For the purposes of applying the formula to determine the applicant's share, multiple catastrophic illness occurring within a 12-month period to the applicant or other members of the applicant's family shall be treated as one catastrophic illness.

(c) In applying the formula to determine the applicant's share, the total gross income and the total assets of the family of the applicant may be taken into account, with the following exceptions:

(1) the applicant's permanent place of abode;

(2) one noncommercial vehicle;

(3) tools, equipment, vehicles and other assets required in a trade or business;

(4) ordinary household and personal effects;

(5) $1,000 of liquid assets; Reason in business needs much more liquid assets to run business not enough for person not in business

(6) all nonliquid assets unless such an exclusion would bring about an inequitable result; however, all income derived from such property shall be taken into consideration in determining the recipient's gross income; Should be resonable limits on properties not used in business.

(7) inalienable shares in a Native corporation created under the Alaska Native Claims Settlement Act, P.L. 92-203; 43 U.S.C. 1601 et seq., for the period of their inalienability as specified in the Act;

(8) Alaska longevity bonus payments;

(9) any other assets specifically restricted for the use of the recipient by state or federal law.

(d) Assets received by the applicant as a custodian, guardian, conservator, or trustee for another are not considered assets of the custodian, guardian, conservator, or trustee himself.

(e) The applicant's share shall be reduced in the amount of any premiums paid for disability insurance or a prepaid medical plan up to $500 if incurred in the 12-month period beginning with the occurrence of

the injury or the onset of the illness.

(f) Notwithstanding the provisions of this section, the committee may waive payment of an applicant's share when the catastrophic illness is the proximate result of an immunization required by law.

Sec. 47.08.070. STANDARDS FOR REIMBURSEMENT TO PROVIDERS. The amount that the committee reimburses providers for medical services rendered to a person who has suffered catastrophic illness may not be greater than 100 per cent of the total unpaid bills related to the catastrophic illness and shall be determined by the following standards:

(1) Only unpaid medical expenses for periods not to exceed 12 months, and related to catastrophic illness, may be considered. The initial 12-month period begins with the date of the first charges incurred because of the illness.

(2) The committee may not reimburse a provider if the applicant's total medical expenses related to the catastrophic illness are less than $1,000 in any period not exceeding 12 months described in (1) of this section after all sources of third-party payment have been exhausted by the applicant or by someone acting on behalf of the applicant.

(3) The committee may not reimburse a provider for the applicant's share of the total medical expenses; moreover, a reimbursement to the provider shall be conditioned on the provider's agreement that the provider enter into a payment schedule with the applicant which will result in full liquidation of the applicant's share. Payment schedules may not be for a term of less than three years.

Sec. 47.08.080. RECONSIDERATION OF DECISION BY COMMITTEE. The committee shall promptly notify an applicant of its decision with written reasons for the amount of the award or denial. An applicant who is dissatisfied with a decision of the committee may apply to the committee

for reconsideration within 30 days of receipt of the decision. The request for reconsideration must include a written statement of grounds for reconsideration and any supporting documentation which was not available to the committee for its original decision. Within 30 days after receipt of a request for reconsideration, the committee shall affirm, amend, or reverse its original decision. The committee shall promptly notify the applicant of its decision upon reconsideration with written reasons for its action. Information describing hearing rights and procedures must be furnished with the written notification of denial.

Sec. 47.08.090. HEARING. An applicant who is dissatisfied with the committee's decision upon reconsideration may request a hearing in accordance with procedures established under AS 47.25.180.

Sec. 47.08.100. FINALITY OF DECISIONS. Decisions as to catastrophic illness awards are final

(1) 30 days after the applicant receives the committee's decision unless a reconsideration is requested during that time;

(2) 30 days after the applicant receives the committee's decision upon reconsideration unless a hearing is requested during that time;

(3) 15 days after the applicant receives the hearing authority's decision if that decision is not appealed to the director during that time;

(4) upon being notified of the decision of the director if an appeal is taken to the director under AS 47.25.180;

Sec. 47.08.110. EXTENSION OF TIME LIMITS. Time limits for reconsideration or for requesting an appeal may be extended, at the discretion of the committee, upon application or upon the committee's own motion. A request for reconsideration or for a hearing shall be con-

sidered made on the date when the request is dispatched rather than the date when it is received by the committee.

Sec 47.08.120. RECOVERY FROM A COLLATERAL SOURCE. If the applicant or a provider receives payment from any other source for medical expenses which have been paid by the committee, the applicant or provider is liable to the committee in the amount of that payment. An application may not be con[illegible]ered by the committee unless the applicant agrees to this provision. A provider may not be paid by the committee under this chapter unless the provider agrees to this provision.

Sec. 47.08.130. REGULATIONS. The department may adopt regulations, in accordance with the Administrative Procedure Act, which establish rates of reimbursement to providers for medical expenses incurred, as well as other regulations necessary to carry out the purposes of this chapter.

Sec. 47.08.140. DEFINITIONS. In this chapter

(1) "applicant" means a person who has suffered a catastrophic illness and is applying for assistance under this chapter or is the subject of an application for assistance under this chapter;

(2) "applicant's share" [illegible]eans the amount of the total medical expense related to the catastrophic illness which the committee determines the applicant can reasonably be expected to pay based on income, assets, and number of dependents under sec. 60 of this chapter;

(3) "catastrophic illness" means illness or injury which result in medical expenses of over $1,000 during a period not to exceed 12 months, after all other sources of third-party payment have been exhausted;

(4) "committee" means the Catastrophic Illness Committee, created under sec. 20 of this chapter;

(5) "elective medical or surgical procedures" means treatment

which is not essential to the life or health of a person;

(6) "family" means two or more persons related by blood or marriage or adoption living as one economic unit;

(7) "liquid assets" means assets which can be readily converted to cash;

(8) "medical expense" means any financial obligation incurred in the course of treatment of illness as prescribed by a physician, including bills for ancillary services, patient transportation, transportation of a medical or family escort when reasonably necessary, or living expenses while receiving outpatient treatment in a community to which the applicant is not reasonably able to commute from his permanent place of abode;

(9) "nonliquid assets" means all assets which are not liquid assets;

(10) "permanent place of abode" means a dwelling, or a dwelling unit in a multiple dwelling, including lots and outbuildings or an appropriate portion of these, which are necessary to convenient use of the dwelling unit;

(11) "provider" means a licensed physician, pharmacist, dentist, or other health service worker or a licensed hospital, clinic, skilled nursing home, intermediate care facility or health maintenance organization which has provided services not excluded by sec. 50 of this chapter to an applicant as a result of a catastrophic illness;

(12) "third-party payments" means payments of medical expenses related to a catastrophic illness by sources other than the applicant or the committee, including but not limited to state and federal medical assista e programs, private health insurance, employment-related health insurance, military health insurance, workmen's compensation, violent crimes compensation, Indian Health Service of the United States Depart-

ment of Health, Education and Welfare, and awards in legal actions.

* Sec. 2. AS 47.25.255 is repealed.

* Sec. 3. This Act takes effect immediately in accordance with AS 01.10.-070(c).

Net Income should not be Considered unless over $10,000

Cliff Warren

Thelma Buchholdt,

Please review this revised draft of HB 409. Commissioner Beirne has received a copy of this revision today and we will be meeting later in the week to discuss it. We spoke on the phone today and have reached tentative agreement. A revised fiscal note is forthcoming to support the bill. Basically we are asking for a full-time admin asst and clerk typist rather than a half time position.

Comments from your office are welcomed. You will be advised of our next meeting sometime later this week.

Sincerely

Barbara O. Bowns
Chairman of Catastrophic Illness Committee
364-2121 x 142, D.O.T.

For an Act entitled: "An Act relating to catastrophic illness; and providing for an effective date".

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

*Section 1. AS 47 is amended by adding a new chapter to read:

Chapter 08. CATASTROPHIC ILLNESS ASSISTANCE.

Sec. 47.08.010. REIMBURSEMENT OF PROVIDERS. According to the provisions of this chapter, the Department of Health and Social Services Catastrophic Illness Committee shall reimburse providers of medical care for unpaid costs incurred in the treatment of a person suffering an illness or accident which results in financial catastrophic to the person or his family as defined in regulations adopted by the Committee.

Sec. 47.08.015. CATASTROPHIC ILLNESS COMMITTEE. There is created the Catastrophic Illness Committee, consisting of a medical review officer from the Department of Health and Social Services, a member appointed by the governor who has suffered a catastrophic illness, and a representative of the Department of Commerce and Economic Development appointed by the governor, and necessary administrative staff.

Sec. 47.08.020. POWERS AND DUTIES OF COMMITTEE. The Catastrophic Illness Committee shall determine eligibility, allowable costs and levels of reimbursement. It shall adopt regulations, make reasonable classifications of persons according to the size of family, family income and assets, and health care coverage from all other sources. Other sources include, but are not limited to, state and federal medical assistance programs, private health insurance, employment-related health insurance, military health insurance, workmen's compensation, violent crimes compensation, and Indian Health Service. In order not to exceed the budget appropriated by the legislature, the committee shall establish priorities for those eligible for assistance under this chapter. The committee

may not make reimbursement for costs incurred before July 1, 1976.

Sec. 47.08.025. NOTICE. The Catastrophic Illness Committee shall seek the assistance of medical providers to assure that the public is aware of the catastrophic illness program.

*Sec. 2. AS 47.25.255 is repealed.

*Sec. 3. This Act takes effect immediately in accordance with AS 01.-10.070 (c).

HB
409
File No. 2

SHARMAN HALEY

THE IMPLICATIONS OF STATE-INITIATED CATASTROPHIC-COMPREHENSIVE HEALTH INSURANCE PLANS

A Seminar Sponsored by

Georgetown University Health Policy Center

Sheraton-Carlton Hotel
Mount Vernon Room

Friday, September 16, 1977

Health Policy Center
Georgetown University
3520 Prospect Street, N. W.
Washington, D. C. 20007
202-625-3092

AGENDA

9:00 a.m. WELCOME AND OPENING REMARKS

Verne Horn - Director, Health Policy Center
Jordan Braverman - Conference Coordinator
Lewis Butler - Moderator

9:30 a.m. CROSSING THE LEGISLATIVE HURDLE: POLITICS AND PLANNING FOR STATE HEALTH INSURANCE

- Determining the need
- Assessing state capabilities
- Developing the benefits
- Establishing eligibility standards
- Analyzing the costs
- Reassuring friends and placating foes

PANEL:

The Honorable Donald D. H. Ching, Majority Leader, Hawaii State Senate and sponsor of Hawaii's health plan.

Keven McKenna, Attorney-at-Law and former aide to Governor Philip Noel during passage of Rhode Island's plan.

Larry Fredrickson, Counsel, Minnesota Senate Health, Welfare and Corrections Committee and chief drafter of Minnesota's plan.

The Honorable Sam A. McConnell, Jr., Chairman, House Rules Committee and sponsor of catastrophic health insurance in Arizona.

Joseph McLean, Research Director of Joint Committee on Health Benefits and Health Services in Massachusetts State Legislature and involved in unsuccessful attempts to enact a state health plan.

11:30 a.m. IMPLEMENTATION AND ADMINISTRATION: MAKING A STATE HEALTH INSURANCE PLAN WORK

- Finding the right agency
- Hiring the staff and finding the experts
- Integrating with other departments
- Determining eligibility
- Controlling quality and costs
- Assessing the impact

PANEL:

Brian Keeler, Chief, Division of Health Insurance, Rhode Island Department of Health.

John Fickett, Director, Medical Assistance Division and Catastrophic Illness Program, Maine Department of Human Resources.

Joseph C. Mike, Commissioner of Insurance, State of Connecticut.

Paul Farseth, Outgoing Supervisor of Minnesota Catastrophic Health Expense Program, Department of Public Welfare.

The Honorable Donald D. H. Ching, Majority Leader, Hawaii State Senate.

1:00 p.m. LUNCH

2:00 p.m. WHAT DOES IT ALL MEAN?: THE IMPLICATIONS OF RECENT STATE ACTIVITY IN MEDICAID AND CATASTROPHIC ILLNESS PROTECTION

- Providing protection in the absence of a federal commitment
- Administrative innovations
- Financial and administrative pitfalls
- National policy and state discretion
- Practical problems

PANEL:

The Honorable John G. Veneman, former Counselor to Vice President Rockefeller, Under Secretary of DHEW, and California State Assemblyman.

Keven McKenna, Attorney-at-Law, Providence, Rhode Island.

Keith Weikel, Administrator, Medicaid Division, Health Care Financing Administration.

Beverlee Myers, Professional Staff Member, Subcommittee on Antitrust and Monopoly, United States Senate.

Bonnie Lefkowitz, Office of the Assistant Secretary for Planning and Evaluation, DHEW.

4:00 p.m. CLOSING REMARKS

Georgetown University
Health Policy Center Publications

(A) Health Programs in the States: A Survey. Published in cooperation with the Eagleton Institute of Politics, this report discusses and documents provisions and procedures of health care programs in the 50 states (40 pages; $3.25).

(B) Paper Victories and Hard Realities. This legal and programmatic analysis of the landmark Supreme Court decision, *O'Connor v. Donaldson*, resulted from a working conference held by the Health Policy Center. It covers: the decision, establishing the right to liberty for mentally ill persons who can live safely outside an institution; "right to treatment"; alternate systems for mental health care; civil commitment statutes; "dangerousness"; and federal mental health programs (144 pages; $4.25).

(C) State Health News. A bi-weekly publication, this newsletter reports developments, innovations and problems in state health legislation. Special issues focus on particular issues of significance to state and local health policymakers: e.g., the proposed Michigan Health Planning Code, Certificate of Need Regulations, etc. (4-6 pages; $10/year).

(D) The Legal Status of Physician Extenders in Thirteen Southern States. This study conducted by the East Tennessee Research Corporation examines the laws, regulations and guidelines governing physician assistants and nurse practitioners. Discussion of each state's legislative provisions is followed by analysis and recommendations (61 pages; $2.00).

(E) A Legislator's Guide to the Medical Malpractice Issue. Published jointly with the National Conference of State Legislatures, this booklet contains: an analysis of state and federal legislative activity, five state case studies, and papers from various interest groups (88 pages; $3.25).

(F) Catalogue: Washington Health Newsletters. This compilation lists 40 Washington-based newsletters by title, publisher, frequency of publication, price, subject, and unique features (6 pages; $1.00).

(G) Strategies for Long-Term Care. This paper surveys financing, administration, and institutions, community-based facilities, and individual home settings. It addresses characteristics and needs of the population at risk, inter-governmental relationships, and includes recommendations for action (38 pages; $2.00).

(H) Death and Dying: An Examination of Legislative and Policy Issues. This report is based on a conference co-sponsored with the American Association for the Advancement of Science. It explores the legislative, ethical, demographic, medical and public policy ramifications of death and dying issues (68 pages; $3.50).

(I) Model Medical Practice Act. This model act is designed to ensure physician competency. Originally developed by the Health Policy Center, the act was refined at a conference co-sponsored with the Bureau of Health Manpower, DHEW. Representatives of various federal agencies participated in the meeting (22 pages; Free).

(J) Health Expenditures by State Governments. This report examines information on state health spending compiled largely by the Bureau of the Census. It shows that the percentage of overall state health expenditures compares favorably with the percentage of overall federal health expenditures (23 pages; $2.25).

(K) Drug and Alcohol Abuse Programs in the States. This survey examines the pros and cons of state legislative activity surrounding ten major drug/alcohol abuse issues. The book is scheduled for publication in August 1977.

(L) Implementing Protection and Advocacy Systems for the Developmentally Disabled. This forthcoming report grew out of a conference designed to consider how best states can meet federal protection and advocacy requirements.

(M) State-Initiated Catastrophic/Comprehensive Health Insurance Plans. A forthcoming conference proceedings, this report will review the implications of such plans for both the private and public sectors.

(N) Medicaid Reimbursement of Primary Health Clinics. This forthcoming report is based on a nationwide survey of state Medicaid clinic reimbursement practices. An analysis of the findings is due for publication in August 1977.

THE IMPLICATIONS OF STATE-INITIATED CATASTROPHIC/
COMPREHENSIVE HEALTH INSURANCE PLANS

A Seminar Sponsored by

Georgetown University Health Policy Center

Sheraton-Carlton Hotel

Friday, September 16, 1977

INVITEES

Ted Bogue
Health Research Group
2000 P Street, N. W., Room 708
Washington, D. C. 20036

The Honorable Selma Bucholdt
Alaska State Legislature
Pouch V
Juneau, Alaska

Lewis Butler
Co-Director
Health Policy Program
University of California
1326 Third Avenue
San Francisco, California 94143

Caroll Callaway
Assistant General Counsel
Health Insurance Association of America
332 S. Michigan Avenue
Chicago, Illinois

The Honorable Donald D. M. Ching
Majority Leader
State Senate
Honolulu, Hawaii

Jeffrey Cohelan
Executive Director
Group Health Association of America
1717 Massachusetts Avenue, N. W.
Washington, D. C. 20036

Gerry Connor
Staff Director
Health Policy Consortium
National Governors' Conference
444 North Capitol Street, N. W.
Washington, D. C. 20001

Jay Constantine
Chief
Health Professional Staff
Senate Finance Committee
Dirksen Senate Office Building
Washington, D. C. 20510

Dr. John Craig
Director
Center for Policy Studies
National Planning Association
Suite 202
1625 Massachusetts Avenue, N. W.
Washington, D. C. 20036

The Honorable Joseph C. Czerwinski
Chairman
State Assembly Health Committee
Madison, Wisconsin

Charles O. Davis
Executive Secretary
Conference of Insurance Legislators
5215 North Ironwood Road
Milwaukee, Wisconsin

Dr. Karen Davis
Deputy Assistant Secretary for Health
Planning and Evaluation
Office of Planning and Evaluation
Dept. of Health, Education and Welfare
405F South Portal Building
200 Independence Avenue, S. W.
Washington, D. C. 20201

W. Grayburn Davis, MD
Executive Vice President
American Group Practice Association
20 South Quaker Lane
Alexandria, Virginia 22313

Pat Deleon
Legislative Aide
Office of Senator Daniel Inouye
232 Russell Senate Office Building
Washington, D. C. 20510

John E. Fickett
Director
Medical Assistance Division
Department of Human Resources
State of Maine
221 State Street
Augusta, Maine

Max Fine
Executive Secretary
Health Security Action Council
821 - 15th Street, N. W.
Washington, D. C. 20005

The Honorable Daniel J. Foley
Massachusetts Senate
State House
Boston, Massachusetts 02133

Larry Fredrickson
Counsel
Health, Welfare and Corrections
Committee
Minnesota State Senate
St. Paul, Minnesota

William D. Fullerton
Deputy Administrator
Health Care Financing Association
Department of Health, Education and Welfare
Washington, D. C.

Tony Edward Fulton
Economist
Maryland Commission on Intergovernmental
Cooperation
Department of Fiscal Services
90 State Circle, Room 226
Annapolis, Maryland 21404

Dr. Leo Gehrig
Senior Vice President
American Hospital Association
444 North Capitol Street, N. W.
Washington, D. C. 20001

Mike Gemmell
Legislative Representative
National Association of Counties
1735 New York Avenue, N. W.
Washington, D. C. 20006

James Gillman
Vice President
Federal Employee Program and Blue Cross-
Blue Shield
Suite 300
1800 M Street, N. W.
Washington, D. C. 20036

Willis Goldbeck
Director
Washington Business Group on Health
605 Pennsylvania Avenue, S. E.
Washington, D. C. 20003

David Greenburg
Executive Director
National Health Lawyers Association
522 - 21st Street, N. W.
Washington, D. C. 20006

Dr. Warren Greenburg
Bureau of Economics
Federal Trade Commission
Washington, D. C.

Steve Grossman
Legislative Analyst
Association of American Medical Colleges
One Dupont Circle
Washington, D. C. 20036

Sharman Haley
Legislative Affairs Agency
Pouch Y
Juneau, Alaska 99811

Lynne Handy
Research Analyst
Office of Health Services
Illinois Department of Public Health
535 West Jefferson
Springfield, Illinois 62761

Ruth Hanft
Consultant to Assistant Secretary
of Health
Dept. of Health, Education and Welfare
716B South Portal Building
200 Independence Avenue, S. W.
Washington, D. C. 20201

The Honorable Thomas Hanson
Chairman
Committee on Insurance and Banking
Wisconsin State Assembly
Madison, Wisconsin 53702

George Hardy, Jr., MD
Professional Staff
Subcommittee on Health
House Interstate and Foreign Commerce
Committee
2415 Rayburn House Office Building
Washington, D. C. 20515

Fred Hellenger
Senior Economist
Health Care Financing Administration
1875 Connecticut Avenue, N. W., Room 940
Washington, D. C. 20009

Dr. Robert B. Helms
Director
Center for Health Policy Research
American Enterprise Institute
1150 - 17th Street, N. W.
Washington, D. C. 20006

Richard Hemmings
Counsel
National Association of Insurance
Commissioners
Suite 1015, 633 West Wisconsin Avenue
Milwaukee, Wisconsin 53203

Jeffrey M. Holden
Legislative Representative
Illinois State Medical Society
55 East Monroe
Chicago, Illinois 60603

The Honorable Michael Holewinski
Illinois State Legislature
5223 West Belmont Avenue
Chicago, Illinois 60641

Thomas D. Holman
Economist
American Mutual Insurance Alliance
1776 F Street, N. W.
Washington, D. C. 20006

John Hurley
Assistant Counsel
Health Insurance Association of America
919 Third Avenue
New York, New York 10022

Calvin Johnson
Counsel
Health Insurance Association of America
1701 K Street, N. W.
Washington, D. C. 20006

James Johnson
Fiscal Analyst
North Carolina General Assembly
State Legislative Building
Raleigh, North Carolina

Brian E. Keeler
Chief, Division of Health Insurance
State Department of Health
75 Davis Street
Providence, Rhode Island

George J. Kelly
Vice President
Blue Cross Association
1700 Pennsylvania Avenue, N. W.
Washington, D. C. 20006

John A. Kirchbaum
Assistant Director
Legislative Department
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

John Kohler
Research Associate
Legislative Service Agency
Room 137A
State House
Trenton, New Jersey 08625

Debby Lamm
Health Specialist
U. S. Conference of Mayors
1620 Eye Street, N. W.
Washington, D. C. 20006

Florine Levin
141-25 Northern Boulevard
Flushing, New York 13157

John Lively
Budget Examiner
Health Care Branch
Office of Management and Budget
New Executive Office Building
Room 7002
726 Jackson Place, N. W.
Washington, D. C. 20503

Alfred Lowey Ball
Economist
Office of Planning and Research
Health Care Financing Administration
Room 920
1875 Connecticut Avenue, N. W.
Washington, D. C. 20009

The Honorable Sam A. McConnell, Jr.
Chairman, Health and Welfare Committee
Arizona House of Representatives
1740 West Adam Street
Phoenix, Arizona 85007

John McLaren
Legislative Aide
Office of Senator Spark Matsunaga
362 Russell Senate Office Building
Washington, D. C. 20510

Joseph P. McLean
Research Director
Joint Special Committee on Health Benefits
and Health Services
Room 407
State House
Boston, Massachusetts 02133

Dick Merritt
Staff Director, Human Resources
National Conference of State Legislatures
Suite 203
444 North Capitol Street, N. W.
Washington, D. C. 20001

Joseph C. Mike
Commissioner of Insurance
State of Connecticut
Room 431
State Office Building
165 Capitol Avenue
Hartford, Connecticut

The Honorable Herbert J. Miller
10011 - 67th Road
Forest Hills, New York 11375

Joan Miller
Staff Consultant
National League of Cities
Room 220
1620 Eye Street, N. W.
Washington, D. C. 20[illegible]

Beverlee Myers, Staff Member
Subcommittee on Antitrust and Monopoly
U. S. Senate Committee on the Judiciary
Washington, D. C. 20510

Joseph Onek
Deputy for Health
Domestic Council
White House
Washington, D. C.

Jan Ozga
Associate Director for Health
U. S. Chamber of Commerce
1615 H Street, N. W.
Washington, D. C. 20062

Dr. Richard Penna
Assistant Director
American Pharmaceutical Association
2215 Constitution Avenue, N. W.
Washington, D. C. 20037

Charles Peters
Associate General Counsel
American Council of Life Insurance
Washington, D. C.

William Reinertson
Director of Development of Vision
Care Plans
American Optometric Association
Suite 206
1730 M Street, N. W.
Washington, D. C. 20036

Paul Rettig
Staff Member
Committee on Health
House Ways and Means Committee
Washington, D. C. 20515

Tony Riker
Legislative Attorney
American Medical Association
Chicago, Illinois

Dr. David Salkever
School of Public Health
Johns Hopkins University
Room 4508
615 North Wolfe Street
Baltimore, Maryland 21205

John Salmon
Professional Staff
Room 412
Health House Annex No. 1
Committee on Ways and Means
House of Representatives
Washington, D. C. 20515

E. Philip Sayre
Director
Maryland Commission on Intergovernmental
Cooperation
Legislative Services Building
90 State Circle, 2nd Floor
Annapolis, Maryland 21404

Alan Sokolow
Director, Eastern Office
The Council of State Governments
1500 Broadway
New York, New York 10036

Richard Shoemaker
Social Security Department
AFL-CIO
815 - 16th Street, N. W.
Washington, D. C. 20006

Charles Sonneborn
Vice President
National Associationof Blue Shield Plans
1730 Pennsylvania Avenue, N. W.
Washington, D. C. 20006

Margaret Svenson
Washington Representative
Blue Cross Association
1700 Pennsylvania Avenue, N. W.
Washington, D. C. 20006

Bruce Thevenot
Director of Government Affairs
American Health Care Association
1200 - 15th Street, N. W.
Washington, D. C. 20005

Ann Vengrofski
Staff Director
Coalition on Health Funding
One Dupont Circle, Suite 200
Washington, D. C. 20036

Ken W. White
Assistant Vice President
Health Insurance Institute
1730 Pennsylvania Avenue, N. W.
Washington, D. C. 20006

Dr. Suzanne Woolsey
Associate Director for Community and
Human Affairs
Office of Management and Budget
Old Executive Office Building
Room 260
Washington, D. C. 20503

John Young
Legislative Service Office
North Carolina General Assembly
2129 State Legislative Building
Raleigh, North Carolina 27601

Albert H. Yuen
Executive Vice President
Hawaii Medical Services Association
P. O. Box 860
Honolulu, Hawaii 96808

THE IMPLICATIONS OF STATE-INITIATED CATASTROPHIC/
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INVITEES (ADDENDUM)

Dr. Robert Berenson
Robert Wood Johnson
Clinical Scholar Program
George Washington University
2300 K Street, N. W.
Washington, D. C. 20037

Kurt DeWeese
Analyst
House Democratic Staff
Illinois General Assembly
Springfield, Illinois

James Doherty
Counsel
Group Health Association of America
1717 Massachusetts Avenue, N. W.
Washington, D. C.

Dr. Alan Duma
Robert Wood Johnson
Clinical Scholar Program
George Washington University
2300 K Street, N. W.
Washington, D. C. 20037

The Honorable James Edgar
Representative
Illinois General Assembly
Springfield, Illinois

Paul Farseth
Administrator
Minnesota Catastrophic Health Insurance Program
Department of Public Welfare
Centennial Building
St. Paul, Minnesota

James Heffer, MD
Robert Wood Johnson
Clinical Scholar Program
George Washington University
2300 K Street, N. W.
Washington, D. C. 20037

Erling Hansen
Associate Counsel
Group Health Association of America
1717 Massachusetts Avenue, N. W.
Washington, D. C.

Samuel S. Kessel, MD
Robert Wood Johnson
Clinical Scholar Program
George Washington University
2300 K Street, N. W.
Washington, D. C. 20037

Robert McGarrah
Public Policy Counsel
American Federation of State, County and
Municipal Employees
1625 L Street, N. W.
Washington, D. C.

Keven McKenna
Attorney-at-Law
Providence, R. I.

Judy Miller
Director
Health Policy Seminar
George Washington University
1901 Pennsylvania Avenue, N. W.
Washington, D. C. 20006

Paul Newachek
Health Policy Program
University of California
1327 Third Avenue
San Francisco, California

Susanne Stoiber
Staff Director
National Health Insurance Planning, HEW
Washington, D. C. 20201

Jack Veneman
Executive Advisor
Georgetown University Health Policy Center
Washington, D. C. 20057

Margo Vignola
Senior Policy Analyst
American Public Welfare Association
1155 - 16th Street, N. W.
Washington, D. C. 20036

THE IMPLICATIONS OF STATE-INITIATED CATASTROPHIC/ COMPREHENSIVE HEALTH INSURANCE PLANS

A Seminar Sponsored by

Georgetown University Health Policy Center

Friday, September 16, 1977

SPEAKERS

The Honorable Donald D. H. Ching is the Majority Leader of the Senate of the State of Hawaii. He is a graduate of the University of Hawaii and the George Washington University Law School. Since 1967 he has been on the Senate Health Committee, first as Chairman, then Vice Chairman and presently as a member. He is also presently Chairman of the Military and Civil Defense Committee and Vice Chairman of the Transportation Committee in the Hawaii Senate. In addition to his legislative duties, Senator Ching serves as a Director of the Hawaii Medical Service Association.

Brian E. Keeler is presently Chief of the Division of Health Insurance, Rhode Island Department of Health and is responsible for the administration of the Rhode Island Catastrophic Health Insurance Plan. The Division also regulates health maintenance organizations and acts as a clearinghouse for health insurance information. Mr. Keeler, a graduate of Siena College in New York State, was associated with the Aetna Life and Casualty Company for ten years prior to assuming his present position and served as chairman of the Health Care Committee of the Health Insurance Association of America in the formulation and promotion of a national health insurance plan.

Larry Fredrickson is Counsel to the Senate Health, Welfare and Corrections Committee in the Minnesota State Legislature. Mr. Fredrickson, a graduate of Macalester College and New York University Law School, prior to his present position, was engaged in private law practice, worked with Interstudy as research attorney in Minneapolis and served as Director of Minority Research in the Minnesota State Senate. He was intimately involved in formulating the state health insurance law that became effective in Minnesota in January 1977.

PANELISTS

Sam A. McConnell, Jr. is Chairman of the Rules Committee in the Arizona House of Representatives and serves as a member of the House Banking and Insurance, Health, and Appropriations Committees. A pharmacist by profession and graduate of Butler University in Indiana, Mr. McConnell is a member of the Health Insurance Benefits Advisory Council of the Department of Health, Education, and Welfare, an advisor to the Secretary of HEW on Medicare and Medicaid and a former member of the Governor's Committee on Problems of the Aged. He is presently serving his sixth term in the Arizona House of Representatives and is President-elect of the National Association of Retail Druggists.

Joseph P. McLean is Research Director of the Joint Committee on Health Benefits and Health Services in the Massachusetts State Legislature. He also serves as Legislative Director to Senator Daniel J. Foley, Chairman of the Insurance Committee in the Massachusetts Senate. A graduate of Siena College in New York State, Mr. McLain has also served as Legislative Director in the Offices of the Massachusetts Senate President and Senate Majority Whip. Author of various health care statutes in Massachusetts, Mr. McLain presently is a lecturer at the Institute for Governmental Science at the University of Massachusetts and a member of the University of Massachusetts Health Policy Growth Study Committee.

John E. Fickett is Director of the Medical Assistance Program (Medicaid) and the Catastrophic Illness Program in the Department of Human Resources of the State of Maine. A graduate of the Gordon Divinity School, both on the bachelor and master's levels, Mr. Fickett also has a master's degree in Social Work from Boston College. A former minister, Mr. Fickett is a member of the American Society for Public Administration and is listed in Who's Who in the East, Who's Who in Government, Who's Who in Religion and in the Dictionary of International Biography.

Joseph C. Mike is the Commissioner of Insurance for the State of Connecticut. Prior to his present appointment, he served as Deputy Commissioner of Insurance from April 1975 to May 1977. A graduate of Providence College, Commissioner Mike has also been associated with the Aetna Life and Casualty Company and also

served two terms from 1971 to 1975, as Councilman-at-Large for the City of Bristol, Connecticut. He has been a member of various city boards including the Bristol Veterans Committee, Bristol Retirement Board, City Council Salary Committee, Council on Human Needs, Bristol Day Care Center and the Bristol Jaycees. On a statewide basis, Commissioner Mike has served on the Connecticut Commission for Hospitals and Health Care and on the Teachers Retirement Board and has been responsible for the regulation of Connecticut's Health Maintenance Organizations and the implementation of Connecticut's Health Care Act. He also serves on the Commission for Hospital and Health Care Malpractice Task Force and the Product Liability Tort Reform Task Force. He has also been on the Board of Directors of the Connecticut Association of Local Legislators and various organizations that assist in the activities of teenagers. Mr. Mike is a member of the Bristol Young Democrats and a member of a Military Intelligence Detachment of the U. S. Army Reserve.

John G. Veneman is Vice President and Manager of the Washington office of Braun and Co. as well as Executive Advisor to the Georgetown University Health Policy Center. His past experience in government has included serving as Counselor to Vice President Nelson A. Rockefeller, Under Secretary of HEW during the Nixon Administration, member of the California Assembly as well as Chairman of the Assembly's Committee on Revenue and Taxation, and a member of various standing Assembly committees including Finance and Insurance, Social Welfare and Agriculture. In 1967 he was selected as the Most Outstanding Legislator in the Assembly by the Capitol Press Corp. Mr. Veneman has served on the Board of Trustees of the Urban Institute, the American Social Health Association, the Citizens Conference on State Legislatures and the San Francisco Public Schools Commission.

MODERATOR

Lewis Butler is Co-Director of the Health Policy Program at the University of California at San Francisco as well as an Adjunct Professor of Health Policy at the University. A graduate of Princeton University and Stanford University Law School, Mr. Butler has served as an HEW Assistant Secretary for Planning and Evaluation from 1969 to 1971 in the Nixon Administration, as Visiting Faculty member at the School of Law and Earl Warren Legal Institute at the University of California at Berkeley, as a Director of the Peace Corps in Malaysia as well as an attorney engaged in the private practice of law. He is a member of the Institute of Medicine of the National Academy of Sciences, a member of the Advisory Panel on National Health Insurance to the Subcommittee on Health of the House Committee on Ways and Means, Chairman of the Advisory Board, HEW Fund for the Improvement of Post-Secondary Education and Director or Trustee of the John Hay Whitney Foundation, Abelard Foundation and California Tomorrow as well as President of the Rosenberg Foundation. He has also served on the San Francisco Public Schools Commission, the Technical Advisory Committee of the Carnegie Commission on Higher Education, and was Founding Director and President of the Planning and Conservation League.

Georgetown University Health Policy Center

AN OVERVIEW OF THE HEALTH POLICY CENTER

AN OVERVIEW

OF THE

HEALTH POLICY CENTER

GEORGETOWN UNIVERSITY

WASHINGTON, D. C. 20057

MAY 1977

This overview is designed to summarize activities in each of the major operational areas of the Health Policy Center:

- Research
- Seminars, Workshops and Conferences
- Network of Correspondents
- Library and Other Documentary Resources
- Publications

Information on Center personnel concludes the document.

GEORGETOWN UNIVERSITY HEALTH POLICY CENTER

The Georgetown University Health Policy Center (HPC) was established in January 1975 through a grant from the Robert Wood Johnson Foundation to assist state, county and municipal governments in formulating and implementing health care policies. The Center provides for the improvement of national health policy development by focusing on the needs, capacities, activities, and problems of state and local governments in carrying out health programs. Its constituency includes: local, state and national legislators, health care officials at all levels, professional health care associations, and private groups concerned with state interests in health policymaking.

RESEARCH

The Center undertakes both short and long term research in response to current pressing state health policy concerns and requests from individuals and organizations in the health policy-making community. In selecting issues for study, we consider such factors as: upcoming state and national health legislation; the volume and nature of requests for technical assistance; issues voiced by the Center's Network of Correspondents; the possibility of impact on developing legislation; the uniqueness of the issue; and the type of attention the issue is receiving elsewhere.

Research is planned to provide states and localities with practical timely information that they cannot or do not receive from other organizations and agencies. Thus our research and policy analysis efforts focus on: analyzing innovative state health programs; examining the impact of proposed federal legislation on state and local governments; reviewing and comparing existing state health programs and proposals; drafting model state legislation; and developing policy position papers discussing alternative approaches to critical health care issues. Most studies lead to workshops, conferences and/or publications.

Research efforts have dealt with such topics as:

- The implications of alternative national health insurance proposals for state and local governments
- Medical malpractice
- Implications of the MAC drug program
- Developmental disability legislation
- A Model Medical Practice Act
- The Health Maintenance Organization Amendments of 1976
- Primary health care delivery
- Quality assurance programs
- Rural health care
- Mental health legislation
- Litigation and the mentally disabled
- State perspectives on health block grants for personal services
- Long-term care
- Medicaid reform
- Death and dying legislation
- Abortion
- State health planning
- Mid-level medical personnel

Current research efforts include:

- A study of Reimbursement of Primary Health Clinics under State Medicaid Programs involving a nationwide survey of state Medicaid directors. The study is aimed at determining whether and if so how states reimburse primary health clinics as independent health care providers. It also seeks data on the reimbursement of primary health practitioners. Generated by an increasing number of requests from state and federal policymakers concerning this type of direct Medicaid reimbursement and the serious lack of reliable information in this area, the study was also fueled by recent Congressional hearings on clinic reimbursement under Medicare. An analysis and report of the findings are due for publication in August 1977.

- An evaluation of State Standards for the Delivery of Public Health Services. This study involves: (1) the collection and comparative analysis of existing or developing state standards; (2) an in-depth survey of 10-12 carefully selected health departments and (3) a seminar for representative public health providers and consumers focusing on proposed federal standards for the delivery of local public health services, and the capacity of local governments to provide such services. Concern over the setting of federal standards governing public health programs, the relationship between these programs and national health insurance, and the strong interests of state and local health officers motivated this research project.

- A survey of Drug and Alcohol Abuse Programs in the States. This study surveys state legislative activity in response to the following drug/alcohol abuse issues: Organization of State Drug/Alcohol Abuse Efforts; Alcohol and Highway Safety; Legal Drinking Age; Decriminalization of Marijuana and Public Intoxication; Credentialing of Drug and Alcohol Abuse Programs and Personnel; Mandatory Health Insurance Coverage for Drug Abuse and Alcoholism Treatment; Earmarked Alcoholic Beverage Tax; Implications of Title XX for Drug/Alcohol Abuse Programming. An additional chapter in the forthcoming publication of this study deals with the extent and nature of the drug/alcohol abuse problem in the United States, and major federal legislation in the area. The issues were selected on the basis of their importance to upcoming state legislation. Each is discussed in terms of the significance of the issue, the need for legislation, and the pros and cons of alternative courses of legislative action. The study is due for publication in July 1977.

- An analysis of The Legal Framework in which the Developmental Disability Protection and Advocacy Systems Required by States Must Operate. The paper examines the Developmental Disabilities Assistance and Bill of Rights Act of 1975, the legislative history of relevant sections, and the regulations, guidelines, and legal opinions issued by the Department of Health, Education and Welfare on implementing these protection and advocacy systems.

- An examination of State Catastrophic and Comprehensive Health Insurance Plans. Prepared for participants at a Health Policy Center seminar, this paper examines the political organizations, and administrative experiences of the five states that have adopted plans: Hawaii, Rhode Island, Connecticut, Maine and Minnesota. The paper covers: benefit coverage and eligibility, administration and financing as well as the history, characteristics, and problems of definition associated with "catastrophic" health plans.

- Participation in the New Coalition Task Force on Medicaid Reform, which has involved: (1) Preparation of a policy option paper summarizing major ideas and research on Medicaid and presenting policy alternatives for intergovernmental financing of Medicaid. The paper, "Federal/State Financing of Medicaid," exploring such concepts as equity, program rationale (health or welfare), ability of various levels of government to pay intergovernmental relations and centralization vs. decentralization, was presented to the Task Force in January 1977. (2) Preparation of a cost analysis of options presented in the paper. (3) Participation in a seminar convened to review and analyze federal proposals on cost containment. A summary of contents and recommendations was provided to DHEW. (4) Review and editing for the Task Force of papers dealing with eligibility and institutional reimbursement. The New Coalition is a group composed og voernors, mayors, state legislators, and county elected officials.

Other recent studies prompted by national debate over issues that will inevitably impact on state and local jurisdictions include the following.

- Comprehensive Health Insurance: Initiatives by State Government. This study surveys types of state health insurance plans already enacted and discusses the rationale for the state movement, the proposals of leading organizations on this issue (the National Association of Insurance

Commissioners and the Conference of Insurance Legislators), cost control measures, and the future of state plans.

- The MAC Drug Program. Implications for State Governments. This analysis of the maximum allowable costs controversy surrounding the establishment of cost limits on prescription drugs clarifies the issues of this potentially far-reaching program. The aims, implementation problems, advantages, disadvantages, and implications of the MAC program for state and local government are examined.

- Aerosols and the Earth's Ozone Layer: Issues for State Governments. The background and present issues surrounding legislation banning aerosol sprays propelled by fluorocarbons are discussed in this study. It covers federal legislation initiated as a result of the findings and recommendations of the National Academy of Sciences and discusses legislative options available to state governments.

- Health Maintenance Organization Amendments of 1976: Implications for State and Local Governments. This report covers the history, objectives, and provisions of the 1973 HMO Act and the HMO Amendments of 1976. A summary of the implications of these Amendments for state and local governments is included.

- Community Mental Health Centers: Implications for State and Local Government. This study examines the present status and future implications of community mental health centers as they will impact on state and local government. In view of President Carter's establishment of a national Mental Health Commission, community centers may receive renewed impetus and importance in the delivery of health care services and this paper examines the historical background of the issue, analyzes the impact of the Community Mental Health Center Act itself, examines the scope of the mental illness problem, public financing of such centers, and their implications for local and state governments.

- National Health Insurance Bills of the 94th Congress: Implications for State and Local Government. This series of papers examines key national health insurance bills that were introduced in the 94th Congress by such organizations as the AFL-CIO, the American Medical Association, the American Hospital Association, the Health Insurance Association of America and Senators Long and Ribicoff's Catastrophic Health Insurance Bill. Those aspects of the bills that impact on state and local government are noted and analyzed.

SEMINARS, WORKSHOPS AND CONFERENCES

To air the variety of viewpoints concerning health policy and program developments, the Center sponsors a number of meetings each year. Meeting size and composition vary, according to the purpose of the meeting. Seminars range from small working sessions designed to explore policy options and/or define state legislative interests, to large forums designed to communicate policy concerns to a wide audience. And, when there is a commonality of interests, sponsorship is shared with other organizations and agencies.

Whether large or small, most meetings are characterized by a "how-to" theme. One area in which the Center is uniquely capable of providing a practical service is the identification of federal legislation requiring states to meet certain standards as a condition for receiving federal funding. It has been our experience that, all too often, little technical assistance is offered to states to assist in compliance. Our upcoming seminar on the implementation of state advocacy systems for the developmentally disabled is one example of how the Center can fill this void and provide a much-needed service to states.

Scheduled for May 27, 1977, this meeting deals with The Implications of State Protection and Advocacy Systems Designed to Protect the Rights of the Developmentally Disabled. This one-day seminar will bring together federal and state policymakers, as well as consumers, to discuss the best means of implementing these systems. Designed to safeguard the human and civil rights of the developmentally disabled (DD), the systems are required to be "in effect" by October 1, 1977, if states are to continue receiving federal DD moneys following that date. The shortage of time and federal technical assistance, however, has made state compliance with this requirement especially difficult.

The seminar is therefore timely and will produce findings and recommendations designed to be of immediate practical value to the states. The proceedings are scheduled for publication and distribution in August 1977, and will include an analysis of the relevant federal legislation, regulations, and guidelines; a study of what forms advocacy can and should take; a paper on what should constitute compliance with the federal legislation; and a case study of how an advocacy system actually is implemented and functions on the state level. Speakers/authors include:

- Jim Stearns, Policy Analyst and developmental disabilities specialist for the Georgetown University Health Policy Center.
- Stanley Herr, Visiting Scholar at Harvard Law School, specializing in disability law and the mentally retarded with emphasis on advocacy issues.
- Neil Mickenburg, Director of Vermont's Developmental Disabilities Advocacy Project and past Director of Minnesota's Developmental Disabilities Advocacy Project.

- Ronald Neufeld, Director of Developmental Disabilities Technical Assistance System, University of North Carolina

- James Paul, Director of Training, Developmental Disabilities Technical Assistance System, University of North Carolina

In July 1977 the Center plans to hold a seminar on State-Initiated Catastrophic/Comprehensive Insurance Plans. Dealing with an issue of growing importance in the area of health care financing, this conference will examine the growth and implications of state-enacted comprehensive insurance programs for the private sector--such as the health insurance industry--and the public sector. The implications for federal national health insurance plans will be of particular interest. The proceedings of the seminar will be published in the fall of 1977. Speakers/authors will include:

- The Honorable Donald D. H. Ching, Majority Leader of the Hawaii State Senate

- Brian E. Keeler, Chief of the Division of Health Insurance, Rhode Island Department of Health and Administrator of Rhode Island Catastrophic Health Insurance Plan

- Larry Fredrickson, Counsel to Senate Health, Welfare and Corrections Committee, Minnesota State Legislature

Past Health Policy Center conferences have been concerned with the following topics:

- MEDICAL MALPRACTICE: Held in May 1975, in Washington, D. C., in conjunction with the National Conference of State Legislatures, this seminar attracted a number of state legislators and other public officials from across the country to address the critical issue of availability of malpractice insurance coverage. During three days of activity, the participants addressed the value of federally mandated malpractice legislation, reviewed case studies of malpractice legislation introduced in California, Idaho, Indiana, New York, and Wisconsin, and analyzed the presentations of physicians, lawyers, insurance commissioners, and consumer advocates concerned with resolution of this crisis.

- HEALTH ISSUES OF 1976: Recognizing the increasing responsibilities imposed on state and local governments in the health policy field, the Georgetown University Health Policy Center sponsored this seminar to determine the immediate health care issues facing states and localities. The Health Issues of 1976 Seminar, held in Palm Beach, Florida, on November 9-12, assembled a number of state,

local and federal officials to identity issues and evaluate alternate approaches and/or solutions. In addition to targeting issues, this conference represented an attempt to review and analyze the changing role of government in health care and the magnitude of the problems being addressed by state and local expenditures.

- LITIGATION AND THE MENTALLY DISABLED: On June 26, 1975, the Supreme Court decided the case of O'Connor v. Donaldson proclaiming a constitutional right to liberty for mentally ill individuals. The Court ruled that mentally disabled persons cannot be confined involuntarily if they are not dangerous and can live safely in the outside world. The Health Policy Center, on December 8, 1975, sponsored a one-day working session focusing on the effect of the decision upon state and local programs for the mentally disabled. The participants developed analyses of the legal and programmatic effects of the case. In attendance were state legislators, county supervisors, and city councilmen as well as program administrators from the three levels of government. A major publication, "Paper Victories and Hard Realities," resulted from the meeting.

- MEDICAID AND RELATED STATE HEALTH ISSUES: Held in December in Phoenix, Arizona, and co-sponsored by the National Conference of State Legislatures and the Public Services Laboratory of Georgetown University, this seminar presented to over one hundred state legislators various facets of state-federal relationships and government financing mechanisms for medical care.

- COMPETENCE, RELICENSURE AND CONTINUING MEDICAL EDUCATION: On January 16, 1976, the Health Policy Center convened an "Issue of the Month" round table discussion to discuss issues related to continuing medical education.

- WORKING SESSION TO DRAFT A MODEL MEDICAL PRACTICE ACT: This working session in Febraury 1976 grew out of the Center's concern over the absence of any ongoing physician competence assurance, and the need to develop more satisfactory legislation to assure physician competence.

- A HEALTH BLOCK GRANT FOR PERSONAL SERVICES: THE STATE PERSPECTIVE: In February 1977, a seminar was convened to discuss the Ford Administration's proposal to consolidate federally funded health programs into a single block grant, and examine its implication for the states.

- MEDICAID: A STATE AND LOCAL PROBLEM: In March 1976, a seminar was convened to review the background and objectives of Medicaid and its status 10 years later. The paper that resulted from this seminar includes a summary of major Medicaid issues and suggested reforms.

- COMPETENCY IN THE MEDICAL PROFESSION: A joint conference, sponsored by the Health Policy Center, in cooperation with the Department of Health, Education and Welfare Bureau of Health Manpower, was held to refine a Model Medical Practice Act, which had been developed earlier by the Center.

- STRATEGIES FOR LONG-TERM CARE: In May 1976, a seminar was convened to discuss one of the major current public policy problems in the human services area: how to finance, administer, and provide long-term care services in large institutions, community-based facilities and individual home settings. The paper that resulted from the conference addresses characteristics and needs of the population at risk, long-term care financing, and intergovernmental relationships, and includes recommendations for action.

- DEATH AND DYING: AN EXAMINATION OF LEGISLATIVE AND POLICY ISSUES: Held in June 1976, this joint conference was sponsored by the American Association for the Advancement of Science and the Health Policy Center. The speakers included: Dr. Conrad Taeuber, Director of the Center for Population Research, Kennedy Institute; Mr. Sidney Rosoff, Director of the Society for the Right to Die; Dr. Robert Veatch, Senior Associate of the Institute of Society, Ethics and the Life Sciences; and Dr. Andre Hellegers, Director of the Joseph and Rose Kennedy Institute for the Study of Human Reproduction and Bioethics. The participants examined demographic, legal, public policy, and ethical aspects of death and dying issues.

NETWORK OF CORRESPONDENTS

The Network of Correspondents consists of an individual in each state selected on the basis of his/her knowledgeability of state health care developments and position in the state health structure. On retainer with the Center, the Correspondents supply up-to-date information on proposed health legislation, legislative and study committee reports, municipal and state budgets, judicial and executive activity, key state people in health policy formulation, and other pertinent health care developments. In turn, the Center provides the Correspondent with the Center's newsletter, STATE HEALTH NEWS, various Center reports and papers, and technical assistance on a variety of issues. Members of the Network of Correspondents include: legislative leaders and staff, program and bureau directors, local health program officers, health media representatives, and academically based health researchers.

The Network has been used to provide the Center with a broad sample of state and local reaction to President Ford's health block grant proposal. Correspondents were also used to provide state and local reaction to some of the pressing problems with the Medicaid program, and to 1976 legislation in the U. S. Senate (S. 3205) aimed at solving fraud and abuse problems in Medicaid.

More recently, the Correspondents have provided a broad sample of state reactions to proposed regulations under Section 504 of the Rehabilitation Act; to the Administration's hospital cost containment proposal; and to newly established federal regulations pertaining to certificate of need under P. L. 93-641. They have also provided the names of resource persons in community health care around the country; identified persons in their state who were particularly knowledgeable about rural health care; identified state programs to provide better rural health care; and determined for the Health Policy Center whether their state licensed community health clinics.

In the fall of 1976, the Network of Correspondents division began focusing attention on publication of the Center's newsletter--STATE HEALTH NEWS. This publication is an effort to communicate to Correspondents and many others some of the significant and innovative developments in health at the state level. Previously, no convenient vehicle had existed for the Health Policy Center to share the information collected from interested groups and individuals across the country. Reactions to this new publication have been extremely favorable. The format calls for most news items to be covered in short articles. Those items warranting more lengthy treatment are presented in "Special Feature' issues.

LIBRARY AND OTHER DOCUMENTARY RESOURCES

The Library of the Health Policy Center contains a unique collection of some 600 books and 100 periodicals concerned with health policy formulation and implementation. A full-time Librarian maintains this up-to-date resource--circulating timely information to the staff, assisting in Center research efforts, and providing reference services to numerous organizations and people outside the Center. The Library is open to the public as well as the staff.

Another resource is a comprehensive collection of state health legislation, obtained on an ongoing basis through a contract with Commerce Clearinghouse. While the sheer bulk of this resource is staggering--estimates call for more than 8,000 health bills to be introduced around the country in 1977--it is an excellent barometer of emerging state and local health concerns. The immediate availability of the actual text, moreover, has enabled the Center to provide its constituents with reliable and complete information on new legislation. For ease of retrieval, bills are filed according to topic, state, house of origin, and date of introduction. This resource, too, is open to the interested public.

PUBLICATIONS

Publications are guided by a concern for the practical. The fact that the genesis of many Center activities is a request, or pattern of requests, for insight into the effects of particular health policies reinforces this concern. Special papers, books, directories, and our newsletter, STATE HEALTH NEWS, are all aimed at providing timely and informative answers to such questions as: What works? What doesn't work? Why? How can states use this? Where can we turn to find out more about the issue?

Our publications list includes the following titles:

Health Programs in the States: A Survey. Published in cooperation with the Eagleton Institute of Politics, this report discusses and documents provisions and procedures of health care programs in the 50 states (40 pages; $3.25).

Paper Victories and Hard Realities. This legal and programmatic analysis of the landmark Supreme Court decision, O'Connor v. Donaldson, resulted from a working conference held by the Health Policy Center. It covers: the decision, establishing the right to liberty for mentally ill persons who can live safely outside an institution; "right to treatment"; alternate systems for mental health care; civil commitment statutes; "dangerousness"; and federal mental health programs (144 pages; $4.25).

State Health News. A bi-weekly publication, this newsletter reports developments, innovations and problems in state health legislation. Special issues focus on particular issues of significance to state and local health policymakers: e.g., the proposed Michigan Health Planning Code, Certificate of Need Regulations, etc. (4-6 pages; $10/year).

The Legal Status of Physician Extenders in Thirteen Southern States. This study conducted by the East Tennessee Research Corporation examines the laws, regulations and guidelines governing physician assistants and nurse practitioners. Discussion of each state's legislative provisions is followed by analysis and recommendations (61 pages; $2.00).

A Legislator's Guide to the Medical Malpractice Issue. Published jointly with the National Conference of State Legislatures, this booklet contains: an analysis of state and federal legislative activity, five state case studies, and papers from various interest groups (88 pages; $3.25).

Catalogue: Washington Health Newsletters. This compilation lists 40 Washington-based newsletters by title, publisher, frequency of publication, price, subject, and unique features (6 pages; $1.00).

Strategies for Long-Term Care. This paper surveys financing, administration, and institutions, community-based facilities, and individual home settings. It addresses characteristics and needs of the population at risk, intergovernmental relationships, and includes recommendations for action (38 pages; $2.00).

Death and Dying: An Examination of Legislative and Policy Issues. This report is based on a conference co-sponsored with the American Association for the Advancement of Science. It explores the legislative, ethical, demographic, medical and public policy ramifications of death and dying issues (68 pages; $3.50).

Medicaid: A State and Local Problem. A review of Medicaid and its status ten years later, the paper summarizes major Medicaid issues and suggested reforms (9 pages; $2.00).

Model Medical Practice Act. This model act is designed to ensure physician competency. Originally developed by the Health Policy Center, the act was refined at a conference co-sponsored with the Bureau of Health Manpower, DHEW. Representatives of various federal agencies participated in the meeting (22 pages; Free).

A Health Block Grant for Personal Health Services: The State Perspective. This paper describes the Ford Administration's proposal to consolidate federally funded health programs into a single block grant, and examines implications for the states. Seven possible state positions are outlined (16 pages; $2.00).

Health Expenditures by State Governments. This report examines information on state health spending compiled largely by the Bureau of the Census. It shows that the percentage of overall state health expenditures compares favorably with the percentage of overall federal health expenditures (23 pages; $2.25).

Drug and Alcohol Abuse Programs in the States. This survey examines the pros and cons of state legislative activity surrounding ten major drug/alcohol abuse issues. The book is scheduled for publication in August 1977.

Implementing Protection and Advocacy Systems for the Developmentally Disabled. This forthcoming report grew out of a conference designed to consider how best states can meet federal protection and advocacy requirements.

State-Initiated Catastrophic/Comprehensive Health Insurance Plans. A forthcoming conference proceedings, this report will review the implications of such plans for both the private and public sectors.

Medicaid Reimbursement of Primary Health Clinics. This forthcoming report is based on a nationwide survey of state Medicaid clinic reimbursement practices. An analysis of the findings is due for publication in August 1977.

PERSONNEL

Center staff members combine an overall understanding of health policy issues with in-depth knowledge of particular health areas. All have extensive backgrounds in research, writing, policy analysis and/or health project administration, as the attached resumes will indicate.

The full-time Center staff is supplemented by part-time Research Associates, work-study students, Summer Interns, and Consultants.

The Research Associates are top-level graduate students who have academic and/or professional backgrounds in health. They work a minimum of 15 hours a week and provide the major back-up support for Center program activities.

Work-study students for Georgetown University assist in carrying out essential routine work of the Center.

Summer Interns are generally advanced students seeking work experience in a health policy-related organization or agency. Drawn from institutions across the United States, the Summer Interns receive academic credit for their work. A weekly seminar is offered, providing interns with an opportunity to meet and exchange views with health policymakers.

Policy guidance is provided by an Executive Committee composed of national leaders in health policy formulation:

- Jack Veneman, former Under Secretary of the U. S. Department of Health, Education, and Welfare, and recently Special Assistant to Vice President Nelson D. Rockefeller. Mr. Veneman now serves as a Consultant for Braun and Company.
- Robert Ball, Senior Scholar of Institute of Medicine, National Academy of Sciences, former Director of Social Security Administration
- Larry Lewin, President of Lewin and Associates, health and welfare specialist
- The Honorable John Milton, State Senator from Minnesota
- Arthur F. Quern, Acting Director of the Illinois Department of Public Aid
- William R. Roy, MD, St. Francis Hospital, former Congressman from Kansas

VERNE HORN

Verne Horn is Director of the Georgetown University Health Policy Center, a national service organization sponsored by the Robert Wood Johnson Foundation to assist state and local governments in formulating and implementing health policies and programs. The Center's program includes publication of reports, directories, books and a newsletter; provision of technical assistance to health policymakers; maintenance of a Network of Correspondents in all states, and the organization of conferences and workshops on health policy issues.

Prior to his present position, Mr. Horn served as:

- Consultant to the California State Senate Office of Research and San Diego County, responsible for participating in a comprehensive review of tax-supported health programs in San Diego County.

- Project Director of an Office of Economic Opportunity sponsored project to provide technical assistance to neighborhood health centers throughout the country. His overall administrative responsibilities included direction of a bi-lingual clearinghouse program and development of national conferences on health care issues.

- Executive Director of the Neighborhood Health Organization of Southeast San Diego, where he assisted in developing an innovative plan of pre-paid health insurance through collaborative efforts by a consumer-oriented non-profit corporation and private physicians, and increased health training opportunities for community residents.

- Assistant Director, Field Operations, for the National Urban Coalition, responsible for organizing community health task forces and non-profit advisory boards, organizing group practice facilities, improving insurance procedures and coordinating federal health services.

- Western Regional Field Director, American Public Welfare Association, responsible for reviewing state welfare plans to determine eligibility standards and procedures, developing management information systems for state and county welfare departments, and developing pilot programs emphasizing outreach, evaluation, and eligibility of marginal income recipients.

- Community Action Consultant for California State Office of Economic Opportunity, responsible for coordinating program resources, providing staff training, and management reorganizations.

Mr. Horn earned a BS in Political Science from Loyola University, Los Angeles, an MPH in Health Administration and Planning from the University of California, Berkeley, and has done additional graduate work in public administration, finance and economics at the University of Southern California.

DEBORAH JANE CARR

Deborah Carr serves the Georgetown University Health Policy Center as Director of Program Services. Her responsibilities include assessing requests and administering responses for technical assistance, conference planning and management, liaison activities, conducting health policy research, and providing consultation in a variety of health policy and program areas.

Ms. Carr's previous positions include:

- Assistant Project Director of a nationwide technical assistance project sponsored by the Office of Health Affairs, Office of Economic Opportunity. She was responsible for assessing and assigning specialists to respond to technical assistance requests from neighborhood health centers in such areas as: comprehensive health care, program planning and development, and information and fiscal management. In addition, she planned and conducted health conferences and assisted in founding and operating a health information clearinghouse and bi-lingual services facility.

- Senior Technical Assistance Specialist on a Department of Health, Education and Welfare project to provide technical assistance in administration and training to Region III Work Incentive Programs.

- Assistant Project Director of a technical assistance project to develop and implement internship programs for administrators of 20 Black colleges. Designed to enhance institutional fund-raising capabilities, the program was conducted with Florida A&M University.

- Consultant to the Director of Sign of the Times, a unique creative arts community center serving Northeast Washington. Ms. Carr developed and carried out a fund-raising program, developed administrative controls, and provided overall policymaking and management assistance.

- Assistant Project Director of a Department of Labor evaluation of an employer-sponsored day care center, where she conducted background research and planned the evaluation and analysis effort.

- VISTA Volunteer Trainer, assigned to organize the Great Lakes Region VISTA Training Center and help design the curriculum serving 1300 trainees. Ms. Carr's duties included: teaching Volunteers, conducting staff and trainee orientations, developing special materials, evaluating candidates for community agency placement, and preparing administrative and financial reports.

- Intern with the Manpower Assistance Project, sponsored by the Ford Foundation to provide training to community action people in manpower development.

Ms. Carr earned a BA in History from Newton College, and did postgraduate work at Harvard University, Austro-American Institute, Massachusetts College of Art, and Boston Museum School of Art.

GARY JAMES CLARKE

Gary Clarke is Director of the Georgetown University Health Policy Center's Network of Correspondents and Editor of State Health News. In addition to reorganizing and coordinating the Network information system consisting of health policy specialists in each state and publishing a bi-weekly newsletter, Mr. Clarke conducts research on health programs and legislation and has administered three projects aimed at evaluating state legislature health committee staffing.

Prior to joining the Health Policy Center staff, Mr. Clarke was:

- Instructor with the Eagleton Institute of Politics, Rutgers University, and staff member of a Ford Foundation funded project to assist five state legislatures in researching, drafting, holding public hearings, testifying, and writing committee reports on health legislation. Major work was done in the areas of health manpower regulation, certificate of need, rate regulation, genetic disorders, lead poisoning, and home health needs of the elderly.

- Assistant Administrative Analyst with the Office of the Legislative Analyst, California State Legislature, where he was responsible for reviewing and writing budget and legislative analyses of all state-sponsored health and retirement programs for state, county, and municipal employees and other minor state agencies. He testified on these matters before the Senate Finance and Assembly Ways and Means Committee.

- Consultant to the National Governor's Conference on health planning and national health insurance legislation. His work included analysis of the effect of this legislation on state governments and drafting of statements for Governors' testimony. Mr. Clarke drafted an alternate bill (HR 15908) representing the position of a coalition of state, county, and city interests in health planning legislation.

- Consultant to TransCentury Corporation for the evaluation of the Experimental Health Services Delivery Systems (EHSDS).

- Author of numerous publications and articles on state health planning and health care (see attached listing).

Mr. Clarke received his AB in Economics and Political Science from the University of California; his MA in Political Science from Rutgers University; and is presently studying law at the National Law Center, George Washington University.

G. J. Clarke

PUBLICATIONS

State Health News. Georgetown University Health Policy Center (Washington, D. C.: October, 1976, continuing).

"State Health and Mental Health Programs," in The Book of the States - 1976-77, Volume XXI, Council of State Governments (Lexington, Kentucky, July, 1976).

Paper Victories and Hard Realities: The Implementation of the Legal and Constitutional Rights of the Mentally Disabled, (co-editor); Health Policy Center, Georgetown University (Washington, D. C., July, 1976).

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Health Programs in the States: A Survey. Eagleton Institute of Politics (New Brunswick, New Jersey March, 1975), 40 pp.

Explanatory statement and suggested legislation for "Hereditary Disorders Act," Suggested State Legislation - 1974 Edition, Council of State Governments (Lexington, Kentucky, October, 1973).

"Report of the Subcommittee on Occupational Licensing," in Report of the Legislative Research Committee, State Capitol, Augusta, Maine, November, 1972).

Various sections in Analysis of the Budget Bill, Joint Legislative Finance Committee, Office of the Legislative Analyst, California State Legislature (Sacramento, 1971).

"Some Aspects of the Appropriations Process," in Studies of the New Jersey Legislature, The Eagleton Institute of Politics, Rutgers University, New Brunswick, New Jersey, September, 1970).

"Health Policy Experts in State Legislatures: A Comparative View," with Charles R. Grezlak (submitted for publication).

"Utility-Like Regulation of Health Facilities by the States," working paper, Intergovernmental Relations Committee, Task Force on Health, National Legislative Conference (Washington, D. C., December, 1973).

"Regulation of Health Manpower - Problems and Prospects," Veterans Administration Hospital (Tuscaloosa, Albama, July, 1972).

JORDAN BRAVERMAN

Jordan Braverman is Director of the Division of Legislative and Policy Analysis for the Georgetown University Health Policy Center. He is responsible for reviewing and analyzing health policy/program issues and developments generated by the federal government, Congress, state and local governments, trade associations, public interest groups, etc., with an emphasis on their implications for state and local health policy-making. His work has resulted in a series of papers on proposed and current health legislation.

Prior to this position, Mr. Braverman was:

- Director of Public Policy Research for the Pharmaceutical Manufacturers Association, where he was responsible for preparing staff position papers on domestic and international socioeconomic issues affecting the American pharmaceutical industry, and maintaining liaison with government agencies, commissions and private organizations concerned with the pharmaceutical industry.

- Research Associate and Assistant to the Director of the American Pharmaceutical Association, responsible for writing staff papers on such topics as health insurance, population, hunger and malnutrition, the environment, manpower problems, hospital care, nursing homes, neighborhood health centers, community mental health centers, health maintenance organizations, Medicare, Medicaid, Model Cities, and comprehensive health planning and regional medical programs.

- Economist for the Public Health Service, Department of Health, Education and Welfare, where he prepared special studies for the Division of Medical Care Administration and the Health Economics Branch on health care institutions and planning.

- Economist, National Blue Cross Association, where he directed a nationwide study on private and public financing of as well as quality of care in long-term institutions. As a member of an advisory committee to the Council on State Governments, Mr. Braverman helped formulate a model state health care act.

- Management Consultant to EBS Management Consultants, Inc. and Herbert L. Bogen, responsible for special studies on federal revenue-sharing programs and analyzed socioeconomic data related to urban problems.

- Planning Assistant to the City Government of Quincy, Mass., where he prepared an economic base study on "The Economy of Quincy, Massachusetts."

Mr. Braverman earned an AB in Social Relations from Harvard University, an MS in National and International Economics from Georgetown University, and an MPH in Medical Care Administration from Yale University. A list of his publications is attached.

J. Braverman

PUBLICATIONS

Articles

"National Health Insurance: Yesterday's Theory--Tomorrow's Reality," Journal of the American Pharmaceutical Association, May, 1970.

"A Comparative Summary of Major National Health Insurance Proposals-1971," Journal of the American Pharmaceutical Association, June, 1971.

"Group Practice Prepayment Plans: Universities Give New Impetus to Old Concept," Journal of the American Pharmaceutical Association, November, 19569.

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"Subprofessionals in Pharmacy: An International Perspective," Journal of the American Pharmaceutical Association, June, 1969.

Books

Nursing Home Standards: A Tragic Dilemma in American Health, American Pharmaceutical Association, Washington, D. C., March, 1970.

Pharmaceutical Payment Plans - An Overview, Pharmaceutical Manufacturers Association, Washington, D. C., 1973.

American Medicine: The Coming Revolution, (Unpublished manuscript, completed, 1977).

JAMES C. STEARNS

James Stearns serves the Georgetown University Health Policy Center as Health Policy Analyst. He is involved in analyzing the impact of federal legislation on state and local governments and conducting investigative research on major health policy issues. He has provided extensive consultation to the Carter Transition Team on developmental disability issues, and continues to provide technical assistance to the Department of Health, Education, and Welfare as Vice-Chairman of the National Advisory Council for the Developmentally Disabled. In addition, Mr. Stearns serves on the Government Affairs Committee of the United Cerebral Palsy Association and the Committee to Further Careers for Disabled Scientists of the American Academy for the Advancement of Science.

Mr. Stearns' previous positions include:

- Law Clerk for the Georgetown University Health Policy Center, responsible for preparing memoranda to aid states in complying with federal court decisions delineating the rights of the mentally ill and retarded.

- Law Clerk with the Office of Employee Benefit Security, Department of Labor, where he was responsible for preparing issue papers on proposed regulations designed to implement the Employee Retirement Income Security Act.

- Researcher for the Presidential Task Force on Workers' Compensation, responsible for recommending ways in which attorneys could assist clients in recovering benefits without litigation.

- Co-Founder and Student Director of a Youth Counseling Center in Laconia, New Hampshire, with administrative duties including fund raising; representing the Center before state and local agencies; serving as liaison with law enforcement officials, and counseling clients, mainly drug users and runaways.

- Press Aide to U. S. Senator Thomas J. McIntyre (D-NH), responsible for drafting press releases and editing campaign publications.

Mr. Stearns earned an AB in Government from Dartmouth College, where his work as a Senior Fellow on the impact of federal programs on the physically disabled resulted in his testimony before a Senate Subcommittee. He also received an MA in Government from Victoria University of Manchester, England; and a JD from the Georgetown University Law Center.

JANET LEE DINSMORE

Janet Dinsmore serves the Georgetown University Health Policy Center as Editor/Writer, responsible for editing and designing all Center publications, including policy position papers, conference reports, brochures, special studies, annual reports, etc. She also conducts research and assists in providing technical assistance.

Prior to joining the Center, Ms. Dinsmore was:

- Senior Research Associate for (1) an Office of Education study on black leaders' attitudes toward vocational education; and (2) a project involving provision of instructional media and graphic design assistance to the Department of Labor, Region II. The projects involved research, writing, and the publication of training materials. Other responsibilities included preparation of company reports, proposals and publications.

- Proposal Writer for the national office of the U. S. League of Women Voters, responsible for writing proposals to the federal government, foundations, corporations, unions and individuals on: energy, land use, housing, campaign financing, government and election processes, environmental quality, public interest litigation, and urban problems.

- Technica Writer for A. L. Nellum and Associates, where she wrote or edited proposals and reports on: health services, Medicaid, manpower development, housing, corrections, community action, and youth training programs.

- Editor/Research Associate of the ERIC Clearinghouse on Higher Education, where she administered all research and writing activities; trained abstractors and research assistants; and edited or conducted original studies on a broad range of issues affecting colleges and universities.

- Associate Editor of Educational Record, quarterly professional journal of the American Council on Education, a national research and service association devoted to higher education administration. Responsibilities included reviewing all manuscripts, editing the publication, and a book resulting from Council's annual conference, Whose Goals for American Higher Education? She also served on the Council's Commission on Academic Affairs.

- Assistant Editor of Middle East Journal, a scholarly journal concerned with the Middle East. In addition to editing and doing production work, she wrote a chronology of social, economic and political events in 26 countries for each issue.

- Writing Consultant to federal government and private agencies.

Janet Dinsmore received a BA in English from American University. A list of her publications is attached.

PUBLICATIONS

"Student-Initiated Change in the Academic Curriculum," chapter in Handbook on Contemporary Education. New York: R. R. Bowker Co., 1976. Originally published as a monograph by ERIC Clearinghouse on Higher Education, George Washington University, 1972.

Student Participation in Academic Governance (Co-Author). Washington, D. C.: ERIC Clearinghouse on Higher Education, George Washington University, 1971.

Whose Goals for American Higher Education? (Editor). Washington, D. C.: American Council on Education, 1968.

Youth Action to Improve Housing. Washington, D C.: A. L. Nellum and Associates, 1973.

"All About National Fundraising." Washington, D. C.: U. S. League of Women Voters, 1974.

"Personal Protective Equipment: How and When to Use It." Occupational Health and Safety Administration, Department of Labor, 1975.

Public Service Employment: A Summary of Three Conferences. Washington, D. C.: A. L. Nellum and Associates, 1975.

Elements of Course Design: From Planning to Presentation. Washington D. C.: A. L. Nellum and Associates, 1976.

Educational Record. Associate Editor. Washington, D. C.: American Council on Education, March 1967-October 1968.

Middle East Journal. Assistant Editor. Washington, D. C.: Middle East Institute, August 1965-February 1967.

Death and Dying: An Examination of Legislative and Policy Issues (Editor). Washington, D. C.: Health Policy Center, Georgetown University, 1977.

PAMELA DAWN DECKER

Pamela Decker is Administrative Assistant to the Director of the Network of Correspondents, and also serves as Assistant Editor of the Health Policy Center's newsletter STATE HEALTH NEWS. She is responsible for coordinating information-gathering activities of the Network, and assisting in the overall production of the newsletter--from planning and design to writing, editing, printing, and distribution.

Previously, Ms. Decker was:

- Research Assistant for the Health Policy Center on a "Model Committee Staff Project." Ms. Decker wrote and edited major portions of the Final Evaluation Report, and analyzed health legislation from 1970-1976 in 16 states. As Research Assistant for a Legislative Professional Staffing Project, she analyzed state legislative responses to drug and alcohol issues and assisted in writing a forthcoming publication on state drug/alcohol abuse programs.

- Assistant Coordinator and Reporter for the Patriot-News Publishing Co., Harrisburg, Pa., responsible for analyzing legislation, interviewing public officials, writing public affairs articles, and conducting public opinion surveys. Ms. Decker also coordinated public service projects, and assisted in promotional activities, advertising design, brochure preparation, and filmstrip production.

- Staff Assistant to the Capital Area Youth Forum, Harrisburg, Pa., where she organized a conference for 1000 senior high school students from 35 schools modeled on the 1960 White House Conference on Children and Youth. Responsibilities included interviews, news reporting, and a variety of public relations assignments.

- Author of research studies and publications in public affairs (see attached listing).

Ms. Decker earned a BA in English/Journalism from Shippensburg State College, and an MA in American Government and Political Science from Georgetown University.

P. D. Decker

PUBLICATIONS

State Health News. (Assistant Editor) Georgetown University Health Policy Center (Washington, D. C.: October, 1976, continuing)

Newspaper in the Classroom: It's Elementary!, a teacher's handbook for using the newspaper in the elementary classroom, published by the Patriot-News Co., 1974.

"Greatest tool to help students become better informed citizens," feature article in PNPA Press (Pennsylvania Newspaper Publishers Association magazine), 1974.

General and feature news articles for the Patriot, the Evening News, and the Sunday Patriot News, Patriot-News Co., 1972-1974.

Special assignment reporter to the International Science and Engineering Fair, Notre Dame University, South Bend, Indiana, 1974.

MARY PATRICIA O'DELL

Patricia O'Dell is the Librarian for the Georgetown University Health Policy Center. She is responsible for maintaining a specialized collection of approximately 400 books and 90 periodicals on aspects of federal, state, and local health policymaking; preparing bibliographies on new acquisitions; and assisting staff research efforts.

Ms. O'Dell previously served as:

- Law Librarian for the Georgetown University Law Center Library, where she supervised up to 30 assistants in addition to performing normal duties associated with the administration of a specialized library.

- Library Intern with The American Banker's Association Library, responsible for cataloging a special collection dealing with banking law and history.

- Teacher of English with the Robert Frost Intermediate School and with the Fairfax County Public Schools.

- Administrative Assistant to the Director of the Speech and Hearing Center, The George Washington University, responsible for maintaining financial records, monitoring preparation of federal grant proposals, and supervising schedules of graduate students.

- Program Director of U. S. Army Service Clubs, APO Europe, responsible for planning and coordinating service club activities and supervising personnel.

Ms. O'Dell earned a BA in English from American University and an MLS from the College of Library and Information Services, University of Maryland.

CAROLYN BROOKS POWELL

Technical Assistance/Seminar Coordinator

As Technical Assistance/Seminar Coordinator, Carolyn Powell participates in the coordination and administration of support services for the Center's activities. She was formerly Technical Assistance Coordinator for a nationwide comprehensive health technical assistance project, a position involving maintaining close liaison with health specialists, varied reporting requirements; and administrative support to the Project Director. Ms. Powell was Administrative Assistant to the Executive Vice President of A. L. Nellum and Associates, a management consulting firm, and served the firm as Assistant Technical Assistance Coordinator of a Department of Labor Welfare Incentive Program.

Ms. Powell received a BS in Business Education from North Carolina Central University.

SALLY T. HOLLAND

Executive Assistant/Office Manager

The Center's Executive Assistant/Office Manager, Sally Holland is responsible for coordinating administrative support services and ensuring that the office runs efficiently. She formerly served as Office Manager and Administrative Assistant of a social and economic consulting firm, where she performed a variety of technical and administrative functions, including the coordination of services delivered to Peace Corps trainees and their families in Malawi, Africa. Ms. Holland was an Executive Secretary with the National Medical Association Foundation, Galaxy, Inc., and various offices of the Navy Department.

Ms. Holland received a BA in English from Howard University.

1977 RESEARCH ASSOCIATES

Patricia Kalmans is assigned to the Division of Legislative and Policy Analysis. Prior to joining the Center, Ms. Kalmans worked with the East Tennessee Research Corporation providing legal and technical assistance to community organizations on the development of health care programs. She also served as a member of the Advisory Panel on National Health Insurance to the House Ways and Means Committee, U.S. Congress; the Regional Advisory Group of the Tennessee Mid-South Regional Medical Program; and as a consultant to the Bureau of Community Health Services, DHEW. Working with the Vanderbilt Health Law Project, she analyzed state and federal health legislation. During her tenure as Family Advocacy Specialist for Family and Children's Services, Nashville, Ms. Kalmans organized a successful move to modify the Tennessee Food Stamp Law; organized the first mid-South conference on child abuse; and initiated an alternative juvenile justice program and continuing education program for paraprofessionals.

Ms. Kalmans received her BA in Political Science from Vanderbilt University; and is presently enrolled in the Georgetown University Law Center.

Ellen Miyasato is a Research Associate in the Division of Program Services, assisting in research and analysis of health policy issues affecting state and local legislation, as well as in program activities such as conferences, seminars, and technical assistance services. She formerly worked as Research Associate with the Population Law Center in San Francisco where she was responsible for assembling background information on litigation involving intergovernmental aspects of the health care system. Her focus there was on the impact of federal health laws on hospitals.

Ms. Miyasato has pursued study on the legal ramifications of the health care system on both the undergraduate and graduate levels. She received a BA in Government from Wesleyan University and is currently pursuing study in state and local health policies as a student in the Georgetown University Law Center.

Assigned to the Network of Correspondents, Sandra Manners is responsible for facilitating interaction among state health policymakers through the identification and reporting of emerging health policy issues. Before joining the Center, she conducted research on health legislation as a Law Clerk. She previously worked as a Medical Reference Librarian for George Washington University; as a Staff Research Associate in the Bio-Engineering Department, Medical School, University of California, San Diego; and as a

Pre-Medical College Aide with Columbia-Presbyterian Hospital, New York. Ms. Manners also managed the Women's Clinic and worked as a full-time Community Board Member of the Beach Area Free Medical Clinic--a position including active involvement in both the medical and administrative activities of the Clinic.

Ms. Manners received her BA in Biology from New York University; took pre-doctoral work in Physiology from George Washington University; and is presently enrolled in the Georgetown University Law Center.

1977 SUMMER INTERNS

John Luehrs is a PhD candidate in Political Science, Washington University, St. Louis, Missouri. His general field of study is political science, with a concentration on public policy formulation and analysis. Mr. Luehr's background includes experience in research methods and analytical techniques, primarily statistics, and the application of statistical analysis to public policy issues.

John Ragland is sponsored by Duke University Health Policy Internship Program, and the Association of American Medical Colleges. He will work at the Center from May 23 to July 29, 1977. Mr. Ragland's area of concentration at Duke was public policy sciences. His particular interest is legislative policy development.

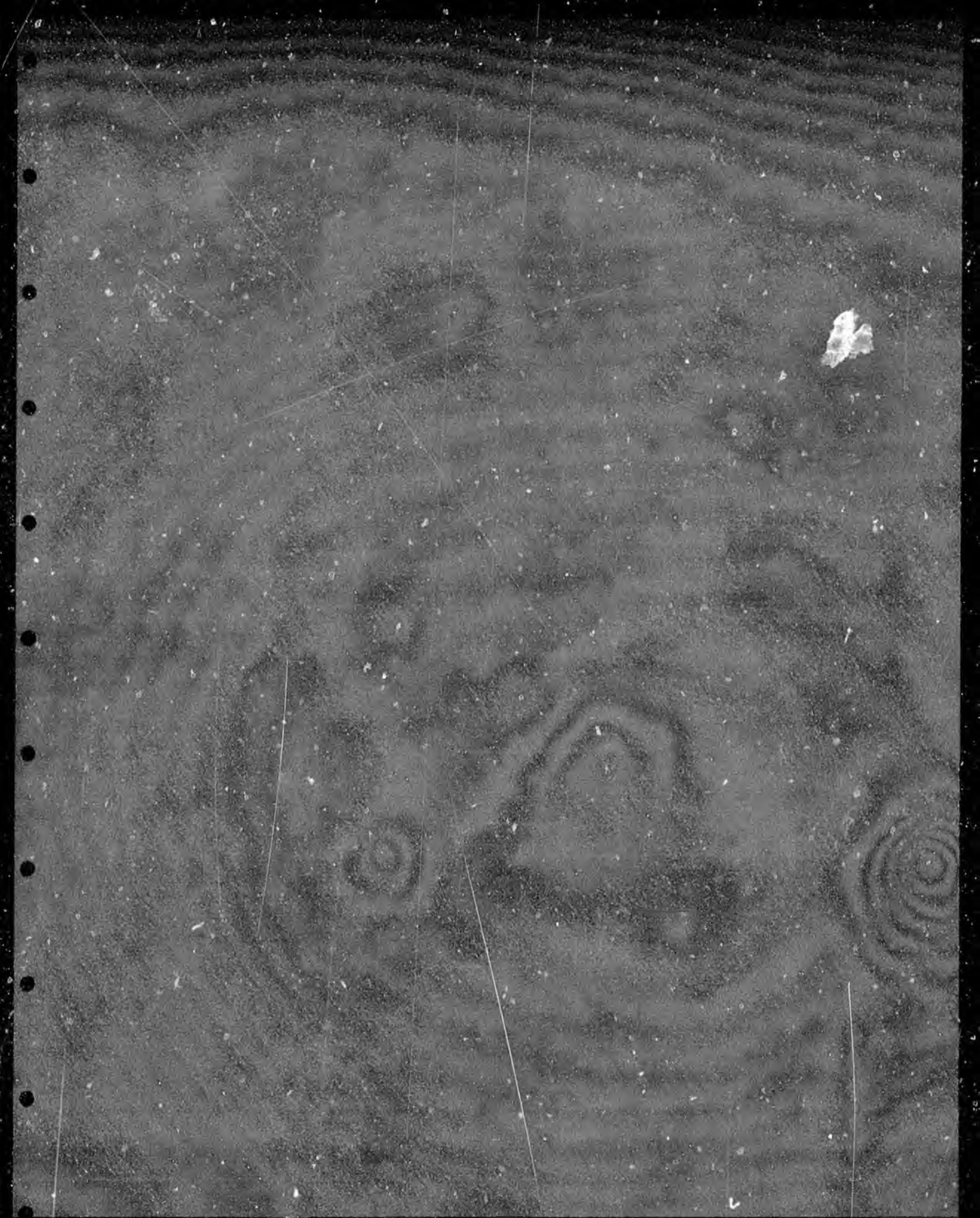
HEALTH POLICY CENTER CONSULTANTS

Valerie J. Bradley is President of the Human Resources Research Institute, a consulting firm specializing in state and federal health/mental health issues. Ms. Bradley was formerly Vice President and Director of Policy Development for Arthur Bolton Associates where she worked extensively with state governments in evaluating their mental health and mental retardation programs. Her legislative background includes work for the California State Assembly Office of Research and Legislative Reference Service; and for the New Jersey Legislature. Ms. Bradley has lectured for the Centers for Training in Community Psychiatry, Los Angeles; the McGeorge School of Law; California Hospital Association; National Association for Mental Health; and the New Jersey Association of Mental Health. She has served as a consultant to numerous state legislatures, and authored some 15 legislative analyses on health policies and children's issues for state agencies and legislatures.

Melvin L. Bergheim has served as Director of the Energy Staff of the National League of Cities and U. S. Conference of Mayors since 1976 and as a senior policy analyst for NLC and USCM since 1969. He was previously Deputy Executive Director of the U. S. Conference of City Health Officers; Vice Mayor and City Councilman for six years of Alexandria, Virginia; Director of Research on Civil Disorders; and Project Director for Urban America, the Potomac Institute, and Governmental Affairs Institute. Mr. Bergheim has been a reporter for the Washington Post, The Providence Journal-Bulletin and Congressional Quarterly, and published a number of studies on local government issues.

Patricia Kelley Gualtieri is presently completing a study of Drug and Alcohol Abuse Programs in the states for publication by the Health Policy Center. Formerly, she served as Associate Director of Evaluation for a long-term comparative study of staffing on legislative committees. Ms. Gualtieri was first Assistant, then Deputy Director of the Bureau of Drug Rehabilitation for the Commonwealth of Virginia. As one of the five participants in the Governor's Intern Program, Ms. Gualtieri worked with the Commonwealth's Department of Mental Health and Mental Retardation, Bureau of Drug Rehabilitation, and Governor's Council on Narcotics and Drug Abuse. She has been a consultant to the National Institute on Drug Abuse and the White House Counference on the Handicapped.

Harry S. Freeman currently directs an NIMH contract project to provide technical and financial management assistance regarding third-party reimbursement to Community Mental Health Centers. He also assists the Health Policy Center in budget planning and management. Mr. Freeman previously provided financial management assistance to Comprehensive Health Centers under an OEO Office of Health Affairs contract, and directed several SBA and OMBE projects aimed at improving the management of small businesses throughout the United States. He served as Vice President of the Greater Washington Business Center, and Assistant Director of the Washington Council for Equal Business Opportunity.



SURVEY OF EXISTING STATE HEALTH INSURANCE PLANS

Prepared by

Georgetown University Health Policy Center
The Graduate School
Georgetown University
Washington, D. C. 20057

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**Attachments (Under separate cover) - not included

A. New Jersey State Health Insurance Conference Background Documents
B. Comments of Senator Kennedy, Congressional Record, 1/21/76, S 278
C. State Health Insurance Provisions: Conn., Hawaii, Rhode Island
D. Arizona Republic, 2/24/75
E. Congressional Record, July 20, 1974, S 13694-13700
F. NAIC's Proposed Model Bill
G. Conference of Insurance Legislators' Model Bill
H. Health Insurance Plan - Suggested Readings

**Not available for distribution

SURVEY OF EXISTING HEALTH INSURANCE PLANS

I. BACKGROUND

Both federal and state consideration have been given to the need to provide better and more comprehensive health insurance coverage to the American public. As of the end of 1975, only five states had passed legislation addressing this problem, although it is reported that 12 other states have considered bills. At the federal level, there are a number of national health insurance plans under consideration but the immediate prospect of passage is considered poor unless a compromise is achieved.

In National Health Insurance: Benefits, Costs, and Consequences (Brookings Institution, 1975; probably the best and clearest book on the subject), Karen Davis suggests three primary goals for a health insurance system:

(1) ensuring access to care;
(2) eliminating financial hardship; and
(3) limiting the rise in health care costs.

In addition she sees three supplementary goals which are requisites of any acceptable plan:

(1) equitable financing;
(2) easy to understand and administer; and
(3) acceptable to providers and the public.

Within the structures of these six fairly clear-cut goals, there are a multiplicity of approaches that might be successful. For example, more than 20 bills have been introduced in the last two Congresses for the implementation of a national health insurance plan. To properly evaluate a plan, recognizing cognizable alternatives and necessary tradeoffs, Ms. Davis identifies eight basic questions in the provision of national (or state) health insurance:

(1) Who should be covered?
(2) What should be covered?
(3) Should patients share in costs?
(4) How should the plan be financed?
(5) What role should private insurers and government have?
(6) What role should consumers have?
(7) How should hospitals, physicians, and other providers be paid?
(8) How should the plan change over time?

It is clear that these questions cannot be answered for the nation or any state without reference to considerable amounts of evaluative and informational data. Chief among these would be analysis of the effects of past programs, an honest evaluation of the strengths and weaknesses of the current health system, and data on health needs. There is also a need to evaluate the basic public policy behind extensions of health insurance, to determine which goals are most important to the state and its citizens. Finally concern must be shown, not just for the most desirable program, but also for the ability of the federal or state governments to sustain an adequate level of financing over a period of years. No matter how favorable the public benefits derived from a plan, the spector of later cutbacks or elimination for fiscal reasons holds an enormous threat to any comprehensive plan.

From this multiplicity of options, a recent conference paper (see Attachment A: New Jersey State Health Insurance Conference Background Documents) initially singled out five that seemed representative of directions possible plans might take:

(1) Minimum specified benefits and other standardization of health insurance policies--This is the easiest to regulate and least expensive to implement and may result in cost savings, but could also be regressive in that it might make it more difficult for the poor and near-poor to obtain insurance and result in downgrading of present policies to the minimum;

(2) Mandatory insurance pool--A pool of all insurers would be required to offer benefits at specified premiums to individuals and groups unable to obtain coverage. While this is a potentially expensive method (subsidies might be required), it is a possible mechanism for extending coverage to high risk or low income groups through the existing private industry structure;

(3) Catastrophic insurance--While providing coverage only against extraorderinary expenses, this type of plan can provide relief for the most ruinous health care situations of prolonged illnesses and accidents. Eligibility may be determined by a set expense level or by a floating measure based on income and assets. One problem is the apparent tradeoff between administrative costs and regressive sources of financing (administrative problems are largest for a catastrophic plan tied to income levels, which would be the most progressive and equitable);

(4) Extensions of Medicaid--At a reasonable administrative cost, Medicaid coverage could be extended to selected additional groups such as the unemployed. Other costs (depending on availability of federal matching funds) might be high and only certain groups could be helped through this type of program.

(5) Comprehensive state supported health insurance system--This would provide maximum coverage, and better coordination and control of the health care system, but costs are much higher than other approaches and implementation would probably be more difficult.

These five options do not exhaust the possibilities but are representative of different plans being considered.

II. NATIONAL HEALTH INSURANCE (NHI)

NHI has been under consideration for several years and numerous bills have been introduced (for a comparative survey of provisions of major bills introduced in the last Congress, see the Davis book referred to above). Prospects for passage of any bill this session are considered uncertain at best. This is attributed to the lack of Congressional consensus on any particular plan and President Ford's threatened veto of any health insurance programs likely to increase the federal budget.

As an alternative the President has suggested a catastrophic health insurance plan for the elderly which would be administered through Medicare. The program would place an upper limit on personal expenses of $500 per year on hospital charges and $250 on physicians' services. However, co-insurance charges and higher deductibles up to these maximums would mean most elderly persons would spend as much or more on health care. Consequently, the program has been sharply attacked as a cost saving program at the expense of the elderly sick ($2 billion is "saved" while only about $500 million in new expenses will be incurred, the difference will be paid by the recipients on previously covered medical services) which would benefit only one out of every thousand Medicare recipients (see Attachment B: Comments of Senator

Kennedy, Congressional Record, January 21, 1976, S 278.) Prospects for passage of the Ford plan are not considered good.

III. STATE HEALTH INSURANCE

As noted, five states have adopted some form of state health insurance. The programs vary considerably in approach and format and have met with mixed success in implementation. (See Attachment C.)

A. ARIZONA (plan repealed by Legislature after this paper was written)

The original Arizona plan, passed in 1974, required companies writing health insurance policies to provide coverage for catastrophic medical costs, unless the insured declines such coverage. Catastrophic insurance would cover unreimbursed medical costs exceeding five thousand dollars incurred during a two-year period. However, this plan was never implemented because of serious deficiencies in the structure and details of the Act. Reportedly new efforts are underway in Arizona to pass a revised bill along the same lines.

The advantages of a plan such as this are its coverage (all residents willing to pay a 1975-estimated premium cost of about $10 per month for a family of three or four), its administrative simplicity, and its ability to combat the most ruinous health care expenses. However, the plan's weakness is its limited benefits (only about 6,000 out of 2.2 million persons will ever spend $5,000 on medical costs of one illness), and its failure to increase access to health care (a deductible of $5,000, even if $4,000 of insurance payments are included as in the 1975 bill, is too high). (Figures cited are from Attachment D: Arizona Republic, 2/24/75, page 1, discussing the bills introduced in 1975.)

B. CONNECTICUT

In July 1975, Connecticut enacted a Comprehensive Health Care Act. This plan requires insurers to make available to all persons under 65 a standardized comprehensive health insurance policy covering specified minimum benefits. Included benefits are hospital services, physicians' services, prescription drugs, part payment for treatment of mental conditions, skilled nursing facility care, home health agency visits, and numerous other lesser benefits. Three deductible levels are available and a 20% co-payment provision will be in all plans. However, a ceiling on cost sharing expenditures is set at $1,000 per person and $2,000 per family.

The Act was to become effective April 1, 1976, but technical inconsistencies (such as no authority to draft regulations prior to the effective date) will delay implementation (new legislation is before the legislature to correct these deficiencies). The program provides no new benefits, but rather requires the availability of certain types of coverage for those able to pay. The required package is very comprehensive, but will probably not seriously alter coverage for anyone already on a good group coverage plan. Thus, it is expected that demand for the new policies will be primarily from individuals or small-employer groups. Further, the cost of the premium will probably be high, making it out of the reach of unemployed and low-income persons not already covered by health insurance.

Because of Connecticut's fiscal situation, this program was considered to be the extent of action possible at this time. Certainly an advantage of this approach is its lack of cost and its ability to improve health insurance coverage for a segment of the population. On the other hand, significant portions of the population will still not be able to afford adequate health insurance and the program does nothing to attack rising health care costs.

C. HAWAII (See Attachment E: Congressional Record)

The program in Hawaii mandates health insurance coverage for nearly all employed persons. However, it does not cover dependents. While deductibles, co-insurance, and other cost-saving devices are permissible, the law requires thorough and near-total coverage of basic and catastrophic health costs. The program is to be employment-based with costs to be paid by the employer or shared with the employee. The employee portion of the cost is limited to half the premium cost, not to exceed 1.5 percent of wages. Provisions are made for state subsidization of those small employers who would be heavily burdened by the costs of this program. The law specifies that passage of a mandatory NHI, or a voluntary NHI with substantially similar benefits, will terminate the program.

The advantages of such a program are its coverage of a broad segment of the population, its comprehensive benefits, and its potential for improved health planning and more efficient delivery of health care services. However, employment-based plans leave a significant population unserved that may not be covered by other programs. In addition, employer/employee premium payments, especially when mandatory, are a highly regressive form of financing since the employee will ultimately bear the burden of costs: either by lower cash wages or smaller than expected raises. This represents a much higher share of income for low income workers and is thus regressive. Further, in marginal industries and for minimum wage workers the effect can be to reduce total employment.

The Hawaii program has been in effect since January 1, 1975, and appears to be working fairly well. The main problems appear to be occasional employer non-conformance and negotiating whether out-of-state plans (from insurers with branch offices in Hawaii) are in substantial conformity with the Act's requirements. The base-line plans for evaluating conformity have been in Hawaii Medical Services Association #4 plan and the Kaiser #1 plan.

D. MAINE

The Maine program establishes a "catastrophic medical expense fund," partially funded through a cigarette tax, to aid all persons suffering catastrophic medical expenses and not otherwise eligible for aid through federal programs. The state will provide assistance for additional medical costs in excess of $1,000 after the following resources have been exhausted:

(1) any health insurance coverage;
(2) 20% of the family's net income before taxes;
(3) 10% of the excess of the family's net worth over $20,000.

Reimbursement is directly to the provider and no federal funding is provided for the program.

This is an extremely limited program because of the high deductibles. However, this is also why opposition to the program has apparently been low--the rationale being offered that eligibility standards being so high means that only those clearly in trouble are aided. Further the program does fill two "holes" under the federal SSI program by potentially covering major but less than year-long disabilities and preventing total "wipe-out" of families with small total assets. The main disadvantage of the program is readily apparent--inadequate coverage because of high deductibles. Clearly many persons suffering disastrous medical losses are not covered.

E. RHODE ISLAND

The Rhode Island plan, effective January 1, 1975, provides for a state catastrophic health insurance fund to pay excessive unreimbursed health care costs. Eligibility for payments is based on a sliding scale designed to encourage persons to maximize their private insurance coverage.

Type of Coverage	To Be Reimbursed Individual Expenses Must Be the Larger of:
(1) Qualified plans, to include Basic Hospitalization and Major Medical	$500 or 10% of Income
(2) Qualified Basic Plan, but no Major Medical	$1,250 or 25% of Income
(3) Not a qualified plan	$5,000 or 50% of Income

Insurers must make available qualified plans for all individuals and employers must make a qualified plan an option under any health benefits provided. Rates for the minimum qualified plan are to be regulated by the State. Insurers may form a reinsurance pool for the coverage of qualified health policies. The catastrophic payments are to be funded out of general revenues.

The Rhode Island program (CHIP) is the most sophisticated of the state efforts. The program was geared to provide support for the average working person with about $10,000 income and it has apparently been successful in this regard. The poor are not generally eligible because they would "spend down" their income to the Medicaid level before they would qualify for the state program. An ancillary success of the program is the referral structure required by the Act. Originally intended as a screening program so that CHIP would be the bottom-line payor of last resort, it has expanded into a social services placement service with referrals to programs such as food stamps and vocational rehabilitation.

On the other hand, CHIP is partly regressive in its financing. While the state financing is from general revenues, it is still up to employers/employees to pay for most of the insurance coverage. This has the same weakness as the Hawaii plan. The plan also anticipates future budgeting troubles because of certain coverage areas (e.g., Psychiatric benefits are about 19% of payments and this is expected to increase) and some technical

problems (e.g., apparently patients in state mental hospitals can switch to private hospitals and have CHIP pay the bills).

F. OTHER STATES

A number of other states have considered bills implementing some form of state health insurance. In many cases these bills are modeled after one of the five state plans described above or the National Association of Insurance Commissioners' proposed model bill (see Attachment F) or the Conference of Insurance Legislators' model bill (there were two drafts; for the later one see Attachment G). In some cases the bills were introduced but no serious consideration was given to them. Reportedly 12 states had bills introduced in 1975 (excluding Connecticut which enacted its plan in 1975): California, Florida, Massachusetts, Minnesota, New Mexico, Ohio, Oklahoma, Oregon, Texas, Washington, and Wisconsin.

Of these states considerable effort has been expended in Minnesota to pass a bill. The first effort was made in 1973 and bills have been refined since then. The Governor backed a catastrophic bill on the Rhode Island model last year, but is taking no position this year. There are three bills being considered, the most comprehensive being the House bill, HF 1910. This Bill has four major provisions covering: (1) types of health insurance policies which must be written; (2) establishment of a poor risk state pool; (3) creation of initial state regulation of hospital and insurance rates; (4) provision of catastrophic coverage for medical expenses with a high deductible (expected to primarily benefit families in the $10,000-$13,000 income bracket). There is generally less concern about coverage of the poor because Minnesota has fairly liberal Medicaid eligibility provisions and also provides general relief benefits to persons with income a fixed percentage over Medicaid.

The advantages of the Minnesota bill will be greater standardization and availability of insurance policies. Opposition from the insurance industry focuses on their preference for a voluntary risk sharing pool: from the labor unions on their belief that cost controls are needed; and from the business community because of the additional costs involved. Prospects for the bill are uncertain--it has the strong support of the leadership but the 1975 legislative session is a short one. (Minnesota bill passed in 1976).

IV. CONCLUSIONS

Until the principles of full-scale health coverage are universalized in a national program, it is important that state efforts be cognizable in terms of the most important state health needs as well as the available resources. There is probably no single "correct" approach for a state to take.

How then should a state proceed? The goals and basic questions considered by Karen Davis (and briefly discussed earlier) are a good starting place. Consensus on the application of these goals is important although it may not be possible for a state (as opposed to the federal government) to maximize the Davis goals. It is likely that state policies and constraints will require further modification. The same applies to the basic questions she poses, although these may help to focus on two or three general approaches most appropriate to particular state needs.

On a more practical level, a conversation with Mr. Brain Keeler, Head of the Rhode Island CHIP Program, suggested a number of important planning considerations.

(1) Identify the strengths and weaknesses of the present state health system and plan accordingly. The adoption of model plans or other states' plans is likely to result in fundamental weaknesses in implementation. The preparation of a comprehensive program based on evaluation of present needs and future directions can also serve as a legitimizing force in implementing the final plan.

(2) Carefully identify revenue resources to assure that a health insurance plan can be maintained. Public expectations can build up quickly and make it very difficult to cutback or eliminate a program the state cannot afford. Consideration should be given to funding all or part of the program out of special revenues, such as the Maine tax on cigarettes.

(3) Incremental phasing-in of the program may be called for. Not only does this avoid problems of expectations, but it improves the chances for sound fiscal planning, good management, and smooth operation. For example, it might be preferable to start with day or dollar limits or caps on certain types of benefits until the real costs of higher or non-existent limits can be more firmly established and unintended inclusions can be eliminated.

(4) The importance of technical details in a state health insurance program cannot be overestimated. Not only usual details like oversight authority must be considered, but also questions of interlock with Medicare and Medicaid, possibilities of unexpected costs, and problems of cost and quality controls.

STATE GOVERNMENT AND MODEL HEALTH INSURANCE PLANS AS OF NOVEMBER, 1976

Plan	National Assn. of Insurance Commissioners (NAIC)	Council of Insurance Legislators (COIL)	Connecticut	Hawaii	Maine	Rhode Island	Minnesota
Coverage	Comprehensive	Comprehensive	Same as COIL plan, with one substantive difference: Instead of flat $200 deductible, individuals given choice of three: $250, $500, and $750.	Comprehensive	Catastrophic	Essentially catastrophic	Comprehensive catastrophic
Availability	All employers and private health insurers must offer state plan as alternative; firms must insure those who can't get or aren't eligible for private insurance	All insurers required to offer state plan as an option, through state insurance pool if necessary		All employers must make health insurance available to meet basic minimum coverage standards	All state residents covered; extent of coverage based on whether individual has private insurance policy	All state residents covered; extent of coverage based on whether individual has private insurance policy	State association of private insurers must make coverage available to anyone rejected by two private firms; state-funded catastrophic plan also; all employers with more than 10 employes must make coverage available.
Deductible	Option 1: $200 per person. Option 2: Choice of $200, $400, or $750 per person	$200 per person		According to private policies	When individual's out of-pocket health expenses exceed 20% of gross adjusted income, state pays rest.	From $500 to $5,000, depending on whether or not individual has private insurance.	[illegible] "levels" of deductibles to be [illegible] on gradually
Funding	Premiums	Premiums		Premiums	State cigaret tax; no premium	State revenues	Comprehensive coverage paid by premium; catastrophic by state
Co-payment	Option 1: 20% co-payment. Option 2: No co-payment. Both options provide that when policy holders' out-of-pocket expenses equal 10% of gross adjusted income, insurance will pay all additional health expenses	20% of costs over deductible, up to maximum of $1,000 out of pocket expenses per person		According to private policies	None	None	Private carriers will determine with approval of state.
Structure	Insurance conducted by private carriers under guidelines of "state health care commission" with broad representation. Commission required to review hospital costs; if unsatisfactory, commission has option of enacting review rules for physicians' costs	Coverage for uncompensated hospital care by state assessment of private insurers to pool reimbursement costs. Some mechanism established to review hospital costs; peer review, as currently exists, required for physicians.		Not really state health insurance, but a set of legal requirements to expand the private insurance market to all employed persons	Run by state government	Run by state government	Private insurers must submit comprehensive plan; state will handle catastrophic coverage

Source: "State Health Insurance Plans: Tiptoeing In Back Door", American Medical News, November 8, 1976, p.9

STATE GOVERNMENT AND MODEL HEALTH INSURANCE PLANS AS OF NOVEMBER, 1976

Plan	National Assn. of Insurance Commissioners (NAIC)	Council of Insurance Legislators (COIL)	Connecticut	Hawaii	Maine	Rhode Island	Minnesota
Coverage	Comprehensive	Comprehensive	Same as COIL plan, with one substantive difference: Instead of flat $200 deductible, individuals given choice of three: $250, $500, and $750.	Comprehensive	Catastrophic	Essentially catastrophic	Comprehensive-catastrophic
Availability	All employers and private health insurers must offer state plan as alternative; firms must insure those who can't get or aren't eligible for private insurance.	All insurers required to offer state plan as an option, through state insurance pool if necessary		All employers must make health insurance available to meet basic minimum coverage standards.	All state residents covered.	All state residents covered; extent of coverage based on whether individual has private insurance policy.	State association of private insurers must make coverage available to anyone rejected by two private firms; state-funded catastrophic plan also. All employers with more than 10 employes must make coverage available.
Deductible	Option 1: $1000 per person. Option 2: Choice of $500, $400, or $750 per person	$200 per person.		According to private policies	When individual's out-of-pocket health expenses exceed 20% of gross adjusted income, state pays rest.	From $500 to $5,000, depending on whether or not individual has private insurance.	Three "levels" of deductibles to be phased in gradually.
Funding	Premiums	Premiums		Premiums	State cigaret tax; no premium	State revenues	Comprehensive coverage paid by premiums; catastrophic by state
Copayment	Option 1: 20% co-payment. Option 2: No co-payment. Both options provide that when policyholder's out-of-pocket expenses equal 10% of gross adjusted income, insurance will pay all additional health expenses	20% of costs over deductible, up to maximum of $1,000 out of pocket expenses per person.		According to private policies.	None	None	Private carriers will determine with approval of state.
Structure	Insurance conducted by private sector, under guidelines of "state health care commission" with broad representation. Commission required to review hospital costs; insurance commissioner has option of enacting review rules for physician costs	Coverage for uninsurables handled by state association of private insurers to pool reinsurance costs. Some mechanism established to review hospital costs, peer review, as currently exists, required for physicians.		Not really state health insurance but a set of legal requirements to expand the private insurance market to all employed persons	Run by state government	Run by state government	Private insurers must handle comprehensive plan; state will handle catastrophic umbrella coverage

Source: "State Health Insurance Plans: Tiptoeing In Back Door", American Medical News, November 8, 1976, p.9

THE COST OF STATE HEALTH INSURANCE PROGRAMS

By
Jordan Braverman
Director, Policy Analysis
Georgetown University Health Policy Center

The cost of state health insurance plans to the jurisdictions which enacted them is only now becoming discernable. Knowledge is still minimal due to the relative newness of some programs and the legal structure in which others have been framed. For example, there is a minimal of state administrative expense and no state beneficiary payments in Hawaii and Connecticut since these programs are not operated by the states. Rather, the health insurance laws in these two states mandate that private health insurers must offer all or certain segments of the resident population health insurance benefits according to the criteria established by state law after certain requirements on the part of the residents are met in terms of health care expenses and other guidelines. Hence, most of the state's program costs, except assuring that the private health insurers are adhering to the law, are absorbed by the private carriers. Minnesota's program, effective on January 1, 1977, did not become operational till July, 1977 so that no cost experience is as yet available from that state. Although the Minnesota Department of Public Welfare requested $23 million for state payment of catastrophic health insurance expenses, estimates by other state officials indicated that the biennial cost of the state health insurance plan would be lower. The Minnesota State Legislature eventually approved a biennial budget of $17 million for the program. Consequently, the states that can offer utilization

experiences, however minimal they may be, are limited to Maine, whose program became effective in 1974 and Rhode Island, whose program became effective in 1975.

The state legislature in Maine has appropriated $800,000 per year for its state health insurance program, part of which is financed by a state cigarette tax. The program's standards were designed to match the public funds appropriated. As of October, 1976, Maine had 244 eligible recipients and another 306 individuals were in the process of becoming eligible.

As far as Rhode Island is concerned, benefit payments were 69 percent higher in the second year of the state's catastrophic health insurance plan (CHIP) than in the first. During 1976, the state paid $858,565 in benefits to 150 families. Emotional disorders led the list of disabilities. Claimants received state health plan aid for cerebrovascular disorders, cancers, cardiac and kidney conditions. The state health department stated that 43 percent of the families aided by the state health plan were Medicaid recipients. Although the average expenditure for Medicaid patients was lower than the overall average, they qualified earlier for state health plan benefits because they were required to make smaller out-of-pocket expenditures. The state noted that 57 families who received state health plan aid in 1976 had Blue Cross coverage, 65 had Medicare coverage, 14 had commercial insurance and 14 had no insurance. In 1975, the plan paid benefits for 189 individuals. The average expenditure was $4,544, about 16 percent above 1975 when 114 persons received benefits.

Although no sweeping conclusions can be drawn from the cost data available, it would appear that as these state health insurance programs progress more people will continue to qualify for them at ever increasing expense to the state. Only time will be the ultimate judge as to whether or not a state will be able to continue to pay for such costs in addition to all of its other social responsibilities if no national solution is found for bringing health care costs under control.

STATE COMPREHENSIVE/CATASTROPHIC HEALTH INSURANCE PLANS: AN OVERVIEW

by
Jordan Braverman
Director, Policy Analysis
Georgetown University Health Policy Center

For almost a decade, the establishment of a national health insurance program in the United States has dominated our health dialogue. Yet, in terms of Congressional action, national health insurance has remained only a dialogue. With the convening of the 95th Congress in January 1977, a whole gamut of national health insurance plans has been or will be reintroduced, ranging in philosophy and intent from a catastrophic illness concept to a mixed public-private approach to a wholly public program.

Meanwhile, the costs of health care continue to escalate. During fiscal 1976, 8.6 percent of our Gross National Product or $139 billion was spent on health care services--an amount exceeding the expenditures of every other nation in the world for this same social service. The costs of financial protection against the incidence of ill health are now beyond the means of millions of Americans, especially those whose income is less than $10,000 per year.

As the federal government continues to study and debate the issue of national health insurance, states have begun to assume the initiative by enacting their own health insurance programs for those living within their political jurisdictions. So far, five states have enacted health insurance plans of varying scope: Hawaii,

Rhode Island, Minnesota, Maine, and Connecticut. Some plans are designated as "comprehensive" in character, while others are more limited and catastrophic in their intent. In addition, other states are considering similar legislation. Thus, it is possible to foresee that one day instead of there being one uniform national health insurance plan covering all citizens in all states, there may be 50 diverse plans in each of our 50 jurisdictions. Thus, it is the purpose of this paper to explore the problem of state health insurance plans, especially catastrophic insurance and the various problem areas attendant to their creation including their administration, organization, financing, eligibility and benefit determination, to name but a few topics. However, before examining these various issues, it may be of interest to briefly describe their historical evolution.

BACKGROUND

Much has been written in recent years about the enactment of state health insurance programs in Hawaii, Rhode Island, Minnesota, Maine, and Connecticut, and the possibility that similar legislation may be enacted by other state governments. These activities are not really new initiatives. Rather, they represent an extension of state government into the traditional preserve of private industry--an intrustion that can be traced as far back as the 1950s.

Traditionally, states have confined themselves to scrutinizing insurance rates; determining whether insurers have adequate capitalization and reserves; setting taxes and exemptions for the industry; and performing similar functions. Policy benefits were of concern only to the insurer and the insured. But beginning with Massachusetts in 1956, states have gradually assumed the role of informing insurers what their health policies must include, and to whom benefits must be provided, sometimes with little thought given to two questions: what will it cost, and how can it be reasonably administered?

State involvement in health insurance has increased steadily over the years. Twenty years ago, for example, the Massachusetts legislature ruled that coverage of physicially handicapped and mentally retarded dependents must extend beyond the health contract's age limitations. In 1965, the state of New York followed Massachusetts with extended dependent coverage, and by 1970, 14 other states had taken similar courses of action with about one-half of the jurisdictions requiring extended coverage for the physically handicapped and the mentally retarded. California, Louisiana, North Carolina, and Texas led the vanguard of states requiring coverage of newborn infants from the moment of birth. Most of this legislation was passed in the early 1970s, with more than two-thirds of the states now beginning such coverage.

Many states now stipulate that if a policy covers specialized services (dental restorations following accidents, emergency eye

care, psychiatric treatment) when provided by a medical doctor, the policy must also pay for the same services when they are administered by a health specialist operating within the scope of his license (i.e., an optometrist, dentist, or psychologist). In addition, about 11 states now require coverage for the treatment of mental or nervous conditions--coverage that varies widely. Even the issue of unemployment has not been overlooked; states like Oklahoma, Illinois and Minnesota now require health insurance coverage for terminated employees to continue for varying periods of time.[1/]

In some instances, state laws apply only to commercial insurance coverage, specifically excluding Blue Cross and Blue Shield contracts. Other laws add requirements to Blue Cross and Blue Shield enabling acts or charters. Still others apply equally to commercial carriers and Blue Cross plans.[2/] Thus, in view of the historical involvement of state government and the slowness of federal activity in the national health insurance area, it is not surprising that a few states have begun mandating catastrophic or comprehensive state health insurance payments to place a lid on their residents' health payments.

Mandated state health benefits, however, have caused considerable controversy among various groups. Many insurers, for example, are concerned that mandated benefits will drastically increase the number of providers eligible for payment, and the level of payments to all providers. They argue that additional rate hikes will be forced on a public already concerned with high health care costs.

Private corporations, unions, and the federal government itself are also beginning to realize that benefits established in a patchwork nature may seriously affect the administration of regional and national health plans that may not include all the benefits required by individual states.

Unions, for example, believe that such actions are the responsibility of the bargaining table, not the state legislative assembly. While many group contracts cover individuals living in one state--subject to one set of mandated benefits--some very large groups (i.e., auto workers or steelworkers) negotiate health contracts on a regional or national basis. Such contracts may exclude benefits that a state requires in all contracts within its particular jurisdiction, or, conversely, include Michigan or Pittsburgh home-office-state-requirements that are not characteristic of other states. To minimize such problems, a general understanding (albeit with exceptions) has evolved that conventional multi-state group coverage is regulated by a single state--the one in which the master policy is delivered. Thus, an auto worker's policy that delivers services in Michigan would conform to Michigan requirements, even if the covered workers live and work in Ohio and California. However, a few states do impose specific requirements regardless of where the master contract is delivered.

These are just some of the issues raised by state mandated health benefits. However, before discussing additional specific problems raised by these mandated programs and the five

state health insurance plans presently in existence, it may be of interest to examine briefly the concept of catastrophic health insurance and some of the problems associated with that concept.[3/]

CATASTROPHIC HEALTH INSURANCE--A DEFINITIONAL PROBLEM

The term "catastrophic" as it applies to health insurance has rasied many perplexing questions. As one example, a grave medical expense problem for one individual may not be any problem at all for an individual at a different income level. According to a recently published study by the U. S. Congressional Budget Office, two measures have been most frequently used to define and delimit a catastrophic expense. One measure has been large absolute expenditures; the other has been expenditures that are large in relation to an individual's income.[4/] The first definition is used in traditional private insurance plans and in a number of public programs modeled on private insurance. The second standard of measurement--expenditures that are large relative to an individual's income--has been used only by government. This is the basis for allowing federal tax deductions for those medical expenses exceeding three percent of adjusted gross income.[5/]

While there are three major sources of financial assistance available to consumers in helping them meet their medical needs--namely private health insurance, public programs and tax subsidies--significant coverage problems still remain. The most outstanding include: (1) uneven coverage (an estimated 18 million Americans are totally unprotected); (2) the failure of private and public

EXHIBIT 1

Status of catastrophic coverage in the U.S. (for fiscal 1978)

1. Unprotected	18 million people—uninsured, not eligible for aid from noninsurance sources
2. Least adequate protection	19 million people—families with incomes of less than $10,000 holding only individual private policies
3. Less than adequate protection	26 million people—the aged and disabled on Medicare
4. Less than adequate protection	38 million people with basic hospital coverage, no major medical insurance
5. Adequate protection	24 million people—covered by Medicaid
6. Good Protection	103 million people—major medical, comprehensive major medical, members of HMOs

(Categories 2,3,4 overlap)

—Source: Congressional Budget Office

insurance plans to include certain types of services or to insure them adequately; (3) the inadequacy of some insurance plans in covering high expenses (an estimated 37 million Americans have plans that do not adequately cover high expenses or long hospital stays); and (4) the ineffectiveness of tax subsidies in assisting low-income families.[6/]

The lack of adequate basic insurance coverage for almost one-third of the families whose incomes are below the national median and the failure of both public and private health insurance programs to cover certain types of services have resulted in two kinds of catastrophic out-of-pocket expenses: the cost of long-term care for the aged; and average or normal expenses that consume an unreasonable proportion of a low-income family's resources.[7/] Although 103 million persons have major medical insurance, and programs such as Medicare and Medicaid cover part of the costs incurred by the elderly and the medically indigent, both groups still experience high out-of-pocket expenses for non-hospital services, as well as for those aspects of their hospitalization not covered by private insurance or public medical care programs.[8/]

These are some of the issues, along with the failure of the federal government to enact thus far a national health insurance plan, which have prompted states to enact their own insurance plans. This paper will now examine the experiences of the five states that have enacted such programs.

CHARACTERISTICS OF STATE HEALTH PLANS

In deciding to adopt a state health insurance plan for its residents, a state government must consider many questions. First, how does it initially determine the need for a state health insurance program? What kinds of criteria should be used to decide whether a plan should be limited to catastrophic illness costs or be more comprehensive in scope? How does it decide whether a plan should be mandatory or voluntary for its citizens? And if the plan is voluntary, how does the state proceed in marketing it to the public?

Another question that arises deals with the relationship of the state plan to private insurance carriers such as Blue Cross, Blue Shield, and commercial insurers, as well as to HMOs and Medicaid and Medicare beneficiaries. In addition, what effect will any potential national health insurance program have upon the state plan? What if the state plan is broader in scope than the initial national health insurance program? Will the state plan just supplement those benefits not covered by the national health insurance plan? What if the state plan is narrower than any initial national health insurance program? Will the state dissolve its own plan in favor of the national health insurance program? And what kind of legislative obstacles must be overcome to get such a plan enacted in the first instance?

Thus far, it would appear that at least five states have answered some of these questions to their own satisfaction. They

Plan	National Assn. of Insurance Commissioners	Council of Insurance Legislators (COIL)	Connecticut	Hawaii	Maine	Rhode Island	Minnesota
Coverage	Comprehensive	Comprehensive	Same as COIL plan, with one substantive difference: Instead of flat $200 deductible, individuals given choice of three: $250, $500, and $750.	Comprehensive	Catastrophic	Essentially catastrophic	Comprehensive/ catastrophic
Availability	All employers and private health insurers must offer state plan as alternative; firms must insure those who can't get or aren't eligible for private insurance.	All insurers required to offer state plan as an option, through state insurance pool if necessary.		All employers must make health insurance available to meet basic minimum coverage standards.	All state residents covered.	All state residents covered; extent of coverage based on whether individual has private insurance policy.	State association of private insurers must make coverage available to anyone rejected by two private firms; state-funded catastrophic plan also. All employers with more than 10 employes must make coverage available.
Deductible	Option 1: $200 per person. Option 2: Choice of $200, $400, or $750 per person.	$200 per person.		According to private policies.	When individual's out-of-pocket health expenses exceed 20% of gross adjusted income, state pays rest.	From $500 to $5,000, depending on whether or not individual has private insurance.	Three "levels" of deductibles to be phased in gradually.
Funding	Premiums	Premiums		Premiums	State cigaret tax; no premium	State revenues	Comprehensive coverage paid by premiums; catastrophic by state
Co-payment	Option 1: 20% co-payment. Option 2: No co-payment. Both options provide that when policyholder's out-of-pocket expenses equal 10% of gross adjusted income, insurance will pay all additional health expenses.	20% of costs over deductible, up to maximum of $1,000 out-of-pocket expenses per person.		According to private policies.	None	None	Private carriers will determine, with approval of state.
Structure	Insurance conducted by private sector, under guidelines of "state health care commission" with broad representation. Commission required to review hospital costs; insurance commissioner has option of enacting review rules for physician costs.	Coverage for uninsurables handled by state association of private insurers to pool reinsurance costs. Some mechanism established to review hospital costs; peer review, as currently exists, required for physicians.		Not really state health insurance, but a set of legal requirements to expand the private insurance market to all employed persons.	Run by state government.	Run by state government.	Private insurers must handle comprehensive plan; state will handle catastrophic umbrella coverage.

Source: "State Health Insurance Plans: Tiptoeing in Back Door," American Medical News, November 8, 1976, p. 8.

include Maine, Rhode Island and Minnesota which have enacted catastrophic health insurance programs, and Hawaii and Connecticut which have enacted plans that are more comprehensive than the catastrophic illness approach.

RHODE ISLAND

The state of Rhode Island decided in April 1974 that a catastrophic health insurance plan was needed for the average working person whose income was about $10,000 per year. Under the program, effective January, 1975, Rhode Island pays the costs of eligible health services after a person has incurred a specified amount of medical expenses. The program encourages the purchase of private health insurance including that of major medical whether it be from Blue Cross and Blue Shield, commercial insurers or through Health Maintenance Organizations. This encouragement is fostered by varying the amount of the deductible that the individual must meet prior to the state plan becoming effective. The amount of the deductible is tied to the kind of private health insurance that an individual purchases. Thus, the deductible would be smallest for an individual or family with qualified health insurance coverage that also includes major medical, larger for the individual or family which has qualified health insurance coverage without major medical and largest for an individual who does not have qualified health insurance coverage at all. The same incentives apply to Medicare beneficiaries who purchase private health insurance as supplementary coverage to Medicare benefits. The program requires

all insurance carriers to offer a qualified policy that meets minimum standards and minimum benefits as specified by the state. The rates for such insurance must be approved by the state as well. The program provides for the establishment of a reinsurance pool and all carriers writing qualified health insurance policies may participate in the pool. There is also mandatory participation in the pool if the insurance commissioner deems such participation to be necessary.[9/]

MAINE

In distinct contrast to Rhode Island, the state of Maine in 1974 merely established a catastrophic medical expense fund that was partially financed through a cigarette tax to aid all persons who were experiencing catastrophic medical expenses and who were not otherwise eligible for aid through federal programs. The plan has a very high deductible that must be met prior to its assisting those in need and opposition to the state program has been small on the theory that the eligibility standards are very high and that only those truly in trouble will be aided. The program covers major but less than one-year long disabilities and prevents the total wipe out of families with small assets. The plan terminates when any similar program on the federal governmental level becomes effective.[10/]

CONNECTICUT

Connecticut, on the other hand, has enacted a more comprehensive health insurance program than either Maine or Rhode Island and the plan became effective on April 1, 1976. The plan requires private

insurers to offer Connecticut residents a wide range of benefits, including protection for catastrophic illness with a lifetime maximum of $1 million per individual. A choice of three deductibles--$200, $500, and $750--is available to individuals and groups. A Health Reinsurance Association insurance pool for hign risk insureds is included. The plan guarantees that no one in the state has to pay more than $1,000 per year in out-of-pocket medical expenses as a covered individual or $2,000 per year as a covered family.[11/]

HAWAII

Like Connecticut, the state of Hawaii also enacted a comprehensive health insurance plan but back in 1974. Unlike Connecticut, the Hawaii plan only pertains to those who are employed in the state rather than to all of the state residents. The law requires that companies offer workers acceptable prepaid health care plans similar to Kaiser or Blue Shield programs. Employers must pay at least 50 percent of the costs; employee contributions are limited to a percentage of their wages. The Hawaii Department of Labor and Industrial Relations administers the program. A seven man advisory council--appointed by the Director of the Department--assists in determining whether a prepaid health care plan qualifies. The council members represent the medical and public health professions, consumer interests and the prepaid health care field. The law specifies that the new program will terminate upon the passage of a federal voluntary health insurance program that provides for health care on a basis that is at least as favorable as that provided by the state program.[12/]

MINNESOTA

The latest state health insurance plan to have become operational is that of Minnesota, effective January 1, 1977. Employers in this state must include qualified catastrophic protection in the health insurance programs which their companies offer. Following a $150 deductible, the qualified basic plan pays 80 percent of the first $3,000 per year and 100 percent thereafter, to a lifetime maximum of $250,000. Starting March 1, 1977 the state welfare department will pay 90 percent of yearly medical costs for any person whose incurred expenses exceed 40 percent of household income up to $15,000, plus 50 percent of that between $15,000 and $25,000, plus 60 percent of that over $25,000 or $2,500, whichever is greater.[13/]

BENEFIT COVERAGE AND ELIGIBILITY

In considering the scope of benefit coverage and program eligibility, a state must examine various alternatives and options in terms of the financing available and the capability of administering the program as well as the goals it seeks to attain through the program's establishment. For example, one important question relates to the scope of benefit coverage. Should such coverage be limited to specific age groups, be univeral for all state residents, or be delimited by income range or personal asset valuation? Should the benefit coverage include categorical welfare groups, the unemployed, uninsurables, employer groups, Medicaid and Medicare recipients or beneficiaries of other federal health

programs such as military personnel and their dependents. What about benefit coverage for state residents who work outside the state and out-of-state residents who work within the state? After eligibility determination, the state must decide if it wishes to limit its program to those benefits that embrace the cost of catastrophic illness or establish a program that is much broader in scope than that kind of insurance, as already noted. In the latter case, how does the state determine the kind, priority and extent of benefit coverage?

In answering some of these questions several states adopted the following regulations. The state of Rhode Island's catastrophic health insurance plan covers persons who have resided in the state for at least three months but excludes anyone who moved to the state primarily to obtain benefits. In addition, state benefits to otherwise eligible persons are payable, generally, only if services are not available under other programs. Applicants for benefits are screened to determine possible eligibility for other benefits. The law specifically gives precedence to benefits provided under federal programs such as those for military personnel and for the aged, poor and indigent. The state Medicaid program also takes precedence. The law does not specify the types of services that are reimbursable under the catastrophic program but does note that some services will be excluded or covered only under given conditions or to a limited extent. The restrictions cover such services and items as prescription drugs, chiropractic care, psychological therapy and social

counseling only if they are prescribed as being medically necessary; and cover only up to 50 percent of the costs for outpatient psychiatry care; covers dental care and optometry only if they are required because of an injury or serious illness; covers eyeglasses, hearing aids and related aids only if they are medically necessary for rehabilitation; covers cosmetic surgery only if it is needed to repair an injury; and excludes custodial and domiciliary care and non-prescription drugs.[14/]

In view of the recent advent of state health insurance plans, Rhode Island is one of the very few states to obtain any utilization experience. During 1976, the state paid $858,565 in benefits to 150 families. Emotional disorders led the list of disabilities. Claimants also received state aid for cerebrovascular disorders, cancers and cardiac and kidney conditions. The state health department notes that 65 of the families (43 percent) aided by the state plan were Medicare recipients. The department also stated that 57 families who received state aid in 1976 had Blue Cross, 14 had commercial insurance and 14 had no insurance. Under the Rhode Island plan, a family qualifies as a unit and the catastrophic definition is determined by financial loss rather than by type of illness. Once a family has qualified for the state plan more than one person can get state assistance benefits. Benefits are only available after the claimant has exhausted all health insurance coverage and met certain levels of out-of-pocket expenditures. After qualifying, a claimant can maintain eligibility by incurring out-of-pocket

medical expenses that equal or exceed 25 percent of the first year deductible. In 1976 the plan paid benefits to 189 individuals. The average expenditure was $4,544, about 16 percent above the 1975 expenditure when 114 persons received benefits.[15/]

In order to qualify for the Rhode Island Catastrophic Health Insurance Plan, a person who has private health coverage which has been certified as a qualified program must have accumulated out-of-pocket expenses totaling either $500 or 10 percent of their allowable income, whichever is greater. Medicare beneficiaries with a qualified plan must meet a flat $500 deductible. Persons with less coverage than provided by a qualified program will have to make a larger out-of-pocket expenditure in order to receive state financial coverage. For example, a person with no health insurance must spend either $5,000 or 50 percent of his allowable income, whichever is greater, before becoming eligible. Any benefit that is covered under a qualified program, as defined in the CHIP Act, would be covered under the state financial coverage in full. Thus, it would appear, as in the case of Rhode Island, that those who might not be able to afford the purchase of health insurance must meet the highest form of deductible in order to qualify for the state's health insurance program and in this sense deductibles are regressive since individuals who may need to be protected the most against health care costs through insurance must also bear the greatest personal cost burden before the state's plan becomes effective for them.

On the other hand, a person in Maine must incur medical bills in excess of the following deductibles in order to qualify for benefits through the state's catastrophic illness program:

(1) $1,000

(2) 20 percent of annual income before taxes

(3) 10 percent of net worth over $20,000 if the excess over $20,000 is in the form of cashable assets

The individual is responsible for bills up to the previous amount. Costs in excess of this amount are payable by the Maine Department of Human Services. Eligibility for the Catastrophic Illness program is for a period of a year and can be retroactive for up to 12 months. Out-of-state providers of medical care within 15 miles of the Maine/New Hampshire border and within five miles of the Maine/Canada border are routinely reimbursed. This helps people living in these areas to maintain their usual pattern of health care services. Persons visiting Maine or temporarily from out-of-state are covered for emergency services. All other out-of-state medical services require prior authorization. The Catastrophic Illness program will pay for the following services when medically necessary. These include ambulance services, durable medical equipment, inhalation services, inpatient hospital services, laboratory and x-ray services, outpatient hospital services, ophthalmologist services, physical therapy, physician services, prescription drugs, and skilled nursing services.[16/]

In Hawaii the state mandated health insurance plan is compulsory and workers cannot waive the protection provided by the law. A worker is covered as soon as he has had four or more consecutive weeks of employment. If an employee is not able to work because he is sick, protection continues for three months following the month in which he became ill. All employers with one or more regular employees are covered by the law except the following: government employees, agricultural seasonal employees, employees who work less than 20 hours a week or whose monthly wages are less than 86.67 times the prevailing state minimum hourly wage, employees covered by a federal program or receiving public assistance, individuals who depend on prayer or spiritual means for healing, individuals in family employment, and insurance and real estate salesmen or brokers paid solely on commission.

If an individual works concurrently for more than one employer, the one who pays the most wages will be the principal employer and will be responsible for providing health care coverage. The employee, however, may select a different principal employer if he works at least 35 hours weekly for an employer who does not pay the most wages. If he works for a government agency and a private employer, the former will be deemed the principal employer. If an employee's dependents are themselves employed, they may choose to be covered under the plan at their own place of employment. As far as benefits are concerned, the employer's prepaid group health plan meets the requirements of the law if it provides health care benefits equal to, or medically

reasonably substitutable for, the benefits offered by prepaid health plans of the basic types, such as the Kaiser Foundation Health Plan, commercial insurers or non-profit plans such as the Hawaii Medical Services Association--plans that have the largest number of subscribers in the state, as already has been noted.

The Director of the Department of Labor and Industrial Relations, with the advice of an advisory group, determines whether a plan complies with these standards. Exceptions are permitted when the plan is deemed to provide sound health benefits at a premium commensurate with the benefits after taking into account coinsurance features, deductibles, limitations on reimbursability, and dependents' benefits.

The plan's protection must include hospital benefits of at least 120 days confinement in each calendar year; outpatient hospital care; surgical and diagnostic benefits; home, office, and hospital visits by a physician; and maternity benefits (applicable to employees with at least nine months' coverage before delivery).

Employees are free to bargain collectively for different prepaid health care coverage or for a different allocation of the costs. Employers are in compliance with the law if they provide health care services under a collective bargaining agreement and if the services are provided for employees not covered by such an agreement.[17/]

As far as the state of Connecticut is concerned, its comprehensive health care plan requires insurers to make available to all persons under 65 a standardized health insurance policy covering specified minimum benefits. Included benefits are hospital services, physician services, prescription drugs, partial payment for treatment of mental conditions, skilled nursing home facility care, home health agency visits such as ambulance services, physical therapy, oxygen, anesthetics, diagnostic x-rays and laboratory tests and other lesser benefits. Three deductible levels are available--$200, $500 and $750 as already has been noted--and a 20 percent co-payment provision will be in all the plans. However, a ceiling on cost sharing per year is set at $1,000 per individual and $2,000 per family. However, although a person is eligible for the various benefits under the state health plan, benefits for pre-existing conditions that exist within six months of effective date of the plan coverage and pregnancies that exist on the effective date of the plan are not covered.[18/]

The state of Minnesota has four plans available under its comprehensive state health insurance program and three of the plans are tied to variable out-of-pocket expenses and the fourth plan is concerned with Medicare beneficiaries. In addition, Health Maintenance Organizations may be used in those areas of the state where an HMO has agreed to make coverage available and has been selected as a writing carrier. A plan is certified as a number one plan if it meets the requirements established by the laws of the

state and provides for payment of 80 percent of the covered expense in excess of a deductible which does not exceed $1,000 per person. A health coverage plan shall be certified as a number two plan if it meets the requirements of the state of Minnesota and provides payment of 80 percent of the covered expenses in excess of a deductible which does not exceed $500 per person. Any plan which provides benefits to persons age 65 years or more may be certified as qualified Medicare supplement plan if the plan is designed to supplement Medicare and provides coverage of 50 percent of the deductible and co-payment required under Medicare and 50 percent of the charges for services covered under the state plan which are not covered by Medicare. The coverage shall include a limitation of $1,000 per person on total annual out-of-pocket expenses for the covered services. The coverage may be subject to a maximum lifetime benefit of not less than $100,000. A number three plan is certified as such when the minimum benefits are equal at least to 80 percent of the cost of covered services in excess of an annual deductible which does not exceed $150 per person. The coverage shall include a limitation of $3,000 per person on total annual out-of-pocket expenses for services covered under this plan. The coverage may be subject to a maximum lifetime benefit of not less than $250,000. Covered expenses as in the case of number one and two plans shall be the usual and customary charges for the following services and articles when prescribed by a physician. These include such benefits as hospital services, prescription

drugs, limited nursing homes services, home health agency services of 180 visits per year, oxygen, anesthetics, protheses, rental or purchase of durable medical equipment, diagnostic x-rays and laboratory tests, physical therapy services, oral surgery, physician services, other than outpatient mental or dental, for diagnosis and treatment of injuries or illnesses, and beginning in 1980, subject to appropriate deductibles, coinsurance and maximum lifetime limitation provisions, services for well-baby care, physician services for routine checks and annual physicals, and multiphasic screening and other diagnostic testing.[19/]

ADMINISTRATION AND FINANCING OF STATE HEALTH INSURANCE PLANS

In considering the administration and financing of any state health insurance plan, state government must consider many questions. First, does the government have the ability and capacity in terms of finances and manpower to operate such a program, as already noted? What kind of cost and quality controls should be incorporated into the program to make it economically feasible and manageable? What kind of audit and accountability procedures should be included in the program so as to avoid the kind of fraud and abuse problems that presently plague Medicaid and Medicare? Should the financing of benefit coverage be phased in by legislative schedule or by the executive branch's administrative decision, if the program is initially limited in its benefit scope? What are the advantages and disadvantages of each of the latter choices? What kind of reimbursement methods are most equitable under the program and how is the method equitably

determined for the providers of health care services who are participating in the program? These are some of the important questions that arise when considering the establishment, administration and financing of a state health insurance program.

In answering some of these questions, the state of Maine, as already noted, established a catastrophic medical expense plan that was partially funded through a one mill cigarette tax increase. An annual minimum amount of $800,000 per year was appropriated for the program by the state government. All participating providers of medical service and supplies agree to accept the payment received from the Maine Catastrophic Illness Program as full reimbursement for services rendered according to state program requirements. No additional charge is to be demanded from the program's beneficiaries for a service or supply covered by the program.[20/]

As far as the state of Rhode Island is concerned, catastrophic illness payments are made out of general revenues. The Rhode Island Department of Health Administration administers the program with private health insurers serving as fiscal intermediaries for the payment of benefits. However, despite the use of general revenues to fund the program, it is still up to employers/employees to pay for most of the insurance coverage. The State Department of Business Reuglation establishes the minimum standards--applicable to all health insurance contracts in the state--that are designed to standardize and simplify benefits; eliminate misleading or confusing provisions and limited coverages of little value; eliminate deceptive selling

practices; add coverages in the public interest; promote efficient management of health service; and make qualified plans available to all persons regardless of age, sex, occupational status or medical condition. After the standards are issued, each carrier files a sample contract with the Department. The contract is available to the Rhode Island Consumer Council. If the Council requests a hearing, it will be held to review the contract provisions. The Department may approve, disapprove or modify a contract and, as necessary, all other carrier contracts will be modified to conform with the decision. Insurers must offer the same plan to all persons. Also, they must offer the same coverage to all employers regardless of the characteristics and the number of their employees. The carriers are required to promote efficient management and reimburse only those which are certified by the Department of Health. Insurers operating for profit and self-insured organizations may enter into arrangements to form a reinsurance pool. The pool will spread the losses among the insurers in proportion to the number of persons covered under qualified policies. These agreements must be approved by the State Department of Business Regulation and the Department which, after a hearing, may require all insurers to participate in the pool. In addition, carriers must submit to the State Department of Business Regulation their proposed rates or rating formulas for health insurance. The Department will provide hearings for the public and for representatives of the carrier and the Rhode Island Consumer Council. At the hearings the carriers will be required to prove that the

proposed rates are appropriate for the coverage provided, consistent with the proper conduct of the carrier's business and in the public interest. The Department is authorized to approve, disapprove, or modify proposed rates. Providers of health services must be certified by the Department of Health as a condition of participation in the program. They must meet existing laws and regulations and agree to provide services without regard to race, religion, sex, age or occupational status. Service providers must also offer services at costs, charges or rates that are equitable, non-discriminatory and in the public interest. The State Department of Business Regulation (after a hearing) will be able to disallow payments made by a carrier to a non-certified provider or one engaging in discriminatory practices against insurers. This, in summary, is the essence of the Rhode Island Catastrophic Health Insurance Plan.[21/]

In contrast to Rhode Island, the program in Hawaii only mandates coverage for almost all employed persons, as already noted, while not covering dependents. While deductibles, coinsurance and other cost-saving devices are permissible, the law requires thorough and near total coverage of basic and catastrophic health costs. The program is employment-based with costs to be paid by the employer or shared with the employee. The employee portion of the cost is limited to half the premium costs, not to exceed 1.5 percent of his wages. Provisions are made for state subsidization of those small employers who would be heavily burdened by the costs of this program. The state uses funds from general revenues and penalty

fines to subsidize the premiums of an employer with less than eight employees if the employer's share exceeds 1.5 percent of total wages payable to employees and the amount of the excess is greater than 5.0 percent of the employer's income before taxes that are directly attributable to the business. A formula in the law determines income for this purpose. A special premium supplementation fund is used to pay the subsidy for an employer's share of a premium that exceeds the limits specified above. Employer's penalty fines for failure to comply with the law are deposited in the special fund.[22/]

As already noted, Connecticut's state health insurance plan became effective on April 1, 1976. The program has incorporated several mechanisms in order to control its costs. One is three sets of deductible options--low, middle and high--that are available for individual choice and which already have been discussed. The amount of deductible that is chosen may not be greater when a service is rendered on an outpatient basis than when the service is offered on an inpatient basis. The plan also contains a coinsurance mechanism of 20 percent for charges for all kinds of health care in excess of the deductible chosen and 50 percent for specific kinds of health services listed in the act that creates the program. However, the sum of the deductible and co-payments required in any calendar year under any option may not exceed a maximum limit of $1,000 per covered individual, or $2,000 per covered family. Both the deductible thresholds and the $1,000 and $2,000 annual limits may be adjusted on an annual basis by the State Insurance Commissioner to correspond

with the change in the medical component of the Consumer Price Index. The law that creates the state health insurance program also authorizes the State Commission on Hospitals and Health Care, within one year of April 1, 1976, to adopt regulations designed to require state Professional Standards Review Organizations established under P.L. 92-403 to extend their review of certain inpatient services to services received by all patients. The State Insurance Commissioner also shall adopt regulations to establish minimum standards for benefits under each of the following categories of coverage in individual policies: basic hospital expense coverage, basic medical-surgical expense coverage, hospital confinement indemnity coverage, major medical expense coverage, disability income protection coverage, accident only coverage and specified accident coverage. Specified disease policies, riders and benefits shall be prohibited whether they are issued on a group or individual basis. The state program also creates a Health Reinsurance Association for high risk insured. Any plan that is not insured by or through the Health Reinsurance Association or any other medical market association may not exceed the premium which would be applicable through participation in such associations. Finally, each self-insurer whose plan covers three or more employees shall make an individual comprehensive health care plan available under a conversion privilege to every person covered by the plan who is a resident of the state, who is not eligible for Medicare and whose coverage under the self-insured plan ceases as a result of a layoff, death

or termination of employment. The individual has his choice of low, middle and high option deductibles under this situation as well.[23/]

THE FUTURE

The future of the state health insurance movement cannot be viewed with precise clarity for national health insurance is still a viable possibility for enactment in the 95th Session of the U. S. Congress. Although several states have enacted health insurance programs and several other jurisdictions are presently contemplating the introduction of health insurance bills in their 1977 legislative sessions, the experience that has been gained thus far from these plans is still too minimal to make any decisive statement as to whether or not they are achieving the goals for which they have been or are being enacted. But, the fact that state government has chosen to create such vehicles to assist its residents in paying for the costs of medical care only underlines how serious a problem the financing of such costs has become for many of our citizens. The enactment of state health insurance programs may now be considered an appropriate role and extension of state activity in the health care area but until recently the provision of health insurance protection has been the province of private industry--not the responsibility of state government. However, as already noted, the problem of individual state health insurance programs is that they are individual creations and not uniformly designed among the states in terms of benefit coverage and other areas of legislative intent.

Even though model health insurance bills have been adopted by the Congress of Insurance Legislators (COIL) and the National Association of Insurance Commissioners (NAIC), it is still the decision of state government as to whether or not it wishes to adopt a model bill for its own jurisdiction or enact a bill of its own formulation. The following is one problem that can result from these activities. Should states enact health insurance programs that are diverse in content as well as in intent, then it would be possible that without a national health insurance program this country could be faced with another type of Medicaid situation of having 50 diverse and separate state health insurance plans rather than a uniform 50-state plan with all the possible problems that have attended Medicaid's enactment and operation. If nothing else has been learned from the Medicaid experience after a decade of operation, it should be that the path and experiences incurred under Medicaid should be avoided under diverse state health insurance plans as well so that all involved in such programs--the purchasers, the providers and the payers--will be treated equitably at costs that are reasonable to all.

FOOTNOTES

1. "States Mandating Health Insurance Benefits," Perspective, Fall, 1976, p. 29.

2. Ibid.

3. Ibid.

4. Susanne A. Stoiber, "Catastrophic Health Insurance," Congressional Budget Office, Congress of the United States, Washington, D. C., January, 1977.

5. Casey Crawford, "CBO Releases Definitive Study on Catastrophic Health Insurance," Health Services Information, January 31, 1977, p. 6.

6. Ibid.

7. Susanne A. Stoiber, op. cit., p. xv.

8. Ibid., pp. xv and xvi.

9. Saul Waldman, "Rhode Island Catastrophic Health Insurance Plan," Social Security Bulletin, February, 1975, pp. 41-43.

10. American Medical Association, "Catastrophic Health Insurance," State Health Insurance Report, October 3, 1975, pp. 8 and 9.

11. "States Mandating Health Insurance Benefits," op. cit.

12. Alfred M. Skolnik, "Compulsory Health Insurance in Hawaii," Social Security Bulletin, December, 1975, pp. 23 and 24.

13. "States Mandating Health Insurance Benefits," op. cit.

14. Saul Waldman, op. cit., pp. 41-43.

15. "Benefit Payments Reported Up 16 Percent in Rhode Island's State Health Insurance Plan," National Health Insurance Reports, March 14, 1977, pp. 8 and 9.

16. "Catastrophic Illness Program," State of Maine Department of Human Resources, March, 1976.

17. Alfred M. Skolnik, op. cit., pp. 23-24.

FOOTNOTES (CONTINUED)

18. "Comprehensive Health Care Plans," State of Connecticut, Chapter 692, Hartford, Conn., April 1, 1976, p. 283.

19. "Comprehensive Health Insurance," State of Minnesota, Health Care (62E.02), 1976, pp. 1003-1005 and 1007.

20. "Catastrophic Illness Program," State of Maine, op. cit.

21. Saul Waldman, op. cit., pp. 42 and 43.

22. Alfred M. Skolnik, op. cit., p. 24.

23. "Comprehensive Health Care Plans," State of Connecticut, op. cit., pp. 3, 280-294.

ELIGIBILITY AND BENEFITS UNDER MINNESOTA CATASTROPHIC HEALTH EXPENSE PROTECTION ACT OF 1976

By Larry R. Fredrickson

I. Historical Background:

The first significant Legislative interest in a state catastrophic health insurance plan was in 1973 when two state senators asked Legislative staff to start working on legislation for a state catastrophic health insurance program. They were prompted by complaints from constituents who had suffered maior economic reverses due to health care expenses.

In 1974 two bills were introduced in the State Senate. One bill emphasized catastrophic protection for middle-income people who exhausted their insurance coverage. The other bill emphasized protection for low-income working people who were not eligible for medical assistance (Minnesota's medicaid program). Several hearings were held in a Senate subcommittee, but no action was taken. There was serious concern as to who would benefit under a catastrophic health insurance program and how much it would cost. Little concrete information and data were available then (or later).

A special Senate subcommittee was appointed to study health care costs during the interim between the 1974 and 1975 Legislative sessions. Its membership included five senators and five public members including an insurance company executive, a registered nurse, a union official, a housewife and a Native American. The subcommittee recommended an alternative to a

state catastrophic health insurance program which would include establishing minimum benefits (including catastrophic protection) for health insurance policies and a mechanism to enable uninsured people to obtain health insurance. They recommended that the state:

> Encourage further work and study in mandating minimum benefits provided under health insurance policies sold in the State, including minimum benefits for catastrophic coverage, and development of a plan of health insurance providing catastrophic coverage to the handicapped, uninsurable and others not having health insurance available. Both of these acts should provide coverage for ambulatory services. Minimum benefits in group health insurance plans should cover services including but not limited to periodic screening, immunization and non-communicable disease control . . . .

At the start of the 1975 session, the Governor recommended a $17 million state catastrophic health insurance program patterned after the then newly-enacted Rhode Island program. A group of Minnesota Senators, Representatives and staff made a site visit to Rhode Island to study their program. During the same site visit, meetings were held in New York with representatives of the Health Insurance Association of America. The officials and insurers working on the Rhode Island program were very enthusiastic about their law. The national insurance industry representatives supported the alternative recommendation of the Senate subcommittee - an approach which was later enacted in Connecticut. During the 1975 session, the Senate supported the recommendation of their subcommittee, while the House supported the Governor's recommendation. There was some committee action, but because of the conflict between the House and the Senate, no final action was taken.

At the start of the 1976 session, a new bill was introduced in the House which combined the basic features of the House and the Senate bills from the year before into one omnibus bill. The new bill became the basis for the law which was enacted in 1976.

II. Basic Content of Law:

The 1976 law contained three articles and is codified in Chapter 62E of the Minnesota Statutes. The first article dealt with health insurance standards and availability. Minimum standards were established for qualified health insurance policies. Insurers could continue to sell unqualified insurance but were required to offer qualified policies to all applicants for health insurance. Employers were generally required to make health insurance available to their employees. A state-mandated risk pool was established, using a private insurer as the writing carrier, to allow uninsurable or under-insurable people to purchase health insurance.

Because of a fear of inflation in health costs due to increased third party coverage, a second article was included. It increased the powers of the state insurance commissioner to regulate health insurance rates and established a hospital rate review system.

The final article established a state-funded catastrophic health expense protection program (hereafter "state program") to pay health care expenses of people who exceeded the specified threshold level of out-of-pocket expenses. There was not a great deal of legislative discussion of eligibility and benefits

under the article. In order to enable the health insurance availability programs of Article I to begin to function first and potentially save the state money, the third article was given a delayed effective date of July 1, 1977. The state program was originally to be administered by the State Insurance Department to avoid the appearance of it being a welfare program. At the last minute it was changed to have the Department of Public Welfare do the administration primarily because of their prior experience with the medical assistance program.

III. Eligibility Standards:

A. Legislative Considerations:

Initially there were attempts to devise a statutory formula which utilized three factors in determining eligibility: income level, expense level, and insurance protection level. This was the approach used in Rhode Island and seemed to be working there. It was decided to focus on people who were not eligible for existing categorical programs. (In fact, there was some sentiment for excluding people who were already eligible for categorical programs since they already had some protection.)

There was little objection to including the income and expense level factors in the formula. It was generally agreed that expenses in excess of a specified percentage of income should be the major factor. The state Tax Study Commission prepared a computer analysis of a sampling of itemized state tax returns. With this information, it was possible to obtain a rough approximation of the number of people at various income levels who had medical expense deductions in excess of specified dollar amounts.

The computer data did not differentiate between tax deductions for expenses which would be covered under the state program and tax deductions for expenses which would not be covered. This required the use of "guess" factors to estimate the actual numbers of people who would qualify under various threshold factors and the cost to the state of paying the qualified expenses of those people. This was especially true, for example, with senior citizens where it was assumed that many of them with high expenses had been paying for nursing home care which was not expected to be fully covered under the state program. With the Tax Study Commission data, the Legislature was able to select income and expense level thresholds which matched their policy and fiscal concerns.

The question of utilizing levels of insurance coverage as a qualification factor quickly became the major focus of the debate over eligibility standards.

Some legislators strongly felt that insurance coverage should be a major factor. (It is a significant part of the Rhode Island formula.) They were concerned that a failure to do so would, in effect, penalize those people who took the initiative in obtaining their own health insurance and reward those people who neglected or refused to obtain their own insurance protection. They argued that people would simply "gamble" on remaining healthy and not buy insurance if they knew that the state back-up protection would save them from total economic devastation if they guessed wrong.

On the other hand, other legislators felt that using existing insurance

coverage as an eligibility factor would penalize those people who could not obtain health insurance because of economic or health problems. They also argued that:

(1) The state protection program would require a significant enough out-of-pocket expense level to deter any "gambling";

(2) The day-to-day expenses of health care (as opposed to catastrophic expenses) are high enough to create a stronger incentive to buy insurance than any incentives not to buy insurance;

(3) The person who makes the decision not to buy the insurance may not be the one to need the health services - it could be a spouse or dependent child who became sick;

(4) It would be harder to draft a tripartite formula; and

(5) It would be harder to administer a tripartite formula.

The opponents of an insurance-related eligibility formula ultimately prevailed.

Four other factors did receive some scrutiny during the Legislative deliberations:

First, there was a concern that nonresident people with serious health problems would move into Minnesota to avail themselves of the state program. Various residency tests were considered and eventually rejected. The main arguments against them were court decisions which have rejected most types of residency tests imposed on beneficiaries of public assistance programs and a

contention that the proposed benefits were not lucrative enough to entice any significant number of people into the state.

Second, there was discussion over whether the primary purpose of the program should be (i) protection from non-recurring high cost episodes of illness or injury, (ii) protection from high-cost chronic diseases, or (iii) both. It was decided that the emphasis should be on non-recurring expenses. This enabled the legislature to set an income and expense level threshold which was not particularly generous. The required out-of-pocket expenditures were set high enough so that most households could not afford to make them year after year and continue to qualify for the state program. Instead, they would eventually qualify for another assistance program such as medical assistance. In light of the decision on the thrust of the program, it was decided to not emulate the Rhode Island approach which established a lower threshold for the second year's eligibility. To provide more assistance to the victims of a single high-cost episode, it was decided to provide for a flexible year of eligibility. The potential recipient can, in effect, pick the twelve month period in which to receive the benefits in a way to maximize benefits. This differs from the usual approach of using a calendar year as the basis for benefits.

Third, it was decided to go with a very broad definition of household income. All income of all members of the household was to be included. There was some discussion of providing limited exceptions in some cases such as where a dependent child was working to earn money for college. None of the suggested exceptions were adopted. On the other hand, proposals to factor

in assets such as real property, savings, or investments were also rejected primarily to avoid complicating the administration of the state program.

Finally, there was consideration of making special provisions for unemployed people and low income people without health insurance. Amendments were drafted to establish a mechanism for purchasing health insurance for these groups in the state risk pool for uninsurables. It was eventually decided to delay a decision on these provisions until the state program had been in operation for two or three years.

B. Standards in the Law:

The law has a graduated schedule for determining eligibility. As originally passed, it read:

> 62E.53. [APPLICATION FOR ASSISTANCE.] Subdivision 1. Any person who believes that they are or will become an eligible person may submit an application for state assistance to the commissioner. The application shall include a listing of expenses incurred prior to the date of the application and shall designate the date on which the 12 month period for computing expenses began.
>
> Subd. 2. If the commissioner determines that an applicant is an eligible person, he shall pay 90 percent of all qualified expenses of the eligible person and his dependents in excess of:
>
> (a) 40 percent of his household income under $15,000, plus 50 percent of his household income between $15,000 and $25,000, plus 60 percent of his household income in excess of $25,000; or
>
> (b) $2,500;
>
> whichever is greater for the 12 month period in which the applicant becomes an eligible person. If the commissioner determines that the charge for a health service is excessive, he may limit his

payment to the usual and customary charge for that service. If the commissioner determines that a health service provided to an eligible person was not medically necessary, he may refuse to pay for the service. To the extent feasible, the commissioner shall contract with a review organization as defined in section 145.61, in making any determinations as to whether or not a charge is excessive. To the extent feasible, the commissioner shall contract with a review organization as defined in section 145.61, in making any determination as to whether or not a service was medically necessary. If the commissioner in accordance with this section refuses to pay all or a part of the charge for a health service, the unpaid portion of the charge shall be deemed to be an unconscionable fee, against the public policy of this state, and unenforceable in any action brought for the recovery of moneys owed.

The bill which originally passed the House did not contain a graduated formula or the copayment requirement. The Senate, whose bill did not contain the state program, suggested in conference committee that some changes be made to control costs and make eligibility standards high at higher income levels. The conferees then developed the graduated income formula and the copayment feature primarily as cost and utilization control features.

Under the income and expense formula as adopted, the following out-of-pocket expenses would have to be incurred by a household to qualify:

Household Income	Out-of-pocket Expenses Incurred	Incurred Expenses as a Percentage of Income
$ 5,000	$ 2,500	50%
10,000	4,000	40
15,000	6,000	40
20,000	8,500	42.5
25,000	11,000	44
40,000	20,000	50
75,000	41,000	54.7
100,000	56,000	56

By and large, higher income households must pay a higher percentage of household income as out-of-pocket expenses before qualifying. The exception comes for households with very low incomes. It was assumed that these households would easily qualify for other assistance programs - hopefully ones where the Federal Government would participate in the costs of the program. Once it qualifies a household must still pay 10 percent of the costs of services provided. A second cost control mechanism was the provision in the law allowing the Commissioner of Public Welfare to establish mechanisms to review provider charges and prohibiting providers from attempting to collect excess charges from consumers.

IV. Benefits Schedule:

A. Legislative Considerations:

The question of benefits under the state program was not a major part of the deliberations in the Legislature once the bills were introduced. This was surprising - especially since the benefits were identical to those required to be covered by qualified health insurance policies sold by insurers and made available to employees by employers. This triple purpose for the schedule of benefits resulted in most of the little discussion that occurred focusing on the health insurance standards aspect rather than on the state program aspect. (In fact, the part of the law which created the state-funded catastrophic program does not list the benefits. It merely cross-references the benefits in the Insurance Standards Act.)

The triple purpose of the benefits schedule provided some consistency in achieving the three purposes of the schedule. However, it also meant that some of the standards were different from those that would have been established if each had been done separately.

The initial schedule of benefits was drafted by an insurance company's head actuary. It was then revised by the authors and Legislative staff after comparing it with similar laws and bills in other states, the National Association of Insurance Commissioner's Model Act, and the Conference of Insurance Legislators' Model Act.

Since the same benefits were being used for the state program, the minimum standards for qualified health insurance and the required offering by employers, the proposed benefits schedule was then reexamined in light of its effects on the health insurance industry and on employer-sponsored benefit plans.

Legislative staff obtained access to an insurance industry sponsored study of employee benefit plans. This study found that about 70 percent of the existing employer plans did not provide the required medical coverage, 40 percent did not provide the required hospital coverage, 25 percent did not provide the diagnostic x-ray and laboratory coverage, 85 percent did not provide the required major medical coverage, and 85 percent did not provide the required maternity coverage. Generally, larger employers were more likely to be in compliance. The relatively low level of coverages was something of a

surprise to legislators and a cause of some concern. However, it was felt that a dramatic rise in health insurance coverage would impose a serious burden on some employers and could cause serious inflation in health care costs. At this point there was consideration of having separate benefit standards for health insurance and for the state program. In the end, the decision was made to keep the benefits consistent and lower them somewhat to lessen the disruption in existing programs. The benefits schedule was therefore re-written again. Also, insurers and employers were allowed to substitute actuarially equivalent benefits for those set forth in the act. The state program would not make substitutions.

Once it was revised the second time and the bills were introduced, there were few changes.

There were five areas where conflicts did arise:

1. Coverage of Blood and Blood Derivatives:

The bill originally covered blood and blood derivatives. There was objection from some insurers and blood donor groups that this coverage under insurance policies would diminish the public incentives for voluntary blood donations. Because of this, the provision was deleted. This was done despite the counter-argument that the deletion would, in effect, disqualify most hemophiliacs from the state program.

2. Coverage of Preventive Services:

There was little input into the benefits schedule by consumer groups. Efforts were made to get comments from various consumer groups, but they

generally lacked the time and the expertise to participate. A consumer task force which was working with the Foundation for Health Care Evaluation (a joint insurer-physician peer review organization) did do some lobbying for the inclusion of more preventive services. As a result of efforts, and despite some mild opposition from insurers, the law was amended so that benefits will be expanded to cover well baby care, check-ups, annual physicals and diagnostic testing beginning in 1980.

3. Nursing Home Coverage:

The authors of the bills wanted to limit nursing home coverage in the benefits provisions of these bills. There was a concern about mandating it as a health insurance benefit and about the estimated cost of including it under the state program. It was predicted that coverage of nursing home expenses would lead to a state takeover of most of the nursing home expenses not already paid by the state under the medical assistance program - an additional $56 to $64 million per year. (Minnesota's medical assistance program already pays about two-thirds of the costs of nursing home care in the state.) As a result, the bills limited nursing home coverage in the same way that it is limited under Medicare - a maximum of 120 days per year with the stay commencing within 14 days after a hospital stay of at least three days. There was also an exclusion of domiciliary and custodial care. Objections raised by representatives of senior citizens organizations led to the removal of the exclusion. However, they were unsuccessful in their efforts to increase the coverage for nursing home care.

4. Coordination of Benefits:

There was a major disagreement between insurers and the Minnesota Department of Public Welfare as to coordination of benefits between insurance coverage and various governmental programs. It was not really resolved. Medicare was made primary to insurance. Medical assistance was left as an open question subject to some unclear existing statutory language. There was also some concern that the state might end up paying 100 percent of the cost of treatment for people who would have eventually received medical assistance (56 percent Federal share in Minnesota). Vice-President (then Senator) Mondale was able to obtain an indication from HEW that a Federal contribution to the cost could still be received for people who benefitted under the state program if they would also have eventually been eligible for medical assistance.

5. Specialized Coverages:

Minnesota, like most other states, had already mandated various other coverages under existing group health insurance plans. In fact, Minnesota already mandated nine specified coverages - far more than any other state. These coverages included:

* alcoholism treatment
* conversion privileges
* chiropractic treatment
* optometric services
* maternity benefits
* outpatient surgical treatment
* newborn child coverage
* handicapped and retarded coverage
* mental illness coverage

It was felt that not all of these services were appropriate benefits for the state program. However, they were all passed earlier due to well-organized lobbying efforts. Exclusion of any or all of them might have resulted in major disputes as to their appropriateness. It was decided that another front in the fight over passage of the bill should not be opened. Numerous other conflicts had already arisen. The existing mandated services were consequently included by cross-reference.

B. Benefits Provided:

The new law passed in 1976 provided the following benefits:

> 62E.06 [MINIMUM BENEFITS OF QUALIFIED PLAN.] Subdivision 1. Number three plan. A plan of health coverage shall be certified. . . if it otherwise meets the requirements established by chapters 62A and 62C*. . . and meets or exceeds the following minimum standards:
>
> (a) The minimum benefits. . . shall be the usual and customary charges for the following services and articles when prescribed by a physician:
>
> (1) Hospital services;
>
> (2) Professional services for the diagnosis or treatment of injuries, illnesses, or conditions, other than outpatient mental or dental, which are rendered by a physician or at his direction;
>
> (3) Drugs requiring a physician's prescription;
>
> (4) Services of a nursing home for not more than 120 days in a year if the services commence within 14 days following confinement of at least three days in a hospital for the same condition;
>
> (5) Service of a home health agency up to a maximum of 180 visits per year;

*This language has the effect of incorporating existing mandated benefits by reference.

(6) Use of radium or other radioactive materials;

(7) Oxygen;

(8) Anesthetics;

(9) Prostheses;

(10) Rental or purchase, as appropriate, of durable medical equipment;

(11) Diagnostic X-rays and laboratory tests;

(12) Oral surgery for partially or completely unerupted impacted teeth, a tooth root without the extraction of the entire tooth, or the gums and tissues of the mouth when not performed in connection with the extraction or repair of teeth; and

(13) Services of a physical therapist.

(b) Covered expenses for the services and articles specified in this subdivision do not include the following:

(1) Any charge for any care for any injury or disease either (i) arising out of an injury in the course of employment and subject to a worker's compensation or similar law, (ii) for which benefits are payable without regard to fault under coverage statutorily required to be contained in any motor vehicle, or other liability insurance policy or equivalent self-insurance, or (iii) for which benefits are payable under another policy of accident and health insurance or medicare;

(2) Any charge for treatment for cosmetic purposes other than surgery for the repair of an injury or birth defect;

(3) Any charge for travel other than travel by ambulance to the nearest health care institution qualified to treat the illness or injury;

(4) Any charge for confinement in a private room to the extent it is in excess of the institution's charge for its most common semi-private room, unless a private room is prescribed as medically necessary by a physician;

(5) That part of any charge for services or articles rendered or prescribed by a physician, dentist, or other health care personnel which exceeds the prevailing charge in the locality where the service is provided; and

(6) Any charge for services or articles the provision of which is not within the scope of authorized practice of the institution or individual rendering the services or articles.

(c) Effective January 1, 1980, the minimum benefits. . . shall include, in addition to those benefits specified in clause (a), benefits for the following services. . .:

(1) Well baby care;

(2) Physicians' services for routine check-ups and annual physicals when prescribed by a physician; and

(3) Multiphasic screening and other diagnostic testing. . .

* * *

V. Estimated Program Costs and Beneficiaries:

Using the data obtained from the Tax Study Commission's computer study of tax returns, actuarial studies provided by an insurer, and from Rhode Island's actual experience with their program which was already in operation, several estimates of costs and the number of beneficiaries by income level were made.

Based on the Tax Study Commission figures, the following estimates were made:

Program Cost

	Calendar Years			
	1976	1977	1978	1979
Cost of Care*	$11.3	$12.1	$12.9	$13.8
Less 10% Copayment	1.1	1.2	1 3	1.4
Gross State Cost	10.2	10.9	11.6	12.4
Less Savings in Other Programs**	1.7	1.8	1.9	2.1
Net State Cost***	$ 8.5	$ 9.1	$ 9.7	$10.3

All figures in millions of dollars

*1975 figures inflated 15% for inflation in health care costs and deflated 8% for inflation in income each year.

**It was assumed that there would be offsetting cost savings in other state health care payment programs.

***It was assumed that the Tax Study Commission figures were too high because of the inclusion of non-covered benefits which are tax deductible.

Beneficiaries by Income Level

Household Income Level	Senior Citizens (1,250 Households)	Others (500 Households)	Total (1,750 Households)
0-$5,000	40%	33%	38%
$5,000-$10,000	40%	50%	43%
$10,000-$15,000	20%	17%	19%
Over $15,000	0%	0%	0%

Based on Rhode Island's actual experience, the following estimates were made:

Time Period	Rhode Island (Actual)		Minnesota (Estimated)	
	Cost	Recipients	Cost	Recipients
First Six Months	$200,000	58	$ 800,000	230
Second Six Months	300,000	104	1,200,000	415
Third Six Months	400,000	261	1,600,000	1,045
Fourth Six Months	540,000	N.A.	2,160,000	N.A.

It was concluded that the Rhode Island figures indicated that there would be a lower level of participation in the early phases of the state program, probably because people would not be fully aware of the program, and that the Rhode Island figures would probably be more indicative of what Minnesota's actual experience might be.

The Legislature eventually approved a biennial budget of $17 million for the program. It is expected to be more money than needed, but health expense payment programs have historically cost more than anticipated.

VI. 1977 Amendments:

Even before the law took effect, pressures to make changes in the eligibility and benefit standards started to build. Insurers, consumer groups and the state Department of Public Welfare all requested changes in the law. Bills and amendments were introduced which would:

1. Provide specific coverage for blood and blood derivatives under the state program. (This was designed to bring hemophiliacs back under the provisions of the law.)

2. Provide specific coverage for renal dialysis and related costs under the state program.

3. Provide specific coverage for nursing home care under the state program.

4. Require coverage for a second opinion on surgery under both the health insurance mandatory coverage provisions and the state program.

5. Provide an earlier effective date for the coverage of the preventive services.

6. Make minor adjustments in the overall benefit schedule.

7. Exclude the income of certain dependents from the determination of household income.

8. Delay the effective date of the state program for another year.

Bills which actually passed did the following:

1. Provided state payment of 90 percent of the household expenses for nursing home care in excess of 20 percent of household income. The coverage would only apply to the expenses of people under age 65 and only after three years of treatment in a nursing home. (1977 Session Laws, Chapter 448)

2. Excluded the income of dependents under age 23 in determining household income. (1977 Session Laws, Chapter 448)

3. Excluded custodial and domiciliary care. (1977 Session Laws, Chapter 409)

4. Included coverage of a second opinion on surgery effective in 1979. (1977 Session Laws, Chapter 409)

5. Made health insurance and tort recovery primary to any state payments. (1977 Session Laws, Chapter 409)

6. Provided that health care providers be reimbursed on the same schedule as providers under medical assistance. (1977 Session Laws, Chapter 409)

VII. Summary:

The Minnesota state program is primarily designed to provide protection to households which face major health care expenses of a non-recurring nature. Since the program has only been operative since July 1, 1977, the efficacy of its benefits and eligibility standards are not yet known.

BENEFIT COVERAGE AND ELIGIBILITY STANDARDS OF STATE HEALTH INSURANCE PLANS RHODE ISLAND CATASTROPHIC HEALTH INSURANCE PLAN (CHIP)

Prepared by
Brian E. Keeler
Chief, Division of Health Insurance
Rhode Island Department of Health

One issue of great importance in the design of a health insurance program--be it a publicly sponsored or privately sponsored plan--is the determination of its benefit structure and eligibility standards. Questions relating to eligibility qualifications, the kind, extent and priority of benefit coverage, projected utilization rates, for example, are all issues of great importance. In this section of the seminar program, we present two papers that discuss both sides of the same issue. Larry Fredrickson of Minnesota analyzes how a state determines the benefit and eligibility standards that it wishes to incorporate into its plan design while this paper discusses the actual experiences of such determinations once the plan has become operational and has incurred several years of utilization experience.

I. ELIGIBILITY

Eligibility standards are delineated primarily through the guidelines of the Catastrophic Health Insurance Plan (CHIP) itself. Program eligibility is contingent upon essentially two elements: residency and a deductible. An applicant would normally be the head of a household and must be a permanent resident of the state for at least three months and must not have moved here

primarily to become eligible for CHIP. In addition, an applicant's out-of-pocket family medical expenses must exceed a CHIP deductible specified in the law, after all payments are made by his or her private health insurance plan. This deductible will either be a flat dollar amount or a percentage of the family's income, whichever is greater. Income is defined by Regulation as "the adjusted gross income of the taxable family unit, minus dependents allowances, as set forth by the Internal Revenue Service." Those persons who are Medicare subscribers only have to meet a dollar deductible since they are generally living as a group on fixed incomes. When found eligible, all members of a household are covered for CHIP benefits.

There are six levels of CHIP deductibles. They are applied to a particular applicant based upon the type and quality of the person's private health insurance plan. As the quality of a person's coverage goes up, the CHIP deductible goes down. The lowest deductible category is utilized when a person has what the law defines as a "qualified plan." This would be a combination of plans, provided by either Blue Cross or a commercial insurer, which includes the following:

- Semi-private hospital coverage for at least 120 days
- A medical/surgical plan providing coverage for usual and customary physician charges
- A major medical program providing at least $10,000 in supplemental coverage

CHIP DEDUCTIBLES

Health Insurance Status	Amount	% of Income
Qualified plan	$ 500	10
Semi-qualified plan (no major medical coverage)	1,250	25
Non-qualified plan		*
No health insurance plan	5,000	50
Qualified Medicare plan	500	N/A
Non-qualified Medicare plan	1,000	N/A

*The difference between a qualified and a non-qualified plan plus the deductible of a qualified plan.

Since CHIP has been designed as a "last payor" program, all other resources available to the applicant must be utilized first before CHIP would consider payment. For example, if a person was injured in an automobile accident and also has private health insurance, CHIP would not only be secondary to the health insurance plan but also to any automobile medical payments available as a result of the accident. CHIP would also be secondary to other programs such as Workmen's Compensation, Vocational Rehabilitation, Medicare and Medicaid.

The Division of Health Insurance of the Rhode Island Department of Health is responsible for the overall administraiton of the CHIP program. These duties also include eligibility services. Most applications are handled by mail but occasionally personal interviews are requested by either party. The Division also

directly refers CHIP applicants to other available programs. Outreach services of CHIP are considered to be an integral part of the program.

The major gaps in CHIP, as can be readily seen by reviewing the deductible structure, concerns those persons who do not have any health insurance coverage and in particular those who are earning just above the Medicaid upper income limits. Since CHIP was developed to assist the average working person, and only incidentally other income groups, no research has been initiated to ascertain the nature and extent of the financial implications resulting from any expansion of coverage to those groups falling through the gaps in the program as it is presently designed.

II. BENEFITS

The benefits provided to those persons found eligible for CHIP are essentially the same as described in the law under a "qualified plan," previously outlined. Additionally, the Department of Health has promulgated rules and regulations for the CHIP program which also carefully describe benefits and exclusions. The benefit structure of a qualified plan was extracted mainly from the best existing Blue Cross plans in the state. Blue Cross of Rhode Island covers approximately 85 percent of the state's population. If the Division of Health Insurance cannot readily determine if an applicant's plan is qualified, the policy will be referred to the Health Insurance Section of the Department of Business Regulation for review and comment according to an existing

cooperative agreement. The Department of Business Regulation may have the policy reviewed by its actuary, especially if the applicant has multiple health insurance plans, which taken singularly are not qualified, but as a composite may be an actuarial equivalent to a qualified plan.

Coverage in several specialty areas were added by regulation to those benefits provided directly by the law. For example, a qualified plan would pay for the deductibles and co-insurance for those persons on Medicare. However, neither Medicare nor a qualified plan provides coverage for prescription drugs. Since this was one of the most costly items to the consumer and largely unreimbursed by third parties, the CHIP regulations allowed for coverage of this type of expense. On the other hand, mental health benefits are currently under review since a full 20 percent of CHIP benefits in 1975 went for these services. Currently, CHIP allows for full coverage and 50 percent reimbursement for outpatient psychiatric care.

CHIP pays for 100 percent of the usual and customary costs of those eligible health expenses not otherwise payable by an insurer, state or federal agency. CHIP was designed to "top off" any existing health insurance plan a resident may have. Therefore, with only one exception (outpatient psychiatric), payment is at the rate of 100 percent. As mentioned previously, CHIP covers most of the benefits provided under a qualified health insurance plan. The only notable exception, in addition to the drug benefits

for Medicare persons, as compared with other plans offered or provided by insurers or agencies, is in the area of mental health. The Medicaid program does not provide any psychiatric benefits. Therefore, although a family may otherwise qualify for Medicaid, psychiatric benefits when required would be covered by CHIP.

Claim cost control is exercised over virtually all areas of benefit coverages, including prescription drugs and medical/ surgical supplies and equipment through the use of usual and customary fee profiles. Historically, psychiatric benefits have proven to be the most difficult to control. Selected cases, especially for out-of-state private facilities, have been referred to the Psychiatric Peer Review Committee for examination. Committee results have been a disappointment as a method for substantially reducing utilization and related costs.

The expansion of CHIP coverage to those persons who may fall through the gaps in the program would have to be extended first to those who have semi-qualified plans prior to making the coverage available to others who have no coverage. Here again, this concept would be in keeping with the intent of the law which is structured to help the average working person. However, the average working person is becoming increasingly difficult to define. There are many average working persons who for various reasons are unable to afford qualified health insurance plans. These persons rather than the uninsured should perhaps be the target group of any eligibility restructuring. With the proliferation of state

catastrophic health insurance plans, several key issues must be addressed. First, with more and more states considering the adoption of health insurance plans, is this a clear signal to Washington that the states do not want national health insurance with the inherent loss of local control over the health care/financing system? We believe this to be the case in Rhode Island and suspect the same to be true in other states. Secondly, has there been any noticeable migration of individuals to states which have the CHIP coverage? There is always the potential for this problem with any public program, most noticeably involving Unemployment Compensation and Medicaid. The Rhode Island CHIP program has only a three month residency requirement. However, CHIP is patterned in such a way as to "reward" persons with better coverage by affording them a lower deductible as a threshold to eligibility. Also, the program is meant to function as a "super" major medical plan with a good base of private health insurance as a prerequisite for total catastrophic health insurance protection. With this goal in mind and considering the structure of the plan, it would not seem to be worthwhile for a family to move to Rhode Island from another state just to be able to attain coverage under CHIP. If this does occur, and we are able to confirm that this is why a family moved to the state, we would be able to deny coverage on the basis of a relevant section in the law. Specifically, it excludes persons from CHIP who were found to have moved to Rhode Island for the primary purpose of receiving CHIP benefits. The Department has found that this is not a viable issue at this time.

Finally, it is probably appropriate here to end the discussion of benefits with a few comments concerning future changes to the program. Obviously, the program is still in its developmental stage and vast coverage changes cannot be recommended at this time. However, the Department believes that the General Assembly should be the proper vehicle for amending the list of covered services provided by the CHIP program. The Department of Health has tried unsuccessfully in the past to change benefits through regulation. Since the benefits are essentially similar to the benefits which are defined by the law as constituting a qualified plan, perhaps the safer course for the Department to take would be to seek amendment to the law. It should be noted that the General Assembly has been hesitant in the past to approve any new spending programs or amend existing ones in such a way as to substantially increase the cost burden to the state. It appears that any proposed amendments liberalizing the CHIP benefit structure would encounter great opposition in the immediate future.

III. UTILIZATION

In calendar year 1976, 189 persons actually received CHIP benefits as compared to 114 in 1975. Other statistics include:

	1975	1976
Total applications	234	258
Total family units	162	150

Original projections estimated that about 200-300 persons would become eligible for the CHIP program on an annual basis. Therefore,

the program's results appears to be somewhat lower than anticipated. However, original projections by the Task Force which helped shape the legislation were only rough estimates.

Of the 150 eligible family units in 1976, 57 had Blue Cross, 65 Medicare, 14 commercial insurance and 14 were without health insurance. Those persons eligible for Medicare appear to be benefiting substantially from the CHIP program since 43 percent of the eligible family units involved this group. Another breakdown of utilization was to group the persons actually receiving benefits by age group--32 were dependent children, 97 adults under age 65 and 60 were over age 65. The Department believes that the program must mature longer before definitive conclusions are delivered.

IV. CATASTROPHIC ILLNESSES

Although "catastrophic" is defined in terms of the financial loss to the family rather than by diagnosis, a diagnosis very often signals an impending catastrophic loss. The Task Force which developed the CHIP legislation originally suggested a dread disease type of plan which eventually was replaced by the present program which focuses on the finances of a family as it is affected by the patient's illness.

Catastrophe, in a medical sense, is both an absolute and a relative concept. Any serious health problem is a catastrophe to the individual and family experiencing the affliction. Physically and psychologically, any substantive illness is, almost by definition, an extremely stressful occurrence.

The financial implications of any period of illness beyond the most minor are equally distressing and only serve to increase the seriousness of other problems. The degree of financial catastrophe is determined by such factors as the total cost of diagnosis and treatment (which relate to the duration of the illness and the sophistication of available medical modes, etc.); the adequacy of basic health insurance coverage in force; the availability of various supplemental program (both public and private); independent financial resources available to cover medical expenses (taking into account other critical needs, such as maintenance of the family unit); and the encumbrance of basic earning capacity. Clearly, the interrelationship of these factors becomes most serious when a spell of illness becomes "catastrophic." Although little formal research work has been done to define "catastrophic," it is clear that the threshold can be reached very rapidly as nonreimbursable costs are incurred. The accelerating spiral of medical costs and the related expansion of technological alternatives merely intensify the problem, both for the present and the future. The combination of medical and financial "catastrophes" must have an extraordinarily heavy social impact, particularly on the dynamics of a family structure, and the resulting effects of both the fiscal and psychological stress represent a real and significant cost to society.

Major disability statistics for 1976 experience indicates again, as in 1975, that emotional disorders lead the list of reported conditions. Although there were 189 persons receiving benefits, in

many cases more than one person in a family received payment and such persons on an average did not have catastrophic type conditions. Therefore, these relatively minor diagnoses have not been reported here.

MAJOR DISABILITIES BY FAMILY UNIT:

Emotional	25	Birth Defects	2
CVA	19	Epilepsy	1
Cancer	16	Paget's Syndrome	1
Cardiac	13	Cerebral Palsy	1
Kidney	12	Myasthenia Gravis	1
Orthopedic	7	G.I.	1
GYN	6	Brain Damage	1
Leukemia/blood	5	Pancreatitis	1
Respiratory	5	Scleraderma	1
Arthritis	4	Syringamyelia	1
Quadraplegia	4	Appendix	1
Neurological	4	Circulatory	1
Multiple Sclerosis	4	Muscular Dystrophy	1
Amputation	3	Myeloma	1
Colitis	3	Brain Stem injury	1
Aneurysm	3	Anorexia Nervosa	1

TOTAL 150

V. SUMMARY AND EVALUATION

The CHIP program provides for mandatory yearly evaluation and health system reporting through the Annual Report on the Health

Condition of the State and Health Expenditures by the Director of the Department of Health by each January 30th to the Governor and General Assembly. In addition, the Department of Health, Division of Health Insurance implements the following monitoring programs:

1. Annual audit of fiscal intermediaries and those state agencies with whom the Department of Health has cooperative agreements
2. Preparation of a CHIP benefits annual report with statistics and demographics.
3. Contracting with private health research corporations, when required, to acquire data necessary to evaluate the program

The success of CHIP depends upon many factors: chiefly, the absolute necessity for cooperation between state government, insurers, and providers. The Law was initially conceived as a "working person's program," stressing the purchase of good private insurance as a step toward total catastrophic illness prevention. It was designed to provide an incentive for persons to purchase good basic health insurance coverage as an initial step and as an integral part of total catastrophic health insurance protection for all of the residents of Rhode Island. The State was the first nationally to implement this new approach to health insurance coverage and thereby ensure that no citizen would be forced to "spend down" or "abandon" his family to receive the kind of help which would reasonably be given to any neighbor or friend who has been struck by tragedy. The jury is still out as to a final verdict in regard to our endeavor.

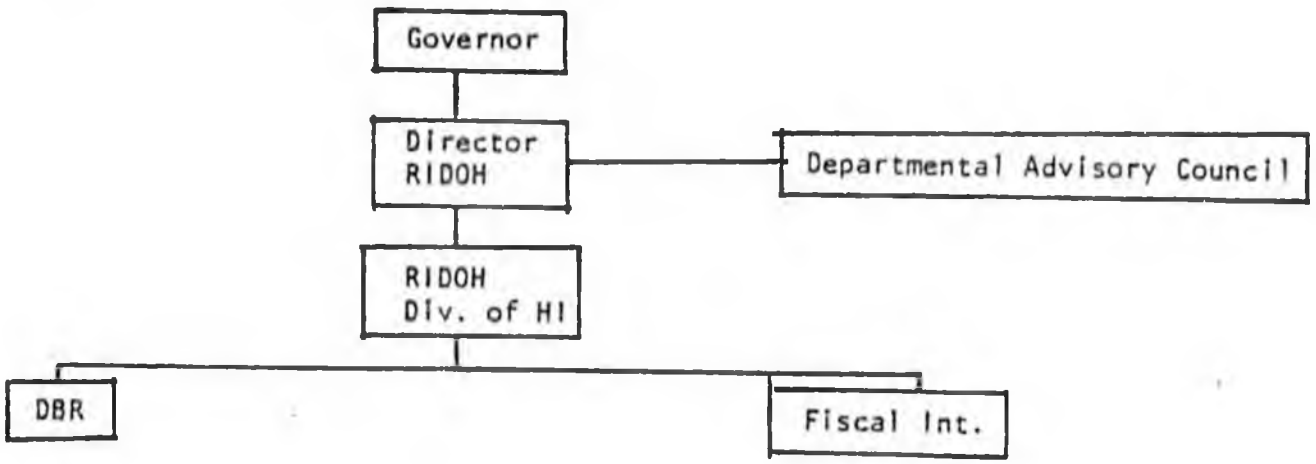
ADMINISTRATIVE ORGANIZATION OF A STATE HEALTH INSURANCE PLAN
RHODE ISLAND CATASTROPHIC HEALTH INSURANCE PLAN (CHIP)

Prepared by
Brian E. Keeler
Chief, Division of Health Insurance
Rhode Island Department of Health

As of July, 1977, only five jurisdictions had enacted into law state health insurance plans whose purpose is to provide protection against the incidence of ill health above and beyond whatever other health insurance coverage may be provided to their residents either from public or private sources. Very few states have established their own health insurance department within their governmental structure to administer such a program with all the implications that ramify from such an organization. One state which has, however, is Rhode Island. This state offers a clear profile of the character of a state administered health insurance plan and the following is a discussion of this jurisdiction's program.

I. ADMINISTRATIVE ORGANIZATION AND RELATIONSHIP

Organizational Structure



The Director of the Rhode Island Department of Health is assigned the overall responsibility for the CHIP Program according to the enabling CHIP legislation and reports directly to the Governor. The Director has delegated all administrative duties to the Chief of the Division of Health Insurance. The Division of Health Insurance (DHI) has access to various Departmental advisory groups in matters relating to appeals, claims and other specific program areas, such as certification of Health Maintenance Organizations.

The DHI administers all aspects of the CHIP Program from one central location. There are no local Health Departments in Rhode Island. Duties include the following: monitors those program components assigned to other agencies (Department of Business Regulation); provides assistance and information to all applicants and general public; determines eligibility; develops and implements program policy, rules and regulations; develops, monitors and audits programs for CHIP claim administration with insurers; provides for appeal procedures and hearings; organizes program promotion and publicity; certifies and monitors Health Maintenance Organizations.

The Department of Business Regulation (DBR) is responsible to the Director of the Department of Health (DOH) for expenditures and program performance relating to the various duties assigned to it within the CHIP legislation. These include the development and

enforcement of minimum standards for health insurers, certification of qualified health insurance plans, review and approval of rates and management of a Facility Reinsurance Pool. The Director of DBR is ultimately responsible to the Governor directly on all matters relating to actual program performance. Joint decisions are made between directors on program areas which require the concurrence of both by law. The DOH reimburses the DBR for all salaries and expenses related to the performance of CHIP duties. A special Health Insurance Section has been established within the DBR to perform the tasks created by the passage of CHIP.

Prior to CHIP, health insurance regulation in the state was minimal. The primary source for contact between Departments is for requests to DBR for review of potentially qualified plans. When an applicant applies for CHIP benefits to the DOH, a review of the person's private health insurance is mandatory since eligibility is contingent upon the type of insurance plan a person may have. The law outlines what is described as a "qualified plan." The closer a person's policy comes to this qualified plan, the lower the deductible will be for them and subsequently eligible for CHIP. Therefore, the DOH utilizes the DBR to review selected policies of the applicants to determine if they are "qualified." The DOH is able to make such determinations in many cases involving only one or two basic policies held by an applicant. However, many applicants have multiple insurance poliies or complicated policies which are not readily identifiable as qualified. In several cases,

the DBR has had to utilize the services of their consulting actuary since the law allows them to qualify some of the more involved policies on the basis of actuarial equivalencies. The law indicates that "any plan or combination of plans which provide qualified plan benefits, or their actuarial equivalent, may be deemed to be a qualified program."

Fiscal intermediaries are utilized for claim administration purposes. They are appointed by the Director of the DOH and are responsible to the DHI on matters relating to claims paid, administrative costs and expenses. They are also subject to audit by the Division. Blue Cross of Rhode Island pays CHIP claims for those applicants who are Blue Cross subscribers, have no health insurance, are members of an HMO or who are on Medidare (Title XVIII). Metropolitan Life is the intermediary for those persons who have commercial health insurance. Both intermediaries have assigned one person to work on CHIP claims exclusively. In the case of Blue Cross, the person works on CHIP full time; with Metropolitan, it is a part-time function. The intermediaries both bill the DOH monthly for the costs of claims plus administrative costs, which is a percentage of the month's total paid claims. The rate is subject to review and adjustment on an annual basis. An Administrative Servcies Agreement with the DOH governs the performance of the intermediaries' duties under CHIP. The original appointment of the fiscal intermediaries was developed and concluded with the cooperative assistance of Blue Cross and the Health Insurance Association of America.

II. RELATIONSHIP TO OTHER PROGRAMS

The CHIP law was designed to be the last payer and secondary to any other health benefits available to an individual. For example, if a person has a private health insurance plan, this plan would always assume the primary position even after a person qualifies for CHIP. As long as the plan remains in force, CHIP would assume the balance of covered expenses not payable by the insurance program. In addition, if a person is or may be potentially eligible for Workman's Compensation, Medicaid (Title XIX), Maternal and Child Health Programs, medical payments on an automobile policy and so on, CHIP would be secondary to any payments made by these sources or may be totally out of the picture, particularly in the case of a person's eligibility for Medicaid.

The DHI will assist any applicant who may be unaware of the availability of such other programs. Contacts have been established with these agencies and placement is normally made by telephone with a written communication following to the agency and/or applicant.

Blue Cross and the commercial insurers have been asked to "case find" for CHIP, particularly when an insured person may be approaching their major medical maximum. Blue Cross has even gone so far as to print a computer produced note in such cases on the explanation of benefits worksheet which is sent to the subscriber detailing a particular major medical payment.

The DHI has a special relationship with Health Maintenance Organizations (HMOs) in the state. According to CHIP, they are

considered both a provider and an insurer. In the case of the latter, the DHI would consider a qualified HMO in a similar manner to an insurer if a person requests assistance from CHIP and is enrolled in an HMO. Very few CHIP applicants are in this category since HMOs normally provide a comprehensive range of prepaid services.

CHIP also requires all employers of one or more employees in the state to provide a "dual choice" to their employees if they currently participate in a group insurance program. The law now requires them to offer the choice of the insured plan or the HMO membership if a qualified HMO exists which includes the employees' place of resident in their service areas. The DHI is responsible for determining whether or not an applicant HMO is qualified. Criteria have been established within the CHIP Rules and Regulations. There are presently three HMOs in the state--all are qualified. Re-application must be made each year to the DHI. Review of applications is made by the DOH HMO Advisory Council. Qualification as a provider is different from qualification as an insurer. The DHI regulations speak to the quality of care and related administrative functions of operating an HMO and only incidentally address the issue of the specifics in the scope of benefits.

The DBR is responsible for enforcement of the dual choice option itself with employees in the state and all complaints and infractions are referred to them. Regulations have also been issued by them to cover their duties under this section of the law.

The HMO dual choice provisions of CHIP are looked upon as meeting one of the law's primary goals--that each person in the state have access to available diagnostic, curative and rehabilitative health services. Prior to CHIP, employers outwardly rejected approaches from HMOs to solicit their employees and as a result, the entire HMO movement in the state was faced with dissolution. The law has produced significant and immediate results and another HMO is being planned for organization shortly.

III. COST AND QUALITY CONTROL

Due to the projected limited scope of the CHIP program, a rate setting formula or separate reasonable fee system was not developed. It was thought that this would add another unnecessary layer of control over the existing overburdened system (e.g., Medicare, Medicaid, Blue Cross, Workmen's Compensation). Instead, the fiscal intermediaries utilize, according to the CHIP regulations, their respective reasonable fee profile systems for reimbursement of provider charges. However, they must follow the regulations completely to ascertain whether or not a particular service is covered by the program. Moreover, the intermediaries must employ their medical advisors in reaching any decisions in judgment areas such as overutilization, custodial care and medical necessity.

Applicants may appeal to the Director of the DOH any adverse decision made by an intermediary regarding all aspects of claim administration. They may also appeal any adverse decision made by the DHI concerning eligibility. A formal appeal system is

provided for by the state's Administrative Procedure Act. When an appeal is received by the Director, it is referred to the DHI. The DHI then schedules a meeting of the CHIP Appeals Review Committee, composed of a registered nurse, social worker, physician, medical advisor and CHIP coordinator of the intermediary involved and the Chief of the DHI as Chairman. Medical records and case records are carefully reviewed and the Committee has the power to overturn the decision of the DHI eligibility section and/or intermediary. If the decision sustains that of the DHI or intermediary, then the applicant may request an adjudicative hearing within the DOH before an impartial hearing officer. The officer also has the power to overturn any previously adverse decision. If the appeal is denied at this level, the applicant may file an action in the Superior Court System of Rhode Island and no further appeal is available within the DOH.

Intermediaries are required to accumulate specific demographic data from claims processed which are provided to the DHI as requested in order to monitor program performance, recommend changes to the law and regulations and to provide a base for preparation of annual reports. Application data are also used by the DHI for these purposes. Additionally, Rhode Island Health Services Research, a private non-profit locally based health research firm, is employed by the DHI to analyze such data, conduct household surveys and to provide input for the required annual CHIP report.

Medical Society Review Committees are used by the intermediary on selected cases involving custodial care, overutilization and reasonable fees. The DHI has contracted with Equifax, Inc., a private investigative firm, to conduct checks into possible duplicate coverage not reported by an applicant, residency and financial data, when none is available from the Rhode Island Division of Taxation. Since there is a percent of income requirement on certain cases in order to determine the CHIP deductible, the DHI has established a program for requesting such information from the Division of Taxation. When a return has not been filed recently, an Equifax referral may be necessary.

IV. PROGRAM COSTS

The following financial statistics reflect program experience during 1976:

Total claim expenditures	$858,865
Average monthly	$ 71,572
Average per applicant	$ 4,544
Difference over 1975	+$351,206
Percent change over 1975	+ 69%
Total Claims (Metropolitan)	$ 68,001
Total Claims (Blue Cross)	$790,864
Total administration (Metropolitan)	$ 13,874
Total administration (Blue Cross)	$ 55,951

Program costs are projected annually during the budget preparation time period for the following two fiscal years. Projections have

not matched costs for 1976 but are expected to do so for 1977. Program promotion efforts are now beginning to demonstrate some positive results. Slow progress was made during the first full year of operation. A contact program has been established throughout the state with various providers, special interest groups and other involved state agencies. Also, the DHI has made over two hundred appearances during the last one and one half years before different groups and organizations in the state promoting the CHIP program.

Although the total administrative costs appear to be high, many of the CHIP related duties do not pertain to claims, as was previously discussed. The actual administrative costs relating to claims, including a percentage of time from the DOH and DBR, is approximately 10%.

Officials of the State Medicaid program do not believe that the existence of CHIP has, to any measurable extent, impacted upon the administrative costs of their program. In fact, due to the nature of CHIP as a "bottomline" program, the DHI has been case finding for Medicaid. It is very difficult for the reverse to occur. As previously mentioned, Blue Cross and commercial insurers case-find for CHIP where practical when a person approaches the major medical maximum. Here again, we believe that the costs associated with these efforts are barely measurable.

Many of the CHIP cost control devices could be utilized by other states contemplating health insurance programs. For example,

most states have a variety of medical society peer review committees. Accumulation of only the specific data needed to perform an objective analysis of the program is extremely important in order to implement an effective cost control plan. If the administrative agency does not have the expertise to initiate such a program, outside professional resources should be employed. A uniform reporting system should be developed as soon as possible during the implementation phase of a new program in order to capture the required data from the outset.

V. NATIONAL HEALTH INSURANCE

CHIP has been designed to coordinate with any future National Health Insurance Program (NHI). In fact, such wording is part of the Exclusions listed in the CHIP Act--"...medical services which may be financed in the future on behalf of all citizens by the United States." This would not necessarily close down the CHIP Program but it would be altered according to the nature and extent of the NHI plan. Of course, a complete evaluation of the CHIP goals and priorities should occur immediately if and when NHI is enacted.

INFORMATION ABOUT MINNESOTA'S CATASTROPHIC HEALTH EXPENSE PROTECTION PROGRAM

(PP
Minnesota Department
of Public Welfare
Box 30176
St. Paul, Minn. 5517[illegible]

What Is the Catastrophic Health Expense Protection Program?

The Catastrophic Health Expense Protection Program ("CHEPP") is a state program to help people who have had very high expenses for health care which no insurance company or other plan of health coverage will pay.

The program will pay 90 percent of the reasonable cost of covered services over and above an annual deductible that each eligible family must be responsible for itself.

When Am I Eligible?

You and your family are eligible for help from CHEPP when the sum of what you owe and what you have paid for health services received after June 30, 1977 equals your deductible. This is called satisfying the deductible. The charges used to satisfy the deductible must be for services covered by CHEPP, and they must be charges for which no one else is or has been liable. This means that anything paid or owed by an insurance company, Medicare, Worker's Compensation, or some other third party doesn't count.

How Much Would My Deductible Be?

Your "out-of-pocket" deductible is figured for your family--you and your tax dependents. It is always at least $ 2,500 per year. Often it is more.

To figure your deductible, take 40 percent of your gross family income up to $ 15,000 for the calendar year before the year in which you apply for CHEPP. To that figure, add 50 percent of your gross family income between $ 15,000 and $ 25,000 for that year. Then add in 60 percent of your gross family income in excess of $ 25,000 for that year. The sum is your deductible unless it is less than $ 2,500. In that case, your deductible is $ 2,500.

Some Examples:

A family applying for CHEPP in 1977 had gross family income in 1976 of $ 6,000. 40 percent of $ 6,000 is $ 2,400. This is less than $ 2,500, so the minimum deductible of $ 2,500 applies.

A family applying for CHEPP in 1978 had gross family income in 1977 of $ 26,000. 40 percent of $ 15,000 is $ 6,000. 50 percent of $ 10,000 (that is, $ 25,000 minus $ 15,000) is $ 5,000. 60 percent of $ 1,000 is $ 600. So the deductible is $ 6,000 plus $ 5,000 plus $ 600, which adds up to $ 11,600.

What Is Gross Household Income?

Gross household income is the sum of all the money income of all the members of a family except the children during a calendar year. It includes salaries, Social Security, pensions, welfare cash assistance, and tax-exempt interest income. It includes disability income payments, but food stamps, payments by Medicare, and payments by health insurance companies are not included. Gross household income is roughly what a family would report on its application for the Minnesota Homeowner and Renter Income-adjusted Homestead Credit or for the Senior Citizen's Special Property Tax Freeze Credit. (These applications are the goldenrod color forms that come with the Minnesota Individual Income Tax forms and instruction booklets.)

How Long Could I Be Eligible for Chepp?

CHEPP eligibility runs for 12 calendar months, beginning on the date of the first service offered in satisfaction of the CHEPP deductible. After the 12 months, you must requalify for CHEPP by incurring a new deductible. The new deductible is based on your gross family income in the calendar year before your new application.

What Health Services Are Covered?

The following health services are covered by CHEPP (if they were prescribed by a physician) but only to the extent that nobody other than yourself and your family is or has been liable for paying for the charges. These are also the services whose costs can count towards the CHEPP deductible, to the extent that nobody else is or has been liable for them.

1. Hospital services, both inpatient and outpatient;
2. Services of a medical doctor or osteopath (but not outpatient care for mental illness);
3. Drugs which require a physician's prescription;
4. Up to 120 days of care in a skilled nursing facility which meets Medicare standards, but only if the care is for serious illness or for rehabilitation, and only if the care begins within 14 days of a hospital stay of at least 3 days and is for a condition which was treated during the hospital stay; custodial care is not covered;
5. Home health agency services from an agency which meets Medicare standards, if the services are reimbursable under the Medicare program.
6. Use of radium, deep X-rays, and other radioisotopes;
7. Oxygen;
8. Anesthetics;
9. Prostheses such as artificial legs (but not false teeth or dental bridges);
10. Rental or purchase (whichever is most appropriate) of durable medical equipment (but not eyeglasses and hearing aids);
11. Laboratory tests and diagnostic X-rays;
12. Oral surgery for partly or completely unerupted impacted teeth, tooth roots, or for the gums or mouth tissues if the surgery is not related to the simple repair or extraction of teeth;
13. Services of a qualified physical therapist;
14. Medically necessary transportation in a licensed ambulance to the nearest facility qualified to treat the patient's condition; and
15. Nursing home care for patients under age 65 who have been in a nursing home continuously for at least 36 months. [*Note: payments for this group of nursing home residents are made on the basis of a special formula, and then only at the end of each state fiscal year (June 30).*]

When Can I Apply for CHEPP?

You can apply for CHEPP when you think you owe (or have paid) enough money for covered health services to satisfy the deductible that applies to you and your family. The money you owe or that you have paid must be for services received after June 30, 1977.

Where Do I Apply for CHEPP Help?

Apply for CHEPP benefits at your county welfare or social service office.

What Should I Bring if I Apply?

1. Bills for health services you want to apply to the CHEPP deductible. Also bring bills in excess of your deductible which you would like CHEPP to pay. If you have paid some of these bills, bring proof that you paid them.
2. All of your family's health insurance and automobile insurance identification cards (or copies of the policies or certificates).
3. Tax returns from the previous year to show what your gross family income was. If you filed for the Renter's Credit, Income-adjusted Homestead Tax Credit, or Senior Citizen's Special Property Tax Freeze Credit, bring a copy of your application.
4. Medicare, Veterans' Administration, and CHAMPUS identification cards.
5. Other information about people who may be liable for health care or for buying insurance for members of your family (such as a divorced husband).

Must I List All My Property and Assets?

Owning property and having savings will not make you ineligible for CHEPP. But your county welfare department will ask you about your assets to see if you might qualify for Medical Assistance ("Medicaid") or for General Assistance Medical Care. If you are eligible for one of those programs, you are probably not eligible for CHEPP. Those programs cover more kinds of care than CHEPP. They pay 100 percent of the cost of care. Often they have a lower deductible than CHEPP. But they have restrictions on property and other assets.

What Happens if I Am Eligible for CHEPP?

When you become eligible for CHEPP, your county welfare department will give you instructions and a handbook.

You will get a family CHEPP identification card. This card must be shown to all providers of health services which you want billed to CHEPP. It tells the provider what your CHEPP claim number is and alerts him to the fact that he will have to bill CHEPP instead of you. (In most cases CHEPP will not accept bills from you personally once you have become eligible.)

If you have already paid for services in excess of your deductible at the time you apply for CHEPP, copies of those bills and evidence of what part of them you paid will be collected. Then the state will pay you 90 percent of the reasonable cost of those services, minus any third party payments made to you or on your behalf.

Once a month you will get a listing from the state's computer of all the bills the state has paid for members of your family. This is called an Explanation of Medical Benefits ("EOMB"). It tells you how much copayment (the 10 percent which the state doesn't pay) you owe to the provider of each service. If the state has decided that part of a charge was too high, that part is forgiven by state law. You owe only the listed copayment amount.

Can I Substitute CHEPP for Health Insurance?

The Catastrophic Health Expense Protection Program is not intended to take the place of your own health insurance. This is why the minimum deductible is so high. (Your family's deductible may be considerably higher than the $ 2,500 minimum.) CHEPP is intended to help people whose medical bills have run way beyond what their insurance will pay or who haven't been able to buy health insurance. You don't have to have health insurance in order to qualify for CHEPP, but having some form of health insurance or prepaid health coverage is to your advantage.

How Does CHEPP Relate to the MCHA "Bad-risk" Insurance Program?

The law which set up CHEPP also set up a program of health insurance for people whose health problems have made them practically uninsurable. This other program, sometimes called "catastrophic health insurance," is run by the Minnesota Comprehensive Health Association (the "MCHA") under the supervision of the Insurance Division of the Minnesota Commerce Department. Information in this pamphlet does not apply to the programs of insurance offered by the Minnesota Comprehensive Health Association. *Information about these programs is available from:*

The Minnesota Comprehensive Health Association
Box 9309
Minneapolis, Minnesota 55440

Where Can I Get More Information about CHEPP?

To get more information about CHEPP, write to the address on the cover of this pamphlet or, after July 1, 1977, call your county welfare or social service office.

DPW-4171
7/77

HB
409

File No. 3

State of Rhode Island and Providence Plantations

JANUARY SESSION, 1974

CHAPTER 50.

AN ACT to Protect the Public Health of the People of the State of Rhode Island and Providence Plantations.

74-S 2239 A
Approved
Apr. 26, 1974.

PREAMBLE

Whereas, The state of Rhode Island has the right and the obligation to promote the public health, safety, morals and general welfare; and

Whereas, The high cost of health services can serve as a barrier to persons in need of health care, all to the detriment of the public health; and

Whereas, promotion of the public health, safety and welfare requires that all citizens have equal access to health services and a means to protect themselves against the extraordinary costs of serious illness or injury; and

Whereas, promotion of the public health, safety and welfare further requires that employers be encouraged to provide the best quality of health cov-

erage to their employees and their dependents, and that all other persons be encouraged to obtain the best quality of health coverage for themselves and their dependents; and

Whereas, Promotion of the public health, safety, and welfare further requires that persons or other entities which provide health services or which provide for the prepayment and insurance of health services, or which assist in the payment of health services; do so in furtherance of the public interest, now therefore,

It is enacted by the General Assembly as follows:

Section 1. Title 42 of the general laws entitled "State affairs and government" as amended is hereby further amended by adding thereto the following chapter:

CHAPTER 62

Catastrophic Health Insurance

42-62-1. SHORT TITLE.—This act shall be known and designated as the Rhode Island catastrophic health insurance plan ("CHIP") act.

42-62-2. PURPOSES.—The purposes of this chapter are to assure that each person residing in the state of Rhode Island shall have access to needed diagnostic, curative, and rehabilitative health services at reasonable costs and that each person shall have a reasonable means of protecting himself against the unusually high costs of receiving such health services. For these purposes the general assembly finds that promotion of the public health, safety and general welfare re-

quires that the conditions and responsibilities for the payment and provision of such health services be established.

42-62-3. EXERCISE OF POLICE POWER.—This chapter shall be deemed an exercise of the police power for the protection of the health, safety and general welfare of the people of the state.

42-62-4. DEFINITIONS.—

(a) The term "employer" means any person, partnership, association, trust, estate, corporation, whether foreign or domestic, or the legal representative, trustee in bankruptcy, receiver or trustee, thereof, or the legal representative of a deceased person, including the state of Rhode Island and each city and town therein, which has in its employ one or more individuals during any calendar year after the effective date of this chapter. For purposes of this section, the term "employer" shall refer only to an employer with persons employed within the state of Rhode Island.

(b) The term "employee" means any person who has entered into the employment of or works under contract of service or apprenticeship with any employer. It shall not include a person who has been employed for less than thirty days by his employer, nor shall it include a person who works less than an average of thirty hours per week. For purposes of this chapter, the term "employee" shall mean a person employed by an employer as defined in section 42-62-4 (a). Except as otherwise provided herein the terms "employee" and "employer" are to be defined according to the rules and regulations of the department of employment security.

(c) The term "insurer" shall include all persons, firms or corporations offering and/or insuring health services on a prepaid basis, including, but not limited to policies of accident and sickness insurance, as defined by chapter 18 of title 27, general laws of Rhode Island, 1956 as amended, nonprofit hospital or medical service plans, as defined by chapters 19 and 20 of title 27, general laws of Rhode Island, 1956 as amended, or any other entity whose primary function is to provide diagnostic, therapeutic or preventive services to a defined population on the basis of a periodic premium. It shall include all persons, firms, or corporations providing health benefits coverage for employees on a self-insurance basis without the intervention of other entities.

(d) The term "health maintenance organization" means an organized system of health care which accepts the responsibility to provide or otherwise assure the delivery of, an agreed upon set of comprehensive health maintenance and treatment services, for a voluntarily enrolled group of persons in a geographic area and is reimbursed through a pre-negotiated and fixed periodic payment made by or on behalf of each person or family unit enrolled in the plan.

(e) The term "health services" means those medical, professional, and paraprofessional services provided to a person to prevent disease, to maintain health, to detect disease and disability in early stages, to diagnose and treat illness, and to rehabilitate a person to his fullest capacities.

(f) The term "benefit" or "health benefit" means a health service financed for a person by a third party such as an insurer or the state.

(g) The term "allowable income" means the adjusted gross income as defined pursuant to section 44-30-12 of the Rhode Island general laws, 1956 as amended, minus any personal exemptions allowed pursuant to such chapter.

(h) The term "state" means the State of Rhode Island and Providence Plantations.

(i) The term "United States" means the government of the United States of America or any of its instrumentalities.

(j) The term, "departmental health advisory councils" means those councils which have been appointed to serve in an advisory capacity for various specific health matters which are a responsibility of the director of department of health or the director of the department of mental health, retardation, and hospitals.

(k) The term "maternity benefits" shall mean benefits rendered for normal obstetrical care. It shall include benefits for completion of obstetrics, prenatal care, care of the newborn infant, labor, delivery, and puerperium care. The term shall include benefits for normal deliveries or for any complications of pregnancy which do not result in delivery of a viable fetus.

(l) The term "medicare" means part A and part B of the United States social security act, title XVIII, as amended, 42 U.S.C. sections 1394, et seq.

(m) The term "physician" means any person duly licensed to practice surgery or medicine pursuant to the provisions of chapters 29, 31 of title 5 and chapters 36, and 37 of title 6 of the general laws of Rhode

Island, 1956 as amended (except dental hygienists), and comparable laws of other countries.

(n) The term "eligible person" means a person who has established permanent residency in the state for three months and who has the legal responsibility for the payment of eligible health costs incurred on his or her behalf or the behalf of persons for whom he or she is legally responsible. A person who has moved to the state for the primary purpose of receiving benefits provided pursuant to this chapter shall not be considered to be a permanent resident unless such residency has been established pursuant to a judicial order to be a permanent residency.

(o) The term "eligible health service" means a health service which would be covered within the type of qualified program an eligible person would be expected to have by the director of health in order to incur the smallest personal resource payment applicable under this chapter.

(p) The term "personal resource payment" means the money an eligible person is obligated to pay from his or her own wages, salary, income or assets for eligible health services which are not otherwise reimbursable under a health benefits plan unless such person is covered under provisions of section 42-62-9.

(q) The term "qualified program" means those health benefits plans which provide for the payment of health services by insurers through plans which have been certified as qualified by the director of the department of business regulation pursuant to this chapter.

(r) The term "health benefits plan" means any plan by which health benefits are paid by an insurer, the state, or the United States.

(s) The term "costs of eligible health service" means those usual and customary costs, or charges or rates of vendors at levels which have been approved in a qualified program by the director of business regulation, and which shall serve as the basis for the costs, rates or charges for which the state would be liable to pay pursuant to the provisions of this chapter.

ARTICLE I

Entitlement to Health Benefits Protection

42-62-5. ENTITLEMENT.—Each person residing in the state regardless of age, sex, race, religion, occupational status, or previously existing physical condition shall be entitled

(a) To receive financial protection from costs of health services under conditions and limitations established by this chapter.

(b) To have access to available diagnostic, curative and rehabilitative health services which are medically necessary; and

(c) To obtain through insurers financial protection against the costs of such health services provided by qualified programs.

42-62-6. DUTY OF THE STATE.—

(a) The state shall pay for the costs of eligible health services of an eligible person when such costs are determined to be catastrophic.

(b) The costs of eligible health services shall be determined to be catastrophic when an eligible person has incurred an obligation for payment in an amount of money determined pursuant to section 42-62-7.

(c) Any person who becomes eligible for payment for the costs of eligible health services determined to be catastrophic shall remain eligible for such coverage during the calendar year in which he becomes so entitled and during the following calendar year if such person incurs an obligation during such following calendar year for the payment of eligible health costs which are at least equal to twenty-five percent (25%) of the amount of what such person's personal resource payment would have otherwise been during the preceding year of catastrophic coverage. Said amount shall then be an eligible cost for catastrophic coverage during such following calendar year.

(d) Beginning at October 1, 1974, costs of eligible health services incurred on and after October 1 of any preceding year shall be construed as costs incurred in such following year.

(e) In the case of a dispute as to the eligibility of a type of health service for coverage as a catastrophic cost, the director of the department of health may determine, on the basis of an appeal by an eligible person and written comment by the appropriate insurer, whether or not such health service is an eligible health service.

(f) In the case of a dispute as to the eligibility of a person for coverage of catastrophic costs by the state, the director of the department of health shall determine said eligibility after an appeal by a person from a decision by an insurer.

42-62-7. PERSONAL RESOURCE PAYMENTS.—(a) To be eligible for payment by the state pursuant to section 42-62-6 of his or her health services

of a catastrophic nature, an eligible person must have incurred an obligation to make the applicable personal resource payment computed pursuant to this section. Such payment shall not be a cost payable by the state pursuant to subsections 42-62-6 (a) and (b).

(b) The applicable personal resource payment shall be determined on a calendar year basis and shall not include the payments made to meet the deductible of a major medical plan or the premium costs of a health benefits plan. It shall include the co-insurance payments made under a major medical plan.

(c) The applicable personal resource payment applies to the obligation for payment of health services that are not covered under any health benefit plan, except for health maintenance organization plans.

(d) The applicable personal resource payments shall be determined in relation to the extent of coverage for health benefits, if any, to which an eligible person is otherwise entitled according to the following categories:

(i) An eligible person

(A) Who has a qualified program must have incurred an obligation to pay an amount equal to five hundred dollars ($500.00) or to ten percent (10%) of his or her allowable income, whichever amount is greater;

(B) Who has a program that would have otherwise been qualified, except for a qualified major medical health benefits plan, must have incurred an obligation to pay an amount equal to twelve hundred fifty dollars ($1250.00) or to twenty-five percent (25%) of his or her allowable income, whichever amount is greater;

(C) Who has a plan or plans of health benefits which is not a qualified program must have incurred an obligation to pay an amount equal to (1) the difference between costs covered by his plan or plans of coverage and a qualified program, or (2) an amount which does not exceed five thousand dollars ($5,000.00) or fifty percent (50%) of his or her allowable income, whichever is greater;

(ii) An eligible person who has medicare coverage and

(A) Who has a qualified supplemental program must have incurred an obligation to pay an amount equal to five hundred dollars ($500.00);

(B) Who does not have a qualified supplemental program must have incurred an obligation to pay an amount equal to one thousand dollars ($1000.00);

(iii) An eligible person who is not otherwise entitled to coverage under any other health benefits plan must have incurred an obligation to pay an amount equal to either five thousand dollars ($5,000.00) or to fifty percent (50%) of his or her allowable income, whichever amount is greater.

42-62-8. EXCLUSIONS.—All services and charges within any of the following classifications are excluded from the financial protection provided pursuant to section 42-62-6 and shall not be included as applicable personal resource payments pursuant to section 42-62-7.

(a) Benefits provided pursuant to the laws of the United States including, but not limited to military service-connected disabilities, medical services pro-

vided for employees of the armed forces of the United States, medical services financed for the benefit of persons over the age of 65 years of age and for persons with insufficient income and assets to purchase benefits pursuant to the laws of the United States, and medical services which may be financed in the future on behalf of all citizens by the United States;

(b) Care which is primarily for custodial or domiciliary purpose and is not medically necessary;

(c) Cosmetic surgery unless provided as the result of an injury or medically necessary surgical procedure;

(d) Dentistry and optometry unless prescribed as medically necessary as the result of an injury or serious illness or disability;

(e) Chiropractic and psychological therapy and social counseling unless prescribed as medically necessary;

(f) Corrective appliances and artificial aids, such as hearing aids, corrective lenses and eyeglasses, unless such appliances and aids are medically necessary for the purpose of rehabilitation;

(g) Drugs and medication legally requiring prescriptions unless such items are medically necessary;

(h) Drugs and medication not legally requiring prescription;

(i) Outpatient psychiatric care in excess of fifty percent (50%) of the cost incurred of such eligible health services as may be incurred in a calendar year;

(j) Services delivered in facilities which have not been certified by the director of the department of health as qualified to provide such services.

42-62-9. EMPLOYEES' HEALTH BENEFIT PLANS.—

(a) Each employer shall, in accordance with regulations promulgated by the director of the department of business regulation in consultation with the director of the department of health, offer the opportunity for his employees to enroll in any available qualified health maintenance organization on the same absolute dollar cost sharing terms which may be provided for other health benefits plans made available for employee enrollment.

(b) The fair value of services rendered by a health maintenance organization to a subscriber after such subscriber has exhausted the services provided by the health maintenance organization's qualified program shall be recognized as eligible health care expenditures by the subscriber in computing his personal resource payment pursuant to section 42-62-7.

42-62-10. QUALIFIED HEALTH PROGRAM.—

(a) Upon application by an insurer for certification of a health insurance plan or plans as a qualified program for the purpose of this chapter, the director of business regulation, after consultation with the director of health, shall make a determination within ninety days (90) as to whether the applicant's plan or plans are qualified, and shall publish in the major newspapers of the state on a semi-annual basis thereafter a notice that such plan or plans are qualified.

(b) A program may be certified for a period of two years, if, at least,

(i) It meets the minimum standards of this chapter,

(ii) Its insurer meets the duties established by this chapter and the laws of the state,

(iii) It provides coverage for diagnostic, curative and rehabilitative health services for illness and for injuries for the subscriber and his dependents, which the director of the department of health, after consultation with the appropriate departmental health advisory councils, has recommended as being in the public interest.

(iv) It provides benefits which are approximately equal in scope and in actuarial value to the benefits described in subsection 42-62-10 (c).

(c) Any plan or combination of plans which provide the following benefits or their actuarial equivalent may be deemed to be a qualified program for purposes of the operation of this chapter:

(i) Hospital Services

1. One hundred twenty (120) days of inpatient care in short-term general hospitals, or forty-five (45) days in a specialized hospital, including the full cost of a semi-private room accommodation; meals and dietary services; general nursing care, and intensive care; use of the operating room; drugs and medications used in the hospital; medical and surgical supplies; diagnostic tests including laboratory examinations, pulmonary function, basal metabolism, electroencephalograms and electrocardiograms, insulin and shock therapy; diagnostic and therapeutic x-ray, radiotherapy and radioisotopic services; inhalation and oxygen therapy; blood derivatives, plasma, and charges for administration, typing and cross-matching (but not charges for whole blood); physical therapy, occupational therapy, speech and hearing therapy.

2. Coverage of all necessary services as defined in subsection (i) (1) for the inpatient maternity care, except that an insured or subscriber may be liable for the first one hundred dollars ($100.00) of cost of such services, after which the qualified plan pays the balances.

3. The full cost of outpatient care from a hospital, if it is for an accidental injury occurring not more than seventy-two (72) hours after a poisoning or traumatic accident, and the use of an operating room for an operation involving (a) a cutting procedure; (b) use of general anesthesia; or (c) reduction of a fracture of dislocation.

4. The full cost of outpatient radiological services including diagnostic x-ray, radiotherapy and diagnostic and therapeutic radioisotopic services.

(ii) Physicians Services

Physicians' usual and customary charges for the following services:

1. Surgical services, consisting of operative and cutting procedures, including routine pre- and post-operative care, provided in a hospital, hospital outpatient department, physician's office, or the patient's home.

2. Services of an assisting physician in connection with such an operative procedure when the nature of such procedure is such that an assisting physician is medically necessary.

3. Services of a physician-anesthetist if anesthesia is administered by a physician other than the surgeon or assisting surgeon.

4. Diagnostic services as listed below, whether performed in a physician's office, approved and licensed medical laboratory or in a hospital, when required for the diagnosis of any condition due to illness or injury:

(a) Diagnostic x-ray and radioisotopic examinations;

(b) Electroencephalograms, basal metabolism tests and electrocardiograms;

(c) Laboratory tests, including pathological examinations;

(d) Radiation treatments by x-ray, radium, external radiation or radioactive isotopes.

5. Physicians' visits to care for a bed patient in a short-term general hospital up to 120 days per period of illness, or for 45 days per period of illness in specialized hospitals, except for routine pre-operative and post-operative physical examinations.

6. Consultation services, where medically necessary in the opinion of the attending physician, at one consultation per specialty per period of illness.

7. Obstetrical delivery services, including pre- and post-natal care, after the first fifty dollars ($50.00) of charges, which shall be the liability of the patient.

8. Newborn baby care, when the examination and care is provided by a physician other than the physician making the delivery or administering anesthesia related to delivery.

9. Emergency accident services performed by a physician within 72 hours of a traumatic or poisoning accident are covered in full.

(iii) Major Medical Coverage

1. To supplement the protection provided by subsections (c) (i) and (c) (ii), the following additional coverages may be required as a condition for a program being certified as qualified:

(a) It provides up to ten thousand dollars ($10,000.00) in coverage for payment of eligible health services;

(b) It provides such coverage for at least eighty percent (80%) of the usual and customary charges, or costs, as applicable, of health services described in subsection (c) (i) and (c) (ii) after an insured or subscriber has paid an annual deductible of one hundred dollars ($100.00) per person or two (2) one hundred dollar ($100.00) deductibles per family for covered services.

(c) Such covered service provided under subsection (b) shall include:

1. Physicians' services, including home and office visits.

2. Professional ambulance services locally to or from a hospital for inpatients, or to a hospital accident room following an accident.

3. Drugs and medications which by law require a written prescription.

4. Rental or purchase, whichever costs less, or wheelchairs and other durable equipment used for medical treatment exclusively.

5. Out-of-hospital speech therapy and physical therapy.

6. Multiphasic screening and other diagnostic screening examinations.

7. Orthopedic braces, prosthetic appliances, such as artificial limbs and eyes, including replacement, repair or adjustment.

8. Full time or visiting nurse services by a registered nurse or licensed practical nurse when ordered by an attending physician and when medically necessary, up to maximum charges of seven hundred fifty dollars ($750.00) per year.

9. Services for diagnosis and treatment of mental and nervous disorders, provided, however, that an insured shall be required to make a fifty percent (50%) co-payment, and that the payment of the insurer shall in no event exceed one thousand dollars ($1,000.00) in a case involving outpatient psychiatric treatment.

(d) Any plan or combination of plans which provides benefits to persons over the age of sixty-five years may be deemed to be a qualified supplemental program for purposes of this chapter after the effective date of this chapter if such plan or combination of plans is designed to supplement medicare and provide the following coverages:

1. The full cost of the hospital deductible and co-payment of part A of medicare as amended annually by actions of the secretary of the United States department of health, education and welfare;

2. The full cost of the physicians' deductible and co-payment amounts of part B of medicare;

3. Payments of amounts equivalent to parts A and B of medicare for services rendered outside the United States;

4. Hospital outpatient treatment for accidents and medical emergencies; and

5. X-ray and other diagnostic tests in the hospital's outpatient department and in the doctor's office.

42-62-11. DUTIES OF PROVIDERS OF HEALTH SERVICES.—

(a) Persons and other entities providing health services in the state have a duty to provide those services to any person in need of health services without regard to the person's race, sex, religion, age, or occupational status.

(b) On the basis of the duties required by this act and on the basis of existing legal requirements, the director of the department of health shall provide by regulations promulgated hereunder for the certification of providers and vendors of health services. Such persons or entities found to be not meeting the duty prescribed by subsection (a) may after a hearing, be denied by the director of health certification required for eligibility for reimbursements by insurers, for periods of not more than one (1) year for each determination.

ARTICLE II

Minimum Standards Protection

42-62-12. MINIMUM STANDARDS.—

(a) It shall be the duty of all corporations or other legal entities providing for payment for health services under any contract entered into with an employer, person, state or a political subdivision thereof, pursuant to the requirements of this chapter to comply with

minimum standards established by regulations promulgated by the director of business regulation. The director of business regulation shall promulgate such regulations within one year of the effective date hereof.

(b) Such minimum standards shall be designed to carry out the following purposes:

(i) The reasonable standardization and simplification of coverages to facilitate consumer understanding and comparisons;

(ii) The elimination of provisions which may be misleading or unreasonably confusing to the consumer in connection with the purchase of such coverages or with the settlement of claims;

(iii) The elimination of deceptive practices in connection with the sale of such coverages;

(iv) The elimination of provisions which may be contrary to the health needs of the public;

(v) The availability of qualified plans to persons residing in the state who apply therefor regardless of age, sex, race, occupational status or medical condition;

(vi) The promotion of efficient management of health services within the state;

(vii) The elimination of coverages which are so limited in scope as to be of no substantial economic value to the holders thereof;

(viii) The addition of coverages, the sale of which is required by the public interest to protect the health of persons residing in the state.

(c) Within sixty (60) days after promulgation of said minimum standard regulations by the director of business regulation, each insurer or other entity referred to in this section shall file with the director of business regulation a sample of each of said contracts which it proposes to use. A notice of a receipt of filing shall be delivered to the Rhode Island consumers' council. If requested by the Rhode Island consumers' council the director shall hold a hearing upon not less than ten days' written notice prior to said hearing. A notice of such hearing shall be sent to the filing party and to the Rhode Island consumers' council. The director shall issue a written decision as soon as is reasonably possible following completion of the hearing or at his review if there is no hearing. Said decisions may approve, disapprove or modify the contract offered by the filing party. Thereafter, all insurers or other entities referred to in this section 42-62-12 shall file any modifications of contracts which they propose to offer with the director of business regulation. The director shall thereupon follow the procedure prescribed by this section 42-62-12 (c).

42-62-13. RATES CHARGED.—The rates proposed to be charged or a rating formula proposed to be used by any insurer hereunder to employers, the state of Rhode Island or any political subdivision thereof or individuals shall be filed by such insurer at the office of the director of business regulation. Within thirty (30) days after receipt of such application, the director may hold a hearing upon not less than ten (10) days' written notice prior to the hearings. Said notice shall contain a description of the rates proposed to be charged and a copy of said notice shall be sent to the applicant and to the Rhode Island consumers' council.

At any hearing held hereunder, the applicant shall be required to establish that the rates proposed to be charged or the rating formula proposed to be used are consistent with the proper conduct of its business and with the interest of the public. Any documents presented in support of a filing of proposed rates hereunder shall be made available for public examination at such time and such place as the director may deem reasonable. The director upon such hearing may administer oaths, examine and cross-examine witnesses, receive oral and documentary evidence and shall have the power to subpoena witnesses, compel their attendance and require the production of all books, papers, records, correspondence, or other documents which he deems relevant. The director shall issue a decision as soon as is reasonably possible following completion of the hearing. Said decision may approve, disapprove or modify the rates proposed to be charged by the applicant. Insurers requesting changes in rates shall underwrite the reasonable expenses of the department of business regulation in connection with the aforesaid hearing including any costs related to advertisements, stenographic reporting, and expert witnesses fees.

12-62-14. DUTIES OF REIMBURSEMENT AND SALE.—

(a) It shall be the duty of insurers: (i) to offer to any person regardless of age, sex, race, occupational status or of physical condition any plan of health benefits it offers to other individual persons, and to offer to any employer regardless of age, sex, race, occupational status, physical condition, and number of persons employed, any plan of health benefits it offers to other employers; (ii) to promote efficient management; and (iii) to reimburse only vendors of

health services certified by the director of the department of health.

(b) It shall be the duty of vendors of eligible health services to provide those services to insurers and other persons at costs, charges, or rates which are equitable, non-discriminatory and in the public interest. In the event that the director of the department of business regulation shall determine that a vendor is discriminating unlawfully against any insurer with respect to costs, charges or rates, the director shall advise said vendor in writing to cease such discriminatory practices forthwith.

(c) At any hearing conducted pursuant to section 42-62-13, the director of the department of business regulation may disallow any payments made by an insurer to a vendor not certified by the department of health, or to a vendor which has failed to cease discriminatory practices against any insurer after having received a notice from the director of business regulation pursuant to section 42-62-14.

42-62-15. FACILITY REINSURANCE POOL.—

(a) To be eligible to offer plans meeting minimum standards, insurers which are for profit entities or self insurers may enter an agreement to form a facility reinsurance pool within which losses are shared among the insurers on an annual basis in proportion to the number of persons insured pursuant to articles I and II of this chapter.

(b) Such agreements shall not be effective until approved by the director of the department of business regulation as being in the public interest and in con-

formance with regulations issued by the department of business regulation.

(c) If, after a sixty (60) day notice to all such insurers and after a public hearing, the director of the department of business regulation makes a finding that there is lack of fair competition among such insurers or that the public interest is not being served by existing agreements, or by a lack of an agreement, he may require such insurers as a condition of doing business within the state to participate in such facility reinsurance pool established under regulations issued pursuant to this chapter.

ARTICLE III

Health Resources Development Fund

42-62-16. HEALTH RESOURCES DEVELOPMENT FUND.—

(a) There is hereby established in the department of health the health resources development fund to be administered by the director of the department of health pursuant to the terms and for the purposes stated in section 42-62-16 and 42-62-17.

(b) Monies in such fund or for a project authorized pursuant to section 42-62-17 may be expended by contract, loan or grant, to maintain, to expand, and to improve health facilities, health services, and health education in the state of Rhode Island. Such purposes shall include the following: Construction or modernization of health facilities, the education or training of persons who would be qualified to provide professional health services, meeting the start-up costs of new forms of health delivery systems, such as health maintenance organizations, benefits for persons lacking adequate

insured coverage, and the development and implementation of experiments in lower costs or to improve the quality, availability, and accessibility of health services.

(c) Monies provided by loan shall be disbursed for periods not exceeding twenty-five (25) years and at an annual rate of interest not exceeding five percent (5%).

(d) Monies may be made available for scholarships to schools of medicine or dentistry on the condition that for each year of educational cost provided by the fund the recipient is required to serve as an employee of the department of health or the department of mental health, retardation, and hospitals for a period of two years.

(e) Monies disbursed from the fund or for projects authorized by section 42-62-17 shall be for purposes in conformance with state plans for comprehensive health, health services, manpower, and land use, as approved by the governor.

(f) The director of the department of health in consultation with the appropriate departmental advisory councils shall establish criteria for eligible capital projects and eligible education and training projects which are consistent with the comprehensive health, manpower and land use plans approved by the governor.

42-62-17. AUTHORIZATIONS.—

(a) The director of health is authorized to expend from the health resources development fund such monies as may be appropriated by the general assembly or

received from insurers or other entities for the purposes of section 42-62-16.

(b) Notwithstanding any provision of their articles of incorporation, by-laws, or other enabling documents or laws to the contrary, an insurer is hereby authorized to allocate sums of money, derived from the collections of premiums, to the health resources development fund.

(c) Notwithstanding any provision of their articles of incorporation, by-laws, or other enabling documents or law to the contrary, an insurer is further authorized to expend on an annual basis a sum of monies equal to not more than five (5) percentum of its previous year's premium income for a project approved by the director of health, with the concurrence of the director of business regulation. The director of health is authorized to approve projects which are in conformance with purposes of section 42-62-16 and with the criteria further established pursuant to 42-62-16.

ARTICLE IV

ADMINISTRATION

42-62-18. DESIGNATION OF RESPONSIBILITIES.—

(a) The director of the department of health shall have responsibility for the implementation of the duty of the state established pursuant to sections 42-62-6 and 42-62-7. The director is authorized to enter into contracts with insurers to carry out the duties of the state established by said sections. The director is further authorized to establish by regulation procedures for the collection of benefits to which a person becomes entitled pursuant to said sections, time for

filing claims, review of claims, and such other procedural matters as may be necessary to carry out the purposes of said sections.

(b) To the extent not otherwise designated in this chapter, the governor may designate a department as having responsibility for the implementation of a specific duty required by this chapter. The governor shall report such designation to the general assembly no later than the following year, and each house of the general assembly shall have thirty (30) days within which to disapprove any of the designated delegations and to substitute by passage of new legislation different delegations.

(c) To the extent that existing health related functions within departments or divisions need to be removed to another department for the purposes of more efficient administration, or to the extent that new divisions need to be established to meet the purposes of this chapter, the governor shall make such determinations shall include such determinations within his report to the general assembly.

42-62-19. IMPLEMENTATION OF CHAPTER.— The governor may delay the implementation of any provision of this chapter for one year after he makes a finding to be reported to the first subsequent session of the general assembly that such a section(s) of this chapter has been found to be unconstitutional or has been superseded or modified by an act of the United States.

42-62-20. INTERSTATE AGREEMENTS. — The governor is authorized to enter into agreements with

appropriate officials of a sister state or of the United States to carry out any of the duties of this chapter.

42-62-21. HEALTH COST REPORT.—The governor shall provide for a health cost to be made not later than December 31 to the general assembly on legislative and administrative steps required (i) to provide a more comprehensive protection against the costs of health services their provided pursuant to this chapter to persons without health insurance, (ii) to control the rising cost of health services, (iii) to provide for more efficient administration of health services by the state, (iv) to establish more efficient and uniform rate setting processes for the state's purchase of health services and goods, (v) to reduce out-of-pocket costs of health services to persons residing in the state, (vi) to establish a uniform reporting system for vendors for the costs of health services, and (vii) to respond to other changes in health finance, planning, and regulation that may be required in Rhode Island in the event of the passage of a national health insurance act.

(b) Such report shall be made in consultation with the budget officer, the director of the department of health, the directors of the departments of mental health, retardation, and hospitals, social and rehabilitative services, and of business regulation, and the executive director of the consumers' council, and with representatives of insurers, of the Rhode Island Medical Society, of the Hospital Association of Rhode Island of employers' organizations and of employees' organizations.

42-62-22. ANNUAL REPORT ON THE HEALTH CONDITION OF THE STATE AND HEALTH EXPENDITURES.—The director of the department of health shall make an annual report to the governor and the members of the general assembly not later than January 30 of each year outlining in specific detail the health conditions of the people of the state, the level of health services available to the people of the state, the amount of funds spent in the previous year by public and private agencies and consumers for health services, and unmet health needs of the people of the state, the amounts of monies disbursement for the entitlements established under this act, and the amounts of monies which may be needed according to actuarial estimates to meet those entitlements in the following two years.

Sec. 2. Unless otherwise specified herein, this act shall take effect on January 1, 1975.

A true copy,

Attest:

{L. S.}

Robert V. F. Burns

Secretary of State

THE FOLLOWING PAGES WERE TREATED AS
A UNIT IN THE ORIGINAL FILE.

STATE OF ALASKA
THE LEGISLATURE

POUCH Y | STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY

February 17, 1978

MEMORANDUM

SUBJECT: Comprehensive Health Insurance Legislation

TO: The Honorable Thelma Buchholdt

FROM: Sharman Haley
Research Analyst

Attached you will find the completed report on health care coverage in Alaska. This report is intended to outline for you the possible state approaches to comprehensive health coverage. It was conceived as a necessary step toward developing legislation on the subject of comprehensive health care for Alaska, as you requested last May.

This is the final report and contains the firmest cost estimates available at this time. Please destroy the draft copy I released to you earlier, as the figures the draft contains are less reliable and differ substantially.

Please indicate your wishes for the future handling of this report on the attached release form.

Attachments
SH:dh

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

TO: The Honorable Thelma Buchholdt

FROM: Gregg K. Erickson
Director of Research

Please indicate your directions concerning future handling of the attached information, which you requested under WO# 4206 (Subject: Health Care Assistance).

[ ] I approved the release of this information to any requesting party.

[ ] I do not approve the release of this information; maintain confidentiality

[ ] I approve the release of this information under the following conditions:

Date

Signatur_

LA-R2

THIRD PARTY HEALTH COVERAGE IN ALASKA

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SUMMARY

With the costs of health care continuing to rise, third party health coverage is becoming increasingly crucial for the protection of people's health and financial security. A variety of state and federal health programs and private health insurance policies provide piecemeal third party coverage for Alaska's civilian population. It is estimated that 20 to 25 percent of Alaska's non-Native, non-military-dependent civilian population are without third party health coverage of any kind. The comprehensiveness of coverage or level of coverage provided the covered population is not known; in some cases the coverage may be inadequate to protect people from financial hardship or inappropriate levels of medical care. There are a variety of approaches the legislature may consider to improve or extend third party health coverage in Alaska. These options include: state subsidized health insurance, state mandated employer subsidized health insurance, state regulation of health insurance carriers, and expansion of the state's Medicaid program. While plugging these coverage gaps would not cure all the ills of the health care system, it would be a step.

I. INTRODUCTION

With the dramatic increases in health care costs in the last decade or two, routine medical care has become for many an unaffordable luxury. A serious illness or accident for them would be a financial catastrophy. More and more people are relying on health insurance and other kinds of third party health coverage to finance the major part of their unpredictable health expenses. To an ever growing extent people are demanding third party coverage for routine health expenses as well. Third party health coverage has become an integral and crucial part of the health care system.

Because public and private third party payers foot the bill for two-thirds of the nation's personal health care expenditures, their policies profoundly affect the nature and terms of the health care itself. For example, many insurance policies will pay for hospital care, but not nursing care; so patients are hospitalized in many cases where nursing care would be sufficient, and less costly. Similarly, many people will not see a doctor until health conditions become acute, because preventive care is not customarily covered. The policies of third party payers also affect providers in terms of the rates they charge, the quality of care they provide, and the services they can afford to develop.

As third party health financing becomes paramount to ensure financial access to health care, the gaps in third party coverage become more glaring. The following chapters of this report address themselves to

these gaps in third party coverage. Sections II and III describe all the major public programs and private plans which currently provide third party health coverage in Alaska. Section IV analyzes available data on the extent of existing coverage and identifies some of the gaps both in terms of the covered population and services covered. Section V outlines a smorgasbord of legislative remedies to plug some of these gaps. The concluding chapter indicates other areas which may be of concern to the legislature.

II. A DESCRIPTION OF HEALTH COVERAGE FROM PUBLIC SOURCES

As this report is concerned primarily with comprehensive health care, only the public programs which cover a broad range of health services and serve a significant portion of the population are described here. There are a number of programs which cover only specific health services, such as family planning or treatment of occupational injuries, or serve only a narrowly defined segment of the population, such as crippled children, which are not described here.

Alaska Area Native Health Service

The Alaska Area Native Health Service (AANHS) is a regional administrative unit of the Indian Health Service, which is a branch of the U. S. Public Health Service. It serves an estimated 65,000 eligible Alaska Natives, spouses, and dependents.

Primary care is provided in villages by 216 community health aides, each selected by the village council and paid under contract with AANHS. These aides are responsible for giving first aid in emergencies, examining the ill, reporting their symptoms to the physician, carrying out the treatment recommended, instructing the family in giving nursing care, and conducting on-going health education in the villages. Routine primary care is also delivered in the villages by itinerant doctors, nurses, dentists, and other health professionals.

If the injury or illness is serious enough to require inpatient care or more specialized diagnosis and treatment, the patient is referred to the nearest of the seven field hospitals. This secondary level of

care includes routine hospital admissions for common illnesses or injuries, for minor surgical conditions, or for pregnancy. The field hospital staff also provides primary care for their immediate community.

Serious or life-threatening illnesses or injuries are referred to Alaska Native Medical Center in Anchorage for treatment under the immediate direction of a specialist. Major surgery and complex diagnostic procedures are performed at the Medical Center. The Alaska Native Medical Center also provides primary health care for the Anchorage area AANHS eligibles and secondary health care for the Anchorage Service Unit.

In areas where direct health care by AANHS is not available, or for services which AANHS is unable to provide, health care is purchased under contract from private physicians, dentists, optometrists, hospitals, and pharmacies by AANHS on behalf of Native patients. Highly specialized treatments, such as heart surgery or kidney transplants, are referred out-of-state. In areas of the state where private health services exist, contractual care is an important component of the AANHS delivery system.

Despite the comprehensive design, there are gaps in this delivery system. Budgeted funds for contractual services are limited, and frequently become depleted long before the next allocation. If it is not an emergency condition, the patient must wait, or else pay for the treatment himself. If it is an emergency condition, transportation is usually arranged to another delivery point.

U. S. Public Health Service

The Bureau of Medical Services, a division of the U. S. Public Health Service akin to Indian Health Services, provides direct comprehensive health care for the Coast Guard and merchant seamen, and provides occupational health care and safety services for all federal employees. Federal health care responsibility for seamen derives from a 1798 act of Congress providing for the "relief of sick and disabled seamen".

In Alaska this care is delivered by the Alaska Area Native Health Service under contract with the BMS. In addition to an estimated 24,000 Coast Guard personnel and dependents, and bonafide merchant seamen, many fishermen are eligible for Public Health Services. Fishermen and other boaters qualify if they are owners or principal operators of a documented vessel. A documented vessel is a seaworthy power boat registered with the Coast Guard which could be utilized by the Coast Guard in case of a national emergency. There are an estimated 3,750 documented vessels in Alaska, including fishing boats and pleasure boats. There may be more than one principal operator of a boat. Dependents are not covered.

Uniformed Services Health Benefits Program

The military provides comprehensive health care to enlisted personnel through military medical facilities and staff. They also provide comprehensive health care to retirees and military dependents through the Uniformed Services Health Benefits Program (USHBP). USHBP provides health services to military dependents in two ways: through military medical facilities and staff on a space-available basis, and through the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) when necessary medical services are not available through

military facilities. CHAMPUS is a supplementary health insurance plan purchased from a private carrier. CHAMPUS will reimburse 75 - 80 percent of allowable charges for necessary medical care. A $50 deductible is also collected on outpatient services. The CHAMPUS carrier in 1975 estimated that 55,000 dependents and retirees were covered in Alaska.

Medicare

Medicare is a federal health insurance program for people 65 and over, and certain disabled people under 65. It is financed by a combination of employee contributions, employer contributions, monthly premiums and federal funds, and is administered by the Social Security Administration.

Part A of Medicare is hospital insurance which is provided at no premium charge to those who have worked long enough under social security, and provided to others over 65 for a monthly premium of $54. Medicare Part A only helps pay for medically necessary covered services up to a specified number of inpatient days or home health visits. The Medicare patient must pay a deductible and a scheduled percentage of the covered costs, as well as the costs of uncovered services and services beyond the limits of Medicare coverage. The Part A hospital insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility when it is medically necessary following a hospital stay, and certain prescribed services from a home health agency following a hospital stay. Medicare does not pay for custodial or long-term care.

Part B of Medicare is medical insurance. Anyone eligible for Part A hospital insurance is eligible for Part B medical insurance at a monthly premium of $7.70. Medicare medical insurance can help pay for doctors' services, outpatient hospital care, outpatient physical therapy

and speech pathology, and many other health services and supplies which are not covered by Part A hospital insurance. The medical insurance enrollee must pay the first $60 worth of covered services each year. After that the medical insurance pays 80 percent of "reasonable charges" for covered services and supplies. "Reasonable charges" are computed each year by Aetna (the Medicare carrier in Alaska) based on billings the previous year. The actual charges by the provider may exceed the "reasonable charges" covered by Medicare, and the patient must pay the difference, as well as paying the uncovered 20 percent of the "reasonable charges". Among the services not covered by Part B medical insurance are: routine physical exams, prescription drugs, eye glasses, hearing aids, dentures, dental care, and chiropractic services.

Though people over 65 must have accumulated sufficient work under the social security system to automatically be eligible for hospital insurance, the 1966 law "grandfathered in" all the social security ineligibles at that time. It is estimated that now 99 percent of the non-Native population in Alaska over 65 are enrolled in Medicare.

Medicaid

Medicaid is a medical assistance program funded jointly by the state and federal governments. In Alaska it is open to public assistance clients and eligibles, and certain other needy people in nursing homes, or inpatient psychiatric hospitals. Medicaid clients receive care from participating private providers, who then bill the Medicaid program. Alaska's Medicaid program covers all the federally mandated services: inpatient and outpatient hospital services, physicians services, x-ray and lab services, skilled nursing home services, home health

services, family planning services, transportation, and early and periodic screening, diagnosis and treatment (EPSDT) for eligible people under the age of 21. In addition, the state program covers a few optional services: inpatient psychiatric care for those over 65 or under 22, intermediate nursing home care, eye glasses, treatment for speech, hearing and language disorders, and approved outpatient mental health care. The state Medicaid program does not cover the following services for which federal match is available: prescription drugs, dental care or dentures for those over 21, prosthetic devices for those over 21, physical therapy, chiropractor's services, or preventive care for those over 21.

In FY 1976, 22,952 Alaskans, or 5 percent of the civilian population, were enrolled in the categorical public assistance programs (Old Age Assistance, Aid to the Blind, Aid to the Disabled, Aid to Families with Dependent Children, and Supplemental Security Income) and eligible for Medicaid.

To be eligible for public assistance, and therefore Medicaid, a person must not only meet income criteria, but categorical criteria of need, such as over 65, blindness, mental or physical disability, under 18 and deprived of the care of one or both parents, or a person related to and caring for eligible dependent children. Many Alaskans, such as low income families with both parents present, meet the income criteria for public assistance but do not meet the categorical criteria, and are therefore not eligible for Medicaid.

Because Natives receive much of their medical care from the U. S. Public Health Service, Native eligibles account for only one-third of Medicaid expenditures even though nearly two-thirds of the Medicaid

eligibles are Native. This may change with the implementation of the Indian Health Care Improvement Act of 1976. This federal law requires that medical care provided to Native Medicaid eligibles by the U. S. Public Health Service be billed to the state Medicaid program, with the state receiving 100 percent reimbursement from the federal government for Medicaid expenditures in behalf of Natives. This new billing procedure has not yet been implemented in Alaska.

General Relief Medical

The state-funded General Relief Medical program covers needy people and services not covered under Medicaid, as funding permits. People who meet the income criteria for Medicaid but do not meet the program criteria and have no prior health resource (such as Indian Health or health insurance) are eligible for all General Relief Medical covered services. Any Medicaid eligible is also eligible for those General Relief Medical services not covered under Medicaid. The GRM program covers the same services as Medicaid (inpatient and outpatient hospital care, physicans services, x-ray and laboratory services, nursing home care, home health care, mental health care, eyeglasses, treatment for speech, hearing, and language disorders, and transportation) plus many more not covered by Medicaid, such as drugs, physical therapy, prosthetic devices, hearing aids, chiropractors, podiatrists, emergency dental care, wheelchairs and other equipment. Nearly all services except hospital and physican care must be pre-authorized by the state program administration, and most services are subject to strict limitations. Medically justified services will be refused when funds are not available. The budget is established by the legislature.

The General Relief Medical program ensures that all Alaskans under the income limits for public assistance have some health care resource. For a single adult paying over $35 rent per month, that income limit is $334 per month; for a couple it is $490. For a family the formula is based on adjusted net income; the first $30 of earned income, one-third of every dollar of earned income after that, and reasonable work-related expenses are deducted from the net income to maintain an incentive for cash assistance recipients to work. Therefore, there is no simple dollar figure for General Relief Medical eligibility for a family. While the estimated 22,950* Alaskans below the federal poverty level might meet the income criteria for General Relief Medical, it should be noted that many of these are Alaska Natives or Medicaid eligibles, and so have a prior health resource. In FY 77, $3.7 million was expended in the GRM program, and $4 million was budgeted for FY 78.

Catastrophic Illness Program

The state Catastrophic Illness Committee administers a program that provides financial aid for persons of all income levels who have suffered a catastrophic illness--an illness that incurs high medical expenses. Total medical bills related to the illness must exceed $1000 in a 12 month period after all sources of third party payment, such as state and federal medical assistance programs, private and military health insurance, and awards in legal actions, have been exhausted. The Committee

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* U. S. Department of Commerce, 1976 Survey of Income and Education Preliminary Results.

meets twice a month to determine the eligibility of applicants and the amount of medical assistance to be awarded, using a formula based on annual income, number of dependents, amount of assets, and the assumption that the applicant's share will be paid to the provider on a payment schedule covering a period of at least three years.

In its second year of operation, the program has granted aid to over 80 persons with the number of applicants steadily increasing as the program becomes better known. The largest portion of applicants are those in lower income brackets who do not qualify for other forms of aid. While applicants would have to be refused aid if funds were depleted, it is anticipated that the $450,000 appropriation for FY 78 will be adequate to meet this year's needs.

III. A DESCRIPTION OF HEALTH COVERAGE FROM PRIVATE SOURCES

Private Health Insurance

Health insurance pays benefits on an indemnity basis. When covered health expenses are incurred, the subscriber submits a claim to the insurance carrier. Benefits are normally paid to the subscriber. Normally, benefits are calculated on the basis of "reasonable charges" for each service or a schedule of maximum fees, rather than actual charges, and the subscriber must pay the difference if actual charges are higher.

Hospital expense coverage is the core of health insurance, because hospital care is the largest single medical expense. Hospital costs have risen faster in the last ten years than any other item in the consumer price index, and they continue to rise. Similarly, surgery has become a highly technological and expensive component of medical care, and the expansion of surgical expense coverage has followed closely the expansion of hospital expense coverage. Regular medical expense coverage is the third component of what is known as "Basic Protection", and covers physicians' services, and other medical services such as x-rays and lab tests. Basic protection policies are designed to cover one or more of these key medical services and the bulk of unpredictable medical expenses. Basic protection policies typically have limits on the number of days, dollars or visits covered, as well as a schedule of maximum benefits for services.

Major medical is the other main category of health insurance, and is designed to protect the subscriber from very large, unpredictable

medical expenses. It covers virtually any kind of health care prescribed by a physician. The maximum benefits under major medical is characteristically high, and the subscriber is typically required to pay a deductible and co-insurance as a disincentive for unnecessary utilization of medical care. Major medical insurance can either be designed to supplement a basic protection policy, or to incorporate basic protection and provide comprehensive coverage.

Blue Cross

Blue Cross is not an insurance company, but a hospital/medical service corporation, along with Fairbanks Physicians' Service and Delta Dental. As well as being non-profit, a hospital/medical service corporation differs from an insurance company in that it contracts with health care providers to deliver services to subscribers. The providers bill the corporation directly for the services provided, according to a fee schedule established in the contract. The subscribers pay a flat monthly premium for the coverage.

Blue Cross is specifically a hospital service corporation and maintains contracts with all the general hospitals in the state (not military or PHS hospitals). Fairbanks Physicians' Service is a medical service corporation and contracts with local physicians for services. Delta Dental is a dental service corporation and contracts with local dentists.

Blue Cross, however, covers more than just hospital expenses. Blue Cross provides major medical coverage, and subscribers are required to pay deductibles and co-payments, just like an insurance policy. Covered

expenditures delivered by providers not under contract with the service corporation are handled like insurance claims, on an indemnity basis. Benefits are based on "reasonable charges" and the subscribers must pay the difference if actual charges exceed "reasonable charges".

Pre-paid hospital/medical service plans are typically less expensive than health insurance through private carriers for several reasons: 1) they are non profit corporations, and any money in excess of their benefit payments and operating expenses usually goes toward equipment purchases for participating providers; 2) through their contracts with providers they are able to exert some cost and quality control pressure on providers, however, the effectiveness of this is mitigated by the extensive use of cost-plus contracts; and 3) though they do advertise, they do not deal through insurance agents and do not pay commissions. The end result is that an estimated 90 percent of subscriber premiums to an established hospital medical service plan are paid out in benefits, while only 50 to 80 percent of subscriber premiums to a private insurance carrier are paid out in benefits.*

Health Maintenance Organizations

Health maintenance organizations (HMOs) provide a full range of health care services to enrollees either directly through plan-owned facilities and plan-employed providers, or by contract with private facilities and providers. Enrollees pay a flat monthly rate for compre-

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* Source: Don Koch, Alaska Department of Commerce and Economic Development, Division of Insurance.

hensive health care, with no deductibles or co-payments. HMOs have proven to be the most cost effective form of comprehensive health care services, because they are the only form of health care delivery which has built-in cost controls and an orientation toward preventive health care. HMOs have demonstrated significantly lower hospital utilization rates than any other kind of health care plan. Hospitalization continues to be the largest and fastest growing component of health care expenses nationwide.

The federal government has taken a great deal of interest in HMOs. There is a federal loan program for planning and establishing qualified HMOs, there is a federal law requiring large employers in HMO service areas to offer HMO coverage as an alternative to health insurance benefits, and DHEW is currently organizing a conference of labor and industry leaders to promote the HMO concept.

Alaska has one HMO in the planning stage, the Greater Anchorage Health Plan.

Teamsters

In most union health plans, employer contributions for health benefits are paid into a trust fund, and the trustees of the fund purchase group insurance for eligible union members. The Alaska Teamster-Employer Welfare Trust is unlike other union health trusts in that it is a self-insurer. In other words, the Teamster trustees do not purchase health coverage from a private health insurance carrier; they are their own carrier, and pay health insurance benefits to qualifying Teamsters directly from their own trust fund. In addition to a health insurance plan, the Alaska Teamster-Employer Welfare Trust offers an alternate

HMO-type plan called the Alaska Health Plan. The Alaska Health Plan is not officially an HMO under federal law because it does not offer open enrollment and does not provide the full range of services required of a qualified HMO. However, its operation is similar to an HMO. The Alaska Health Plan contracts with the Alaska Clinic and the Alaska Hospital and Medical Center to provide preventive, curative, and rehabilitative health services to plan members. The relationship between the Teamsters and the Alaska Hospital is more than just contractual, however, as Teamsters financed the hospital and serve on the board. The Teamster Alaska Dental Plan is also on an HMO model, but it differs from the health plan in that the Alaska Dental Clinic is directly owned and the dentists are directly employed by the Teamsters.

There are an estimated 28,000 Teamsters Local 959 members in Alaska, though they are not all eligible for health benefits. Eligibility is determined by the number of hours worked, and with the high post-pipeline unemployment, some Teamsters have exhausted their health benefits.

IV. AN ANALYSIS OF THE EXTENT OF HEALTH CARE COVERAGE AND GAPS IN COVERAGE

The Covered Population

Nationally, 178 million people - more than 8 out of 10 persons in the civilian non-institutional population - had some form of private health insurance in 1975, according to the Health Insurance Institute. The same survey reported 250 thousand people in Alaska, (two thirds of the civilian population) had private coverage.

The major public programs, U.S. Public Health Service, Medicaid and Medicare, provide health coverage to an estimated 20% of Alaska's civilian population. It is not known to what extent public coverage duplicates private coverage state-wide. However, random sample surveys were conducted in 1974-75 in both Anchorage and Kodiak Island Borough with questions regarding health coverage. The Anchorage survey reported that 79.9% of the sample had third party health coverage of some sort, and 20.1% had none. In Kodiak Island Borough 92.6% of the respondents reported third party health coverage, while only 7.4% reported none. This high percentage of health coverage in Kodiak Island is largely due to the high proportions of Indian Health Service eligibles (over 40%) and military personnel and dependents (over 25%). Those 7.4% without coverage constituted over 20% of the non-Native non-military or military dependent population.

The 20.1% of the Anchorage sample without health coverage constituted over 25% of the non-Native non-military or military dependent population in Anchorage.

If we can assume that a similar percentage (20-25%) of the non-Native non-military population state-wide currently are without third party health coverage from any source, 56 to 71 thousand Alaskans totally lack third party health coverage.

The biggest hole in this coverage patchwork is moderate and low income people who are self-employed or marginally employed, or non-union employees of an employer who doesn't provide health benefits. These people are above the income eligibility standards for Medicaid or General Relief Medical, yet their cash income is not adequate to afford either the expense of private health insurance, nor the expense of many medical services on a fee-for-service basis. This group includes farmers, shop owners, small contractors, temporary and part-time employees, casual laborers, subsistence providers and the unemployed. It also includes a large number of non-union workers, particularly those working for small employers, such as child care workers, waitresses, clerks, clerical workers, delivery truck drivers, gas station attendants and construction workers in home building. And of course the dependents of these bread-winners normally lack coverage as well.

In Alaska there are many seasonally employed people as well who have health coverage only part of the year while they are employed, such as loggers and cannery workers. Most construction workers (outside of home building) are unionized and have "hour banks" for health benefits such that if they work enough hours over the summers their accrued health benefits will last through to the next season. However, when there is not enough work to go around, many people are not able to accumulate enough health coverage to last the winter.

Services Covered

Health plans vary widely in the services covered and the levels of coverage provided. The foregoing analysis distinguished between people who have any sort of third party health coverage, and those who have no coverage at all. We have not yet considered whether those with some coverage have coverage that is adequate to protect them from financial hardship. Some policies, for instance, are specialized and cover only hospital expenses, or only surgical expenses. Many policies do not cover particular services such as prescription drugs, office visits, or nursing care outside of a hospital.

In the Anchorage survey, while 20% of the respondents lacked hospital coverage, 24% of the respondents lacked surgical coverage, 46% lacked coverage for visits to the doctor's office, 60% lacked dental coverage, and 70% lacked mental health coverage.

Many policies have limits on coverage that are exhausted by severe illnesses, or require co-payments which can add up to substantial sums. Many policies limit their payments to "reasonable charges" as defined by the insurance company, regardless of the actual charges, and the consumer must pay the difference.

It is not difficult for a consumer even with some health insurance to incur heavy financial losses due to health care expenditures. The following statistics suggest that insurance companies in fact are not paying the bulk of health care expenses.

While the private health insurance industry claims to serve over 80% of the nation's civilian non-institutionalized population, in 1976 they paid only 26% of personal health care expenditures nationally.

Government programs paid another 40%, and consumers paid 32% directly. The remaining 1% of personal health care expenditures was paid by philanthropic organizations.[1]

[1] "National Health Expenditures, fiscal year 1976", Social Security Bulletin, April 1977, page 8.

V. POSSIBLE LEGISLATIVE ACTION TO EXTEND COVERAGE

There are several measures which have been conceived to fill some of the gaps in health care coverage. Maine, Connecticut, Rhode Island, Minnesota, and Alaska have all enacted some form of state assistance for catastrophic illnesses. Connecticut and Minnesota have also made some cautious steps toward more comprehensive coverage with legislation that regulates health insurance carriers, mandating minimum benefit standards, controlling premium rates, and mandating pooled coverage for high risk subscribers. Hawaii has taken the boldest step toward expanding health coverage by mandating that all employers subsidize health coverage for their employees. These states are pioneers. Their state health insurance programs are new, and are being watched with interest by other states.

No state has instituted a universal or a state subsidized comprehensive health insurance program. While universal coverage is the goal for proponents of government sponsored health coverage, no one has been able to develop an acceptable scheme of financing universal coverage, either at the state or national level. If universal coverage is not yet a viable option for states, we are left with a patchwork approach to health coverage, covering only the holes we can reach. The following is an inventory of some of the "patches" available to state legislatures, in order of decreasing cost to the state.

Universal Coverage

Uniform and universal coverage for all residents is the fairest and most expensive approach to state sponsored health insurance. If group coverage comparable to the plan for state employees was purchased by the state for all state residents without federal health coverage, it would cost about 87 million dollars. Such broad coverage is certainly unnecessary because it duplicates and discourages coverage from other sources. It could also cause a substantial migration of people seeking free health coverage into Alaska. No state has tried such a plan.

Coverage for the Uncovered

State sponsored health insurance for all residents without coverage from other sources would avoid the problem of duplicating coverage, but it would still discourage private coverage and cause in-migration. Groups and individuals would drop their private coverage because they know the state would pick them up. In the long run, the program would approach universal coverage. Using estimates of the currently uncovered population, the cost for such state purchased coverage could be anywhere from $27 million to $40 million dollars in 1977. No state has tried such a plan.

Coverage for Non-Wage Earners and the Marginally Employed

State sponsored health insurance for defined groups of people who have no practical access to private health care coverage is the most limited approach to state sponsored health insurance. Under this ap-

proach state subsidies could be targeted for those who need them most. The main target groups to be considered would be the unemployed, part time, employed, and the low income self-employed--people without access to group coverage, or the financial resources to pay for private insurance. This plan avoids some of the problems of the broader coverage as discussed above, because it is not likely that significant numbers of people would leave their jobs to get state subsidized health insurance, nor is it likely the unemployed people from out-of-state could afford to move to Alaska just to get coverage. This approach would dovetail well with mandatory employer coverage as discussed later.

The cost to the state of subsidizing health care premiums for these groups would be substantial, but it could be contained in at least two dimensions: the eligible population could be limited by definition, and the state's rate of subsidy could be set at any desired level. To discourage in-migration, the state subsidy could vary according to length of residency, with first year residents getting little or no subsidy, and long term residents getting a more substantial subsidy. Or the state subsidies could vary according to the income of the subscriber with a higher subsidy for low income people and a lower subsidy for higher income people.

A sliding scale of premium subsidization would provide a continuum of access to health care insurance up and down the income scale, avoiding the injustices of an arbitrary threshold. However, it would also require an extensive investigation into each subscriber's income to determine which rate they are eligible for, much like the eligibility determination for welfare. Eligibility would constitute the largest administrative task under this plan.

The total premium costs for group coverage for the unemployed, self-employed and the non-labor force population without coverage from public sources would be an estimated $25 million. If the state opted for less than 100% subsidization, some members of the target groups would not enroll. The resulting savings to the state would not be as large as one might expect, however, because with any voluntary plan in which subscribers bear some costs, the premiums would be higher than with a universal plan. This is due to the fact that subscribers would be self selecting toward higher use of medical care. In other words, people who do not expect to use much medical care would be less likely to purchase the insurance, while people who expect high medical expenses would be very likely to purchase the insurance. Also, many low income people who have immediate needs and expenses are less likely to purchase insurance, because the benefits of medical insurance are deferred and uncertain. Low enrollment on the whole would save the state money, but it would also contradict the purpose of state subsidized health insurance, namely to make health care available to more people. No state has ever instituted a direct health insurance subsidy program.

Income Tax Credit

A state income tax credit for health insurance would be an indirect way for the state to subsidize health insurance, and avoids many of the administrative problems associated with direct subsidy programs. The Alaska tax forms would provide a line for the taxpayer to enter the appropriate credit against their Alaska state taxes. The credit would be equally available to all state residents filing income tax returns,

including employers. Yet at the same time, if it were a fixed dollar amount, it would be a relatively greater benefit to low income people than to higher income people. If a fixed dollar tax credit were offered, the state would probably want to require evidence that the health insurance purchased meets minimum state standards. This would ensure that state dollars would subsidize only health coverage of acceptable quality, and no one could collect the credit for just token coverage costing less than the credited amount.

If the credit were computed as a percentage of the premium cost, with an upper limit provided, no minimum benefit level would need to be established, because the state would be contributing only a token amount to token coverage, and a more substantial amount to more substantial coverage.

This alternative would not reach low income people who do not file tax returns, nor those who cannot afford even a percentage of the premiums for health insurance. It would be extremely difficult to estimate how many people would respond to such an incentive program. A higher credit could predictably get more response. The current state employee health plan has an annual premium well over $800. If an $800 tax credit were offered currently covered taxpayers, the initial costs would be an estimated $68 million, and would rise as more people responded to the incentive. If a $250 credit were offered, the initial cost to the state would be around $21 million.

Medicaid Medically Needy Program

"Medically needy" is an optional Medicaid program with federal matching dollars. Currently Medicaid provides medical care to anyone eligible for public assistance grants under categcrical programs: Aid to families with Dependent Children, Old Age Assistance, Aid to the Blind, and Aid to the Disabled. These public assistance programs have program criteria (blindness, age, disability, dependent children) as well as income criteria for eligibility. There are many Alaskans who meet these categorical criteria, but have incomes a few dollars above the income threshold for public assistance eligibility. These Alaskans are able to meet their daily living expenses out of their own incomes, but medical expenses put a severe strain on their budgets, and often deplete their resources to the point that they must again resort to public assistance grants and Medicaid.

Under the medically needy option, people who meet program criteria but have incomes within a limited range above the income threshold for public assistance grants, are also eligible for Medicaid. Twenty nine states, two territories, and the District of Columbia currently participate in the medically needy option. Medically needy includes a "spend down" provision. This means that people categorically eligible but financially ineligible can become eligible for medical assistance if their income above the medically needy threshold is spent on medical bills. The difference between the person's income and the medically needy threshold is essentially an income-related deductible which must be met to be eligible for Medicaid. The medically needy program and the spend down provision soften the line between people eligible for both

public assistance grants and Medicaid, and those ineligible for either due to a few dollars more income. It also serves as an emergency medical resource for low income people with categorical eligibility who cannot afford adequate health insurance.

Originally, the Alaska Medicaid program was limited to the federally mandated target groups and benefits. The primary reason for this was that 65% of Medicaid eligibles have another medical resource--the Alaska Native Health Service--which is 100% federally funded. Medicaid is funded jointly by the state and federal governments. The state has kept its 100% state funded General Relief-Medical program which can pay for medically necessary services not provided by Medicaid, or ANHS, subject to state administrative controls.

Since the Indian Healthcare Improvement Act of 1976, the federal government must reimburse the State for Medicaid expenditures on behalf of Natives. This act has not yet been implemented in Alaska, but when it is implemented, it will significantly reduce the fiscal liability of the State for Medicaid. A program expansion such as Medically needy would then become much more feasible. Some of the medical assistance now provided under the state's General Relief-Medical program could be paid for jointly by the state and federal governments under the Medicaid medically needy program. HEW Region X estimated that, based on Washington State experience, a medically needy program would expand the current Medicaid budget by 10-13%.

Unlike other Medicaid eligibles, for "spend downers" (those who must spend their excess income on medical bills to become eligible for Medicaid under the medically needy option) there is a dual liability for

medical bills - the person is responsible for medical bills until the deductible is met, then Medicaid takes over. This dual liability causes administrative problems. It is difficult to determine exactly when the deductible has been met and when eligibility commenced, which bills the patient is liable for, and which Medicaid is liable for. The only states that have developed an efficient system of administering the spend down program are out of compliance with federal regulations.

Mandatory Employer Coverage

Of the various approaches open to the Legislature for extending health care coverage, the program with the least impact on the state budget for the greatest increase in coverage would be mandating employer sponsored coverage available to all employees. Such legislation would stipulate minimum benefit standards for employee group plans and would set minimum rates for employer contributions to the premium costs. To make such a program more palatable the legislation could also provide that the state subsidize premiums when necessary in small, marginal businesses.

Hawaii for example requires that employers pay at least 50% of the premium. Employers with fewer than eight employees whose share of the premiums would exceed 1.5% of their payroll, are entitled to state subsidies in the amount that the excess over 1.5% of the payroll exceeds 5% of the employers income from the business. Though several employers applied for state subsidies under the Hawaii legislation, none were found to be eligible according to these criteria.

Mandating employer coverage however has potential side effects. Mandatory group health plans would be similar to raising the minimum wage - it would be more expensive for employers to employ people, so fewer people would be hired. Though the resulting unemployment would probably not be significant among skilled and experienced workers, teenage workers would certainly be hit hardest. On the positive side, mandating employer coverage would be most beneficial to women and minorities who often work in the non-union low paid jobs without fringe benefits such as health insurance.

High Risk Reinsurance Pools

Many people are unable to purchase full health insurance coverage because existing health conditions (a weak heart, chronic illness, etc.) make them a bad insurance risk. To fill this gap in health insurance availability, two states, Minnesota and Connecticut, have established mandatory carrier reinsurance pools. All health insurance carriers in each state are mandated to offer a health insurance package to high risk subscribers at a reasonable premium. Such coverage is reinsured by the carriers association, in which membership is mandatory, so that the risk is pooled among all carriers in the state.

Because premiums are limited to affordable levels, the high risk coverage does not necessarily pay for itself. Any deficit must either be absorbed by the insurance carriers, or by the state. Connecticut and Minnesota both have established such reinsurance pools with virtually no administrative or premium expenses for the state.

Minimum Benefits Standards

Legislation establishing minimum standards for health benefits is a form of consumer protection. It is designed to insure that purchasers of state approved plans have the recommended range of coverage to protect them from financial hardship due to large medical expenses. The legislation can either mandate that all plans sold in the state meet minimum standards, or that all carriers offer a state qualified plan. Another variation is mandating that all employment related group health plans meet minimum benefit standards.

Such standard setting legislation would be an extension of existing state regulatory powers. The impact of such regulation on the state's major carriers would probably be minimal, but some small carriers may decide to drop their health insurance business rather than comply with such regulations. The more stringent regulation, setting minimum benefit standards for all health insurance plans, may also make it more difficult for low income people to afford health insurance, because low priced, low benefit insurance would be prohibited.

The Ninth Legislature considered minimum benefit legislation in their second session. House Bill 792 would have required that health insurance policies written in the state cover less costly alternatives to hospitalization, such as nursing care and home health care.

VI. CONCLUSION

The possible legislative approaches outlined in this report are only partial. They are not solutions to the problems of the health care system in this country. The health care system has many other major problems not addressed in this report, such as: cost control, quality control, appropriate levels of care, unnecessary treatment, and access to providers. The remedies discussed in this report don't even resolve the issue that they address: that of financial access to health care. It is not likely that all these problems of the health care system can be resolved on a state by state level.

However, states can take significant steps in each of these areas, and in doing so contribute to the body of knowledge and experience on which a national solution may be built. The intent of this report is to provide the legislature with the information they need to consider whether or not state intervention to improve third party coverage in Alaska is desirable, and what, if any, the next step will be.

There are three general philosophies of state intervention in service delivery. One assumes that the private sector is capable of meeting the demand for services, and that the state need only subsidize the purchase of services to ensure the satisfactory delivery of services to the desired target group. The second assumes that additional state intervention is necessary, in the form of regulation to ensure quality or accountability, or centralized planning to ensure coordination of service delivery, or technical or financial assistance to aid the private provider, to ensure that the private sector will deliver services

to the desired target group to the satisfaction of the state. The third philosophy assumes that it is to the state's and the public's advantage, for whatever reason, to deliver the desired services directly.

The first four remedies discussed in this report, three levels of state sponsored coverage and the income tax credit, would subsidize consumers to purchase health coverage from private providers. They reflect the first philosophy, that the private sector is capable of satisfactorally meeting the expanded demand. The last four approaches, Medicaid medically needy, mandatory employer coverage, high risk pools, and benefits regulation, embody the second philosophy, that intervention on a policy level is required. The Catastrophic Illness Program, already enacted by the state, reflects the third philosophy of direct state service delivery. The state is directly providing a form of catastrophic health insurance to all state residents.

Any of these alternatives that significantly expand health care coverage would increase the demand for health care, and as a result, health care costs would tend to rise. It would therefore be prudent to accompany any legislation substantially expanding coverage with legislation instituting cost controls on the health care industry. Though cost control legislation is not within the scope of the analysis presented here, it also deserves consideration.

The alternatives discussed in this report are not exclusive or exhaustive. Many of the ideas can be re-combined with each other or with other ideas not explored in this report. State intervention in third party coverage is a subject for pioneering.

VII APPENDIX

Program	Who It Would Cover	State Administrative Tasks	Estimated Annual Premium Costs To The State*	Other Payers
Universal State sponsored coverage	All state residents without federal health coverage (267,500)	Verification of residency, enrollment, accounting, and financing	$87 million (if 100% subsidized)	Taxpayers (optional cost sharing with subscribers)
State sponsored coverage for the uncovered	All state residents not covered under other public or private plans and their dependents (56,000-71,000 estimated)	Eligibility determination, enrollment, accounting, and financing	$27 - $41 million (if 100% subsidized)	Taxpayers (optional cost sharing with subscribers)
State sponsored coverage for non-wage earners without coverage from public sources	The unemployed, self-employed, and the non-labor force and their dependents (60,000 estimated)	Eligibility, determination, enrollment, accounting, and financing	$25 million (if 100% subsidized)	Taxpayers (optional cost sharing with subscribers)
Income tax credit	All residents filing tax returns (124,000 estimated) and their dependents	Negligible	$21 million (assuming a flat $250 credit)	Taxpayers and subscribers
Medicaid medically needy program	Categorically needy with income above the public assistance level (1,580 estimated)	Eligibility determination, enrollment, accounting, and financing	$1.1 - $ 1 million (cost savings in GRM not included)	Federal government, federal taxpayers, and Alaska taxpayers
Mandatory employer coverage	All non-agricultural wage and salary employed people, and their dependents (200,000 estimated)	Regulation of Employers	$0 (state cost sharing optional)	Employers and their clients (optional cost sharing with subscribers)
High risk reinsurance pool	People who are unable to obtain health insurance at a reasonable premium due to health conditions	Investigation on a complaint basis	$0 (state cost sharing optional)	Subscribers, insurance companies and their clients
Health insurance regulation	Better coverage for current subscribers; possible decline in the number of low-income subscribers	Regulation of carriers	$0	Subscribers (including employers and other sponsors)

* These estimates are based on estimates of the current extent of coverage. Presumably alternatives 2, 3, & 4 would provide incentives for increasing health coverage, and therefore the state's premium costs would tend to rise over time.

Prepared by Legislative Affairs Agency Research Division 2/17/78

TABLE II ESTIMATED PREMIUM COSTS OF STATE-WIDE HEALTH COVERAGE WITH BENEFITS EQUIVALENT TO THE STATE EMPLOYEE HEALTH PLAN

Total FY '77 Civilian Population	398,000
U. S. Public Health Service Eligibles	(70,000)
CHAMPUS Eligibles	(55,000)
Medicaid Eligibles (excluding USPHS)	(5,500)
Eligible Population	267,500

	19 and Under (32.5%)	Over 19 (67.5%)
Number eligible	86,900	180,600
Premium Rate	$12.40	$34.10
Monthly Premium	$1,078,000	$6,158,000

ESTIMATED ANNUAL PREMIUM $86,800,000

TABLE III ESTIMATED RANGE OF INITIAL[1] PREMIUM COSTS OF HEALTH COVERAGE FOR THE UNCOVERED POPULATION

	High	Low
Uncovered Population	71,000	56,000
19 and Under (32%)	23,000	18,000
Premium Rate[2]	$22.00	$19.00
Monthly Premium	$506,000	$342,000
Over 19 (68%)	48,000	38,000
Premium Rate [2]	$60.00	$51.00
Monthly Premium	$2,880,000	$1,938,000
ESTIMATED ANNUAL PREMIUM	$41,000,000	$27,000,000

1. These costs would approach the cost of universal coverage over time, as private subscribers opt for state subsidized coverage.

2. The estimated premium rate for state wide coverage, +50 to 75%. See Blue Cross memo which follows.

TABLE IV ESTIMATED RANGE OF PREMIUM COSTS OF HEALTH COVERAGE FOR NON-WAGE EARNERS AND DEPENDENTS WITHOUT HEALTH COVERAGE FROM PUBLIC SOURCES

Unemployed	18,300
Self-employed	15,000
Non-labor Force	244,000
Wage earner dependents	(105,000)
CHAMPUS eligibles	(46,000)
Medicaid eligibles	(14,800)
U. S. Public Health Service Eligibles	(51,500)
TOTAL	60,000

	High (+30%)	Low (+20%)
19 and Under (32.5%)		19,500
Premium Rate	$16.12	$14.88
Monthly Premium	$314,000	$290,000
Over 19 (67.5%)		40,500
Premium Rate	$44.33	$40.92
Monthly Premium	$1,795,000	$1,657,000
TOTAL ANNUAL PREMIUM	$25,300,000	$23,400,000

TABLE V ESTIMATED COST OF INCOME TAX CREDIT FOR PRIVATE HEALTH COVERAGE

Tax Returns Filed	124,000
Filers with Private Health Coverage (68.5%)	85,000
Annual Tax Credit	$250.00
TOTAL	$21,000,000

Blue Cross
of Washington and Alaska

John M. Hopkins
Vice President, Marketing

15700 Dayton Avenue North/P.O. Box 327
Seattle, Washington 98111
206/361-3586

November 30, 1977

Ms. Sharman Haley
Research Analyst
Legislative Affairs Agency
State of Alaska
Pouch Y, State Capitol
Juneau, Alaska 99811

Dear Sharman:

On September 29, you requested information concerning projected costs of a Blue Cross medical package for various classifications of State residents.

Three alternative approaches were requested in your letter. The attached proposal is applicable only for the first alternative, "coverage for all residents". The second alternative, to cover "all residents not currently covered under comprehensive group health plans", would present problems in defining and administering eligibility and in developing a controlled risk. Rates for the second alternative would probably be 50% to 75% higher than the rates for the first alternative.

The third alternative, to cover "the unemployed, the temporarily or seasonally employed, and the self-employed (mandating employer-sponsored coverage for all regular employees and their dependents)", would present fewer problems in controlling risk but would still require rates 20% to 30% higher than the first of the three alternatives and probably would have the least economic impact on the State's health care system.

We recognize that you may have many questions concerning the information contained in this letter. Please give me a call and we will try to help in any way we can.

Sincerely,

John M. Hopkins

JMH:bc

EXHIBIT 'A'

Blue Cross medical coverage extended from the Alaska State Employees to eligible residents of Alaska, given the following assumptions:

I. A resident is a person whose primary residence has been within the State of Alaska for a continuous period of at least six months.

II. An eligible resident is a resident not eligible for medical care benefits available through the following entities:

a. Federal Employee Health Programs
b. United States Armed Forces
c. CHAMPUS
d. Medicaid
e. United States Public Health Service

III. Healthcare benefits would be provided as primary coverage, with the sole exception that the Program be coordinated as secondary coverage to Medicare. Any persons eligible for Medicare and not enrolling in the Medicare Program will receive the same coordinated benefits had they been covered under Medicare.

IV. The State of Alaska would identify all eligible residents and submit necessary eligibility data to the Blue Cross Plan monthly on a computer tape in order that an updated eligibility file could be maintained for the Program. Administration and enforcement of eligibility rules would be the responsibility of the State of Alaska.

V. The State of Alaska would remit, monthly, funds due the Plan based on the eligibility file and contract rates.

VI. At the end of each contract year the Plan would provide a summary of Income, Incurred claims and administrative expenses under the Program. Any surpluses would be refunded to the State of Alaska. Any deficits would become due and payable to the Plan by the State of Alaska. The Plan would provide monthly reports to the State of Alaska during each contract year, itemizing year-to-date income and expense data.

VII. During the initial years of the Program it is likely that abnormally high rates of inflation and increases in utilization of healthcare services will occur. In an attempt to control these anticipated trends and their effects on the cost of the Program, it would be desirable for the State of Alaska to enact legislation to control the expansion of healthcare facilities and to set reasonable limits on the rate of return healthcare providers may be allowed.

continued . . .

VIII. If the first contract year is from 7-1-78 through 6-30-79, one of the following options could be used in determining the monthly funds due to the Plan:

A. Rates by eligible resident-

1. Adult (age 19 and over) = $34.10/month
2. Child (under age 19) = $12.40/month

B. Rates by type of family unit-

1. Single Adult = $34.10/month
2. Husband & Wife = $68.20/month
3. Husband,Wife & one or more Children = $96.70/month
4. Husband,or Wife and one or more Children = $62.60/month

C. Rate for any Family Unit = $71.40/month
Each family unit would coincide with one of the categories itemized in section VIII, B., above. Children must be unmarried and meet the IRS definition of a dependent to be considered an eligible member of any covered family unit.

The above rates assume all eligible residents will participate in the Program.

IX. To minimize the chance of duplicate coverage and benefit payments each eligible resident should be assigned a unique membership number under the Program. This procedure would also facilitate computerized surveillance of medical utilization under the Program. Surveillance programs could be used to detect abnormal utilization of benefits by covered members and abnormal patterns of service by healthcare providers.

X. The Program should provide coverage for services rendered within the State of Alaska. For services outside the state, coverage should be limited to emergencies and to referrals by Alaska physicians for conditions that, in the opinion of the attending physician, cannot be adequately treated in the State's healthcare facilities.

THE PRECEDING PAGES WERE TREATED AS
A UNIT IN THE ORIGINAL FILE.

LAWS OF ALASKA

1978

Source: SCS CSHB 409

Chapter No. 107

AN ACT

Relating to catastrophic illness; and providing for an effective date.

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

* Section 1. AS 47 is amended by adding a new chapter to read:

CHAPTER 8. CATASTROPHIC ILLNESS ASSISTANCE.

Sec. 47.08.010. REIMBURSEMENT OF PROVIDERS. According to the provisions of this chapter, the Department of Health and Social Services shall reimburse providers of medical care for unpaid costs incurred in the treatment of a person suffering an illness or accident which results in financial catastrophe to the person or his family.

Sec. 47.08.020. CATASTROPHIC ILLNESS COMMITTEE. There is created the Catastrophic Illness Committee, consisting of a medical review officer from the Department of Health and Social Services, a member appointed by the governor who has suffered a catastrophic illness, and a representative of the Department of Commerce and Economic Development appointed by the governor.

Sec. 47.08.030. NOTICE. The committee shall enlist the assistance of medical providers in making the public aware of the catastrophic illness assistance program.

Sec. 47.08.040. APPLICATIONS FOR ASSISTANCE An application for financial assistance under this chapter may be filed by a person who has suffered catastrophic illness or by a parent, spouse, or legal guardian of that person, or by any other interested party with the written consent of the person who has suffered the catastrophic illness.

Sec. 47.08.050. SERVICES EXCLUDED FROM COVERAGE. Annually, the committee shall determine in light of appropriated funds and expected need the medical expenses reimbursable under this chapter, except that the following are not reimbursable:

(1) dentistry and optometry unless prescribed by a licensed dentist or physician as medically necessary as the result of the injury or illness;

(2) elective medical or surgical procedures;

(3) drugs and medications not prescribed by a licensed physician;

(4) services received as a result of a pregnancy or birth without unusual complications;

(5) private psychological or psychiatric treatment or private alcoholism treatment, unless not available from public agencies or programs;

(6) chiropractic services;

(7) services not of a medical nature;

(8) medical services currently provided to persons in the custody of the division of corrections;

(9) costs incurred before July 1976.

Sec. 47.08.060. CALCULATION OF APPLICANT'S SHARE. (a) As frequently as necessary the committee shall adopt, in light of appropriated funds and expected need, a formula to be used in determining the applicant's share of total medical expenses incurred as a result of a catastrophic illness, based on the applicant's annual gross income, number of dependents, amount of assets, and forthcoming third-party payments, all considered in light of the requirement that the applicant's share will be paid to the provider on a payment schedule covering a period of at least three years.

(b) For the purposes of applying the formula to determine the applicant's share, multiple catastrophic illness occurring within a 12-month period to the applicant or other members of the applicant's family shall be treated as one catastrophic illness.

(c) In applying the formula to determine the applicant's share, the total gross income and the total assets of the family of the applicant may be taken into account, with the following exceptions:

(1) the applicant's permanent place of abode;

(2) one noncommercial vehicle;

(3) tools, equipment, vehicles and other assets required in a trade or business;

(4) ordinary household and personal effects;

(5) $1,000 of liquid assets;

(6) all nonliquid assets unless such an exclusion would bring about an inequitable result; however, all income derived from such property shall be taken into consideration in determining the recipient's gross income;

(7) inalienable shares in a Native corporation created under the Alaska Native Claims Settlement Act, P.L. 92-203; 43 U.S.C. 1601 et seq., for the period of their inalienability as specified in the Act;

(8) Alaska longevity bonus payments;

(9) any other assets specifically restricted for the use of the recipient by state or federal law.

(d) Assets received by the applicant as a custodian, guardian, conservator, or trustee for another are not considered assets of the custodian, guardian, conservator, or trustee himself.

(e) The applicant's share shall be reduced in the amount of any premiums paid for disability insurance or a prepaid medical plan up to $500 if incurred in the 12-month period beginning with the occurrence of the injury or the onset of the illness.

(f) Notwithstanding the provisions of this section, the committee may waive payment of an applicant's share when the catastrophic illness is the proximate result of an immunization required by law.

Sec. 47.08.070. STANDARDS FOR REIMBURSEMENT TO PROVIDERS. The amount that the committee reimburses providers for medical services rendered to a person who has suffered catastrophic illness may not be greater than 100 per cent of the total unpaid bills related to the catastrophic illness and shall be determined by the following standards:

(1) Only unpaid medical expenses for periods not to exceed 12 months, and related to catastrophic illness, may be considered. The initial 12-month period begins with the date of the first charges incurred because of the illness.

(2) The committee may not reimburse a provider if the applicant's total medical expenses related to the catastrophic illness are less than $1,000 in any period not exceeding 12 months described in (1) of this section after all sources of third-party payment have been exhausted by the applicant or by someone acting on behalf of the applicant.

(3) The committee may not reimburse a provider for the applicant's share of the total medical expenses, moreover, a reimbursement to the provider shall be conditioned on the provider's agreement that the provider enter into a payment schedule with the applicant which will result in full liquidation of the applicant's share. Payment schedules may not be for a term of less than three years.

Sec. 47.08.080. RECONSIDERATION OF DECISION BY

COMMITTEE. The committee shall promptly notify an applicant of its decision with written reasons for the amount of the award or denial. An applicant who is dissatisfied with a decision of the committee may apply to the committee for reconsideration within 30 days of receipt of the decision. The request for reconsideration must include a written statement of grounds for reconsideration and any supporting documentation which was not available to the committee for its original decision. Within 30 days after receipt of a request for reconsideration, the committee shall affirm, amend, or reverse its original decision. The committee shall promptly notify the applicant of its decision upon reconsideration with written reasons for its action. Information describing hearing rights and procedures must be furnished with the written notification of denial.

Sec. 47.08.090. HEARING. An applicant who is dissatisfied with the committee's decision upon reconsideration may request a hearing in accordance with procedures established under AS 47.25.180.

Sec. 47.08.100. FINALITY OF DECISIONS. Decisions as to catastrophic illness awards are final

(1) 30 days after the applicant receives the committee's decision unless a reconsideration is requested during that time;

(2) 30 days after the applicant receives the committee's decision upon reconsideration unless a hearing is requested during that time;

(3) 15 days after the applicant receives the hearing authority's decision if that decision is not appealed to the director during that time;

(4) upon being notified of the decision of the director if an appeal is taken to the director under AS 47.25.180.

Sec. 47.08.110. EXTENSION OF TIME LIMITS. Time limits for reconsideration or for requesting an appeal may be extended, at the discretion of the committee, upon application or upon the committee's own motion. A request for reconsideration or for a hearing shall be considered made on the date when the request is dispatched rather than the date when it is received by the committee.

Sec. 47.08.120. RECOVERY FROM A COLLATERAL SOURCE. If the applicant or a provider receives payment from any other source for medical expenses which have been paid by the committee, the applicant or provider is liable to the committee in the amount of that payment. An application may not be considered by the committee unless the applicant agrees to this provision. A provider may not be paid by the committee under this chapter unless the provider agrees to this provision.

Sec. 47.08.130. REGULATIONS. The department may adopt regulations, in accordance with the Administrative Procedure Act, which establish rates of reimbursement to providers for medical expenses incurred, as well as other regulations necessary to carry out the purposes of this

chapter.

Sec. 47.08.140. DEFINITIONS. In this chapter

(1) "applicant" means a person who has suffered a catastrophic illness and is applying for assistance under this chapter or is the subject of an application for assistance under this chapter;

(2) "applicant's share" means the amount of the total medical expense related to the catastrophic illness which the committee determines the applicant can reasonably be expected to pay based on income, assets, and number of dependents under sec. 60 of this chapter;

(3) "catastrophic illness" means illness or injury which result in medical expenses of over $1,000 during a period not to exceed 12 months, after all other sources of third-party payment have been exhausted;

(4) "committee" means the Catastrophic Illness Committee, created under sec. 20 of this chapter;

(5) "elective medical or surgical procedures" means treatment which is not essential to the life or health of a person;

(6) "family" means two or more persons related by blood or marriage or adoption living as one economic unit;

(7) "liquid assets" means assets which can be readily converted to cash;

(8) "medical expense" means any financial obligation incurred in the course of treatment of illness as prescribed by a physician, including bills for ancillary services, patient transportation, transportation of a medical or family escort when reasonably necessary, or living expenses while receiving outpatient treatment in a community to which the applicant is not reasonably able to commute from his permanent place of abode;

(9) "nonliquid assets" means all assets which are not liquid assets;

(10) "permanent place of abode" means a dwelling, or a dwelling unit in a multiple dwelling, including lots and outbuildings or an appropriate portion of these, which are necessary to convenient use of the dwelling unit;

(11) "provider" means a licensed physician, pharmacist, dentist, or other health service worker or a licensed hospital, clinic, skilled nursing home, intermediate care facility or health maintenance organization which has provided services not excluded by sec. 50 of this chapter to an applicant as a result of a catastrophic illness;

(12) "third-party payments" means payments of medical expenses related to a catastrophic illness by sources other than the applicant or the committee, including but not limited to state and federal medical assistance programs, private health insurance, employment-related

health insurance, military health insurance, workmen's compensation, violent crimes compensation, Indian Health Service of the United States Department of Health, Education and Welfare, and awards in legal actions.

* Sec. 2. AS 47.25.255 is repealed.

* Sec. 3. This Act takes effect immediately in accordance with AS 01.10.070(c).

Approved by the Governor: July 5, 1978
Actual Effective Date July 6, 1978

LAWS OF ALASKA

1978

Source: CSSSSB 59(Rules) am H

Chapter No. 108

AN ACT

Relating to forest resources and practices; and providing for an effective date.

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

* Section 1. AS 41 is amended by adding a new chapter to read:

CHAPTER 17. FOREST RESOURCES AND PRACTICES.

Sec. 41.17.010. DECLARATION OF INTENT. The legislature declares that

(1) the forest resources of Alaska are among the most valuable natural resources of the state, and furnish timber and wood products, fish and wildlife, tourism, outdoor recreation, water, soil, air, minerals, and general health and welfare;

(2) economic enterprises and other activities and pursuits derived from forest resources warrant the continuing recognition and support of the state;

(3) the state has a fundamental obligation to insure that management of forest resources guarantees perpetual supplies of renewable resources, provides nonrenewable resources in a manner consistent with that obligation, and serves the needs of all Alaska for the many products, benefits, and services obtained from them;

(4) government administration of forest resources should combine professional management services, regulatory measures, and economic incentives in a complementary fashion, and should draw upon the expertise of professional foresters in conjunction with other disciplines;

ONE STATE'S RESPONSE TO CATASTROPHIC ILLNESS: THE RHODE ISLAND APPROACH

THE COUNCIL OF STATE GOVERNMENTS
36 WEST 44TH STREET
NEW YORK, NEW YORK 10036

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INTRODUCTION

"Catastrophic Illness: The Rhode Island Approach" is the latest in a series of reports prepared by my office. Their purpose is to provide information to state government leaders in the Northeast regarding significant legislative enactments by states in the region.

We seek to highlight the more important elements of the statute and present pro and con arguments with respect to it, and the experience to date in administering the Act.

The report is the culmination of many hours of reading both the statute itself and the legislative debate as well as interviewing those legislators and departmental officials who were intimately involved with its drafting and administration. Our purpose is to present a factual analysis of a statute which illustrates one approach to handling a particular problem but not to present it as the only alternative. For further background, we have included the statute itself as an appendix to this report.

Special thanks are in order for Representative Rocco A. Quattrocchi, Kevin McKenna, Deputy Attorney General, and Brian Keeler, Assistant Administrator, Department of Health, the three Rhode Island officials who took time from their very busy schedules to allow us to interview them about their views on the catastrophic illness law. Further, I wish to extend my thanks to Jane Parks, Assistant to the Director, Eastern Office, and to Nancy Kessler, a graduate student intern, who prepared this report.

ALAN V. SOKOLOW
Director, Eastern Office
COUNCIL OF STATE GOVERNMENTS

Projections:

--given the present application rate, fewer cases can be expected to be opened in Fiscal Year 1979, as compared to Fiscal Year 1978

--unless this trend changes, costs to the state for providers' services should drop significantly in Fiscal Year 1980

CHEPP-2

During the period July 1, 1977 through June 30, 1978:

--10 different counties took CHEPP-2 applications

--13 CHEPP-2 applications were taken; one was denied

--patients ranged from 50 to 65 years of age

--three-quarters of the patients were females

--three-quarters of the patients had a diagnosis of either multiple sclerosis or stroke

--50 percent of the patients had been in nursing homes from 3 to 5 years; the others from 5 to 15 years

--over one-half of the patients had no health care coverage

--incomes ranged from $1,500 to $30,000

--6 of the 12 patients had incomes between $12,000 and $16,000

--the deductible ranged fro. $310 to $6,094

--two-thirds of the patients paid $2,000 to $4,000 out-of-pocket expenses to meet the 20 percent CHEPP-2 deductible

--the 12 patients paid $39,935 to meet the CHEPP-2 deductible

--$55,323 was paid by the state in Fiscal Year 1978 for the nursing home care of the 12 patients

Projections:

--the majority of the patients eligible in Fiscal Year 1978 will be eligible in the future; death or reaching age 65 will be the terminating factors rather than income and the deductible as in CHEPP-1

A bill encompassing these objectives was enacted in July 1974 with an effective date of January 1, 1975 but a benefit package retroactive to October 1, 1974.

The CHIP bill has been divided into three articles. Article 1 establishes a ceiling on catastrophic health costs while Article 2 provided the minimum standards for insurance companies. Article 3 created a health services development fund which authorizes insurance companies to allocate either general revenues or a percentage of their premium to projects designed to improve the health system. Most people have focused their attention on the catastrophic side of the bill, but in order to develop an efficient health system, it is important to recognize the significance of the other two articles, too.

WHO IS ELIGIBLE AND FOR HOW MUCH?

An individual is eligible for payment from the state if that person has established permanent residency in Rhode Island and has resided there for a minimum of three months. Such an individual must have legal responsibility for the payment of health costs incurred on his or her behalf or on behalf of persons for whom he or she is responsible. Furthermore, a person must have met the appropriate personal resource payments. A personal resource payment, as defined in the Act, is "the money an eligible person is obligated to pay from his or her own wages, salary, income or assets for eligible health services ..." The personal resource payment is computed on the basis of the amount of coverage for health benefits, if any, to which an eligible person is entitled. Parenthetically, the payment scale has been constructed so that it is more beneficial to those individuals with greater insurance coverage. For the exact breakdown of eligibility payments, see Section 42-62-7 part d of the bill and chart in the Appendix.

The appropriate personal resource payment is determined on a yearly calendar basis. Payments made to meet the deductible of a major medical plan on the premium costs of a health benefit may be excluded, but coinsurance payments made under a major medical plan must be included. In essence, an applicable personal resource payment requires that an individual meet his or her obligation to pay for health services not covered under a health benefit plan or a health maintenance organization plan. (Every employer must offer the opportunity for his or her employees to enroll in an available health maintenance organization).

EXCLUSIONS

Section 42-62-8 of the CHIP Act lists a number of services and charges that must be excluded from financial protection and which must not be considered when computing the personal resource payment.

Among the exclusions listed are those connected with disabilities incurred during military service and medical services financed by the state and federal government for persons over age sixty-five. In addition, medical services such as cosmetic surgery and dentistry must be excluded unless they are necessary as a result of an injury or serious illness. For the complete list of exclusions, see Section 42-62-8 of the bill.

There can be no third party which is liable for these expenses. Income basically means the federal adjusted gross income; income for the calendar year preceding the year in which a CHEPP application is filed is used to determine eligibility. If an applicant becomes an eligible person, s/he is responsible for a 10 percent co-payment on covered services, with the state paying 90 percent of qualified expenses. Eligibility includes the dependents of an eligible person and runs for 12 months starting on the first day of the month and year of the earliest service resulting in expenses used to satisfy the deductible. Eight million dollars were appropriated for Fiscal Year 1978 and ten million dollars for Fiscal Year 1979.

In 1977, the above CHEPP legislation was amended to include "qualified nursing home expense." This additional coverage with separate requirements for eligibility became known as CHEPP-2. This segment of CHEPP covers all nursing home expenses incurred on or after July 1, 1977, in excess of 20 percent of household income (preceding the year in which an application is filed) for persons 64 years of age or younger in long-term care facilities. In order to be eligible, persons must have already received at least 36 months of continuous care in a long-term care facility. "Nursing home" is defined as a skilled nursing facility or intermediate care facility I. Eligibility is from the date of satisfaction of the deductible until June 30 or not later than the last day of the month in which the patient becomes 65 years of age. After the 20 percent deductible is met, the state pays the reasonable cost of the eligible person's nursing home care. This payment is made to the patient, patient's family, or the nursing home after the end of the state fiscal year. If insufficient funds are appropriated for CHEPP-2 expenses, the payable amount will be prorated to all eligible individuals. The amount appropriated for CHEPP-2 was $450,000 per year for Fiscal Years 1978 and 1979.

MINIMUM STANDARDS

Up to this point our discussion has focused on Article 1 of the Act which deals primarily with the catastrophic illness benefits and those administering and receiving such benefits. Now we turn to a discussion of the fundamental standards which private insurance companies and other providers must comply with in order to be accredited.

Any provider of payments of health services must meet the minimum standards established by the Director of Business regulations. The Director has been given one year from the effective date of the bill to develop such standards based on the purposes set out in the act.

The purposes of such standards include the elimination of deceptive practices by insurance companies, the function of cooperation between insurers and the state and the clarification of confusing provisions of insurance plans to the consumer. The specific purposes are outlined in Section 42-62-12 of the bill.

Within sixty days after the Director of Business Regulation establishes the minimum standards, each provider of a health insurance plan must file their proposed plans with the Director. After each plan is filed, the Consumer Council must be informed. This Council can request that the Director hold a hearing on any plan they deem unsuitable. If a plan is found to be unacceptable upon completion of the hearing, the provider must modify the plan and submit it again.

RATES CHANGED

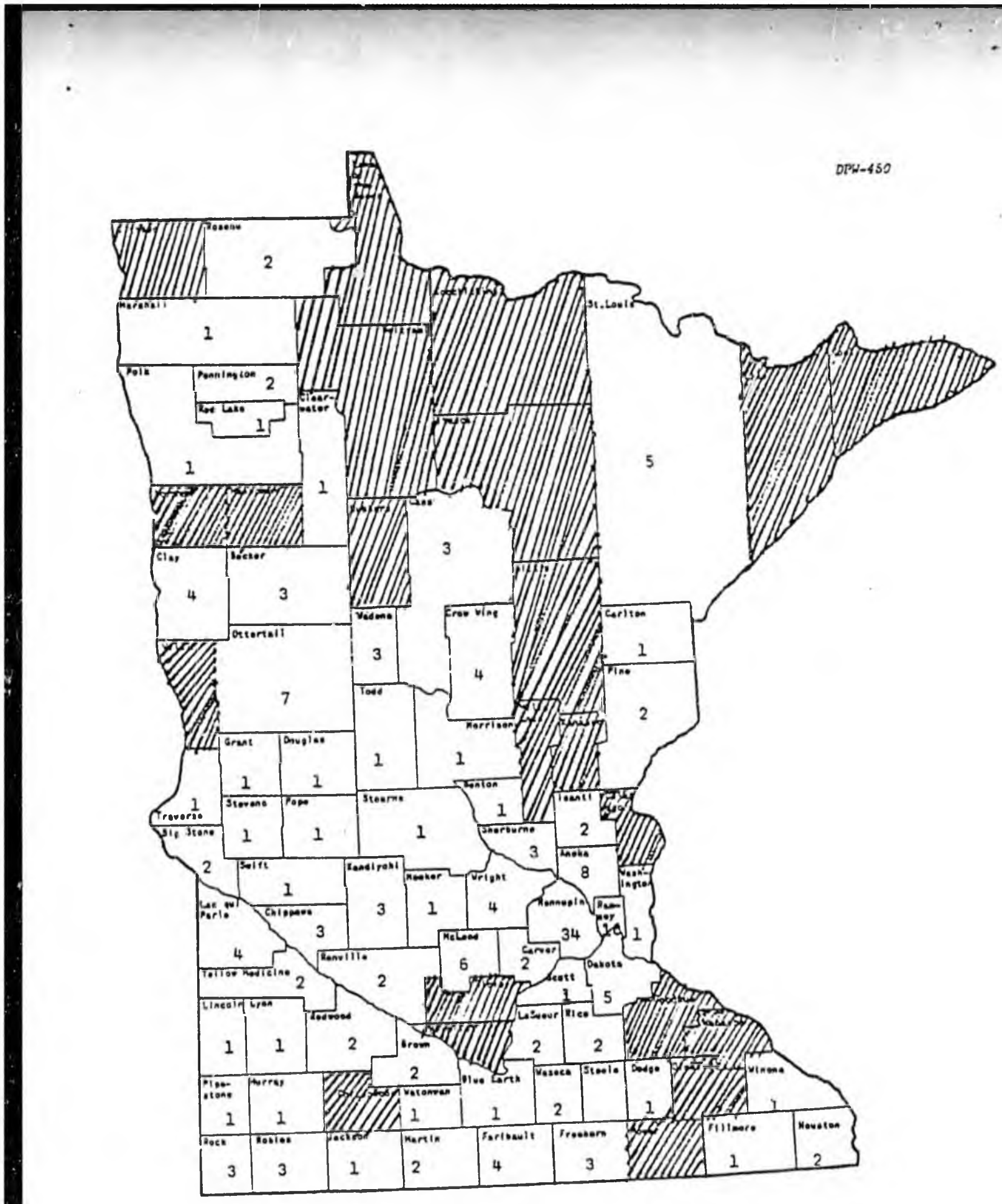
The rates or rating formula proposed by any insurer of health costs must be filed with the Director of Business Regulations. Within thirty days after filing, the Director must hold a hearing to determine the equity of the rating system under investigation. Upon conclusion of the hearing, the Director must post a description of the agreed upon rates and notice must be given to the applicant and to the Rhode Island Consumers Council.

FACILITIES REINSURANCE POOL

Insurers meeting the minimum standards of CHIP are entitled to join a facility reinsurance pool in which losses are shared among its members. The pool functions on an annual basis and losses are divided in proportion to the number of individuals insured by each insurance company.

No agreement among insurance companies to form a pool will be considered valid unless it is approved by the Director of Business Regulations. Reinsurance will only be approved if it is determined to be in the public interest and in compliance with the Department of Business Regulations. If after a sixty day warning and a public hearing, the Director concludes that there is unfair competition among insurers, he or she may require such insurers to participate in a reinsurance pool that complies with the regulations set forth in CHIP.

DPW-450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Marshall
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Polk
Pennington
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Red Lake
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Clear-water
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Lake of the Woods
St.Louis
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Koochiching
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Itasca
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Clay
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Becker
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Hubbard
Cass
Wadena
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Crow Wing
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Carlton
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Rice
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Waba-sha
Pipe-stone
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Murray
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Blue Earth
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Waseca
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Freeborn
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Fillmore
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ANNUAL REPORT ON THE HEALTH CONDITIONS OF THE STATE AND HEALTH EXPENDITURES

Prior to January 30 of each year, the director of Health must issue a report to the Governor and the General Assembly. The report must outline in detail the health conditions of the people in the state, the level of health services and unmet expenses for the previous year. The Director must also include exact expenditures for the past year and on the basis of those figures, he or she should project what expense will be for the next two years.

REACTIONS TO THE BILL

For a bill of this importance, considering its impact on state policy in the health and fiscal areas, there was surprisingly little controversy either in public hearings or on the floor of the legislature. Certainly the measure had its advocates and detractors, but the debate was rather quiet. One interesting point is that the private insurers had little to say during the debate about its implications on their industry and the health care system generally. Parenthetically, in the section following this one vis-a-vis experience since passage, one does find negative reaction to the statute.

The major arguments in favor of the bill included the responsibility of the state to protect the health and welfare of its citizens, the need to act prior to a possible crisis rather than react after the fact, and the necessity to establish a mechanism to handle the problems related to catastrophic illness while at the same time anticipating its integration into a national program.

On the other hand, the criticisms of the bill dealt primarily with the cost of the program (fear of a run on the state treasury) and the desirability of waiting for federal action before establishing a state program.

In February of 1975, several large insurance companies stopped selling individual health insurance policies in Rhode Island due to objections to certain provisions of the CHIP law; it appears that other carriers would follow suit. They objected to Section 14 of the act in which commercial insurers are required to accept applicants without regard to physical condition.

An amendment to the law in the 1975 legislative session is now awaiting the Governor's signature. Those close to the scene believe that this modification will deal with the concerns of the insurers and assure that they will continue individual policies.

In concluding, it should be pointed out that for those who have lost their group insurance coverage due to loss of jobs, they may not be eligible for CHIP benefits since eligibility depends on large out-of-pocket medical expenses.

The preceding table shows that the majority (approximately 39%) of individuals eligible for CHEPP-1 are females between the ages of 45 and 65 years and almost two-thirds of all patients are between 45 and 65 years of age.

Diagnostic information on the 149 patients, when available, was obtained from county information contained in the case file. Diagnoses were not verified; accuracy of this information cannot be determined since it was self-reported. The major diagnostic categories are as follows:

DIAGNOSIS	NUMBER OF PATIENTS
Cancer	43
Heart conditions	31
Accidents (fractures, burns)	11
Stroke	8
Gastrointestinal disorders (ulcers, Crohn's disease, pancreatitis)	8
Genitourinary disorders (include kidney dialysis)	5
Respiratory disorders (asthma, emphysema)	5
Delivery/Newborn problems	4
Surgical joint repair	4
Psychiatric disorders	3
Arthritis and related problems	3
Liver diseases	2
Hernia	2
Multiple Sclerosis	1
Cystic Fibrosis	1
Chemical Dependency	1
Cellulitis	1
Phlebitis	1
Unknown	15
TOTAL	149

74-S 2259 Substitute "A"

State of Rhode Island and Providence Plantations

JANUARY SESSION, A.D. 1974

AN ACT to Protect the Public Health of the People of the State of Rhode Island and Providence Plantations.

It is enacted by the General Assembly as follows:

PREAMBLE

Whereas, The state of Rhode Island has the right and the obligation to promote the public health, safety, morals and general welfare; and

Whereas, The high cost of health services can serve as a barrier to persons in need of health care, all to the detriment of the public health; and

Whereas, promotion of the public health, safety and welfare requires that all citizens have equal access to health services and a means to protect themselves against the extraordinary costs of serious illness or injury; and

Whereas, Promotion of the public health, safety and welfare further requires that employers be encouraged to provide the best quality of health coverage to their employees and their dependents, and that all other persons be encouraged to obtain the best quality of health coverage for themselves and their dependents; and

Whereas, Promotion of the public health, safety, and welfare further requires that persons or other entities which provide health services or which provide for the prepayment and insurance of health services, or which assist in the payment of health services; do so in furtherance of the public interest, now therefore,

It is enacted by the General Assembly as follows:

Section 1. Title 42 of the general laws entitled "State affairs and government" as amended is hereby further amended by adding thereto the following chapter:

CHAPTER 62
Catastrophic Health Insurance

42-62-1. SHORT TITLE.--This act shall be known and designated as the Rhode Island catastrophic health insurance plan ("CHIP") act.

42-62-2. PURPOSES.--The purposes of this act are to assure that each person residing in the state of Rhode Island shall have access to needed diagnostic, curative, and rehabilitative health services at reasonable costs and that each person shall have a reasonable means of protecting himself against the unusually high costs of receiving such health services. For these purposes the general assembly finds that promotion of the public health, safety and general welfare

The table below indicates occupational categories and number and percent of cases in each category.

OCCUPATION	CASES NUMBER	PERCENT
Farmer	39	26.2
Retired	30	20
Own Business	28	19
Skilled Labor	14	9.4
Unskilled Labor	8	5.4
Sales	3	2
Unemployed-Disabled	2	1.3
College Student	1	.7
Other	9	6
Not Given	15	10
TOTALS	149	100.0

Approximately 45 percent of the cases that are or were open during the 14-month period were farmers or small businessmen. Almost two-thirds of the cases listed farmer, own business, or retired as the occupation.

Information from the CHEPP applications indicates whether the applicant and other family members are eligible for health insurance and Medicare. The following insurance information pertains only to the 149 individual patients whose conditions and status resulted in CHEPP eligibility. Individuals with insurance number 74; those without insurance number 75. Dependents of some of those 75 patients without insurance did have insurance, so the information given here does not pertain to entire cases regarding insurance. Fourteen patients were eligible for Medicare; of

f) The term "benefit" or "health benefit" means a health service financed for a person by a third party such as an insurer or the state.

g) The term "allowable income" means the adjusted gross income as defined pursuant to section 44-30-12 of the Rhode Island general laws, 1956 as amended, minus any personal exemptions allowed pursuant to such chapter.

h) The term "state" means the State of Rhode Island and Providence Plantations.

i) The term "United States" means the government of the United States of America or any of its instrumentalities.

j) The term, "departmental health advisory councils" means those councils which have been appointed to serve in an advisory capacity for various specific health matters which are a responsibility of the director of department of health or the director of the department of mental health, retardation, and hospitals.

k) The term "maternity benefits" shall mean benefits rendered for normal obstetrical care. It shall include benefits for completion of obstetrics, prenatal care, care of the newborn infant, labor, delivery, and puerperium care. The term shall include benefits for normal deliveries or for any complications of pregnancy which do not result in delivery of a viable fetus.

l) The term "medicare" means part A and Part B of the United States social security act, title XVIII, as amended, 42 U.S.C. sections 1394, et seq.

m) The term "physician" means any person duly licensed to practice surgery or medicine pursuant to the provisions of chapters 29,31 of title 5 and chapters 36, and 37 of title 6 of the general laws of Rhode Island, 1956 as amended (except dental hygienists), and comparable laws of other countries.

n) The term "eligible person" means a person who has established permanent residency in the state for three months and who has the legal responsibility for the payment of eligible health costs incurred on his or her behalf or the behalf of persons for whom he or she is legally responsible. A person who has moved to the state for the primary purpose of receiving benefits provided pursuant to this act shall not be considered to be a permanent resident unless such residency has been established pursuant to a judicial order to be a permanent residency.

o) The term "eligible health service" means a health service which would be covered within the type of qualified program an eligible person would be expected to have by the director of health in order to incur the smallest personal resource payment applicable under this act.

p) The term "personal resource payment" means the money an eligible person is obligated to pay from his or her own wages, salary, income or

The following table indicates the percentage of all patients in each occupational category without any health care coverage.

OCCUPATION	PATIENT TOTAL NUMBER	PATIENT NUMBER W/O COVERAGE	PERCENT OF TOTAL
Farmer	39	22	56
Retired	30	5	16.7
Own Business	28	14	50
Skilled Labor	14	10	71.4
Unskilled Labor	8	3	37.5
Sales	3	1	33.3
Unemployed-Disabled	2	2	100
College Student	1	0	0
Other	9	6	66.7
Not Given	15	7	46.7
TOTALS	149	70	47

The above table suggests that those eligible for CHEPP-1 and indicating a skilled labor occupational category have the least health care coverage of employed groups, with farmers and small businessmen following.

The length of time an individual or family is eligible to have the state make payments for medical care ranges from less than one week to almost twelve months, depending upon the length of time it took to satisfy the deductible.

The following table indicates the number of months an individual or family was eligible to have medical expenses covered by CHEPP-1 and the number of cases in each category.

preceding year of catastrophic coverage. Said amount shall then be an eligible cost for catastrophic coverage during such following calendar year.

d) Beginning at October 1, 1974, eligible health services incurred on and after October 1 of any preceding year shall be construed as costs incurred in such following year.

e) In the case of a dispute as to the eligibility of a type of health service for coverage as a catastrophic cost, the director of the department of health may determine, on the basis of an appeal by an eligible person and written comment by the approrpiate insurer, whether or not such health service is an eligible health service.

f) In the case of a dispute as to the eligibility of a person for coverage of catastrophic costs by the state, the director of the department of health shall determine said eligibility after an appeal by a person from a decision by an insurer.

42-62-7. PERSONAL RESOURCE PAYMENTS.--

a) To be eligible for payment by the state pursuant to section 42-62-6 of his or her health services of a catastrophic nature, an eligible person must have incurred an obligation to make the applicable personal resource payment computed pursuant to this section. . . . Such payment shall not be a cost payable by the state pursuant to subsections 42-62-6 (a) and (b).

b) The applicable personal resource payment shall be determined on a calendar year basis and shall not include the payments made to meet the deductible of a major medical plan or the premium costs of a health benefits plan. It shall include the co-insurance payments made under a major medical plan.

c) The applicable personal resource payment applies to the obligation for payment of health services that are not covered under any health benefit plan, except for health maintenance organization plans.

d) The applicable personal resource payments shall be determined in relation to the extent of coverage for health benefits, if any, to which an eligible person is otherwise entitled according to the following categories:

(i) An eligible person

A) Who has a qualified program must have incurred an obligation to pay an amount equal to five hundred dollars ($500.00) or to ten percent (10%) of his or her allowable income, whichever amount is greater;

B) Who has a program that would have otherwise been qualified, except for a qualfied major medical health benefits plan, must have incurred an obligation to pay an amount equal to twelve hundred fifty dollars ($1250.00) or to twenty-five percent (25%) of his or her allowable income, whichever amount is greater;

Approximately 43 percent of the cases were required to meet the minimum deductible. About 81 percent of all cases met a deductible ranging from $2500 to $4500.

The annual income range for those patients required to meet the $2500 deductible follows:

ANNUAL INCOME	NUMBER OF CASES
Minus Income	6
$0 - 1000	6
$1001 - 2000	2
$2001 - 3000	7
$3001 - 4000	14
$4001 - 5000	16
$5001 - 6000	11
$6001 - 6127	2
TOTAL	64

The maximum difference in incomes of those required to meet the $2500 deductible is approximately $8300.

The following table indicates the ranges of the required deductible for each of the income ranges for the 149 cases:

INCOME RANGES	NUMBER OF CASES	DEDUCTIBLE RANGES
Minus Income	6	$2500
$0 - 4999	45	$2500
$5000 - 9999	61	$2500 - 4000
$10,000 - 14,999	24	$4000 - 6000
$15,000 - 19,999	8	$6000 - 8500
$20,000 - 24,999	4	$8500 - 11,000
$25,000 - 28,135	1	$11,000 - 12,881

h) Drugs and medication not legally requiring prescription;

i) Outpatient psychiatric care in excess of fifty percent (50%) of the cost incurred of such eligible health services as may be incurred in a calendar year;

j) Services delivered in facilities which have not been certified by the director of the department of health as qualified to provide such services.

42-62-9. EMPLOYEES' HEALTH BENEFIT PLANS.--

a) Each employer shall, in accordance with regulations promulgated by the director of the department of business regulation in consultation with the director of the department of health, offer the opportunity for his employees to enroll in any available qualified health maintenance organization on the same absolute dollar cost sharing terms which may be provided for other health benefits plans made available for employee enrollment.

b) The fair value of services rendered by a health maintenance organization to a subscriber after such subscriber has exhausted the services provided by the health maintenance organization's qualified program shall be recognized as eligible health care expenditures by the subscriber in computing his personal resource payment pursuant to section 42-62-7.

42-62-10. QUALIFIED HEALTH PROGRAM.--

a) Upon application by an insurer for certification of a health insurance plan or plans as a qualified program for the purpose of this act, the director of business regulation, after consultation with the director of health, shall make a determination within ninety days (90) as to whether the applicant's plan or plans are qualified, and shall publish in the major newspapers of the state on a semi-annual basis thereafter a notice that such plan or plans are qualified.

b) A program may be certified for a period of two years if, at least.

i) It meets the minimum standards of this act,

(ii) Its insurer meets the duties established by this act and the laws of the state,

(iii) It provides coverage for diagnostic, curative and rehabilitative health services for illness and for injuries for the subscriber and his dependents, which the director of the department of health, after consultation with the appropriate departmental health advisory councils, has recommended as being in the public interest.

(iv) It provides benefits which are approximately equal in scope and in actuarial value to the benefits described in subsection 42-62-10 (c).

Approximately three-fourths of those eligible for CHEPP-1 met deductibles of $2500 to $4000.

Providers Utilized by CHEPP-1 Patients

Payments were made to the following provider types under the CHEP Program. The number in parentheses indicate the number of CHEPP-1 patients receiving a service from this provider type. In 80 percent of the cases, a patient received services from more than one provider type.

Inpatient hospitals (89)
Physicians (141)
Pharmacies (96)
Outpatient hospitals (48)
Medical equipment and oxygen suppliers (10)
Nursing homes (7)
Ambulances (10)
Laboratories (2)

Physicians, pharmacies and hospitals were the providers most frequently utilized by the CHEPP-1 patients.

CHEPP-1 Caseload

During the July, 1977 through August, 1978 period, there was CHEPP-1 activity on 173 cases. The application dates and case status in relation to number of cases is shown below.

APPLICATION DATE		NUMBER OF CASES AND STATUS OPENED	DENIED	TOTAL STATUS
1977:	July	1	0	1
	August	4	0	
	September	9	0	
	October	12	1	13
	November	13	0	13
	December	22	1	23
1978:	January	11	3	14
	February	7	0	7
	March	14	1	15
	April	14	3	17
	May	20	2	22
	June	14	2	16
	July	8	2	10
	August	0	0	0
TOTALS		149	15*	164**

*Excludes data on seven CHEPP-1 denied cases.
**The application dates of the two cases with "application pending" status are not know

a) Diagnostic x-ray and radioisotopic examinations:

b) Electroencephalograms, basal metabolism tests and electrocardiograms;

c) Laboratory tests, including pathological examinations;

d) Radiation treatments by x-ray, radium, external radiation or radioactive isotopes.

5. Physicians' visits to care for a bed patient in a short-term general hospital up to 120 days per period of illness, or for 45 days per period of illness in specialized hospitals, except for routine pre-operative and post-operative physical examinations.

6. Consultation services, where medically necessary in the opinion of the attending physician, at one consultation per specialty per period of illness.

7. Obstetrical delivery services, including pre- and post-natal care, after the first fifty dollars ($50.00) of charges, which shall be the liability of the patient.

8. Newborn baby care, when the examination and care is provided by a physician other than the physician making the delivery or administering anesthesia related to delivery.

9. Emergency accident services performed by a physician within 72 hours of a traumatic or poisoning accident are covered in full.

iii) Major Medical Coverage

1. To supplement the protection provided by subsections (c) (i) and (c) (ii), the following additional coverages may be required as a condition to a program being certified as qualified:

a) It provides up to ten thousand dollars ($10,000.00) in coverage for payment of eligible health services;

b) It provides such coverage for at least eighty percent (80%) of the usual and customary charges, or costs, as applicable, of health services described in subsection (c) (i) and (c) (ii) after an insured or subscriber has paid an annual deductible of one hundred dollars ($100.00) per person or two (2) one hundred dollar ($100.00) deductibles per family for covered services.

c) Such covered service provided under subsection (b) shall include:

1. Physicians' services, including home and office visits.

2. Professional ambulance services locally to or from a hospital for inpatients, or to a hospital accident room following an accident.

3. Drugs and medications which by law require a written prescription.

Current CHEPP-1 Costs

Costs to Patients - July, 1977 to August, 1978

The 149 CHEPP-1 families paid (or owe) a total of $534,775.68 in order to meet the program deductible. In addition, any bills submitted to and paid by the state required a 10% co-payment by the patient or patient's family, which totalled $47,370.47. Therefore, patients' out-of-pocket expenses to meet deductibles and co-payments were $582,146.15.

Costs to State - July, 1977 to August, 1978

The state payments made to providers as of September 1, 1978, totalled $469,489.79. Monthly county remittance management and fiscal reports indicate the state paid providers $426,331.75, during the 14-month period, through the centralized disbursement system. The first payments were made in November, 1977. A total of 1,796 claims have been processed by the state at a claims processing charge of $1,711.99. During this same 14-month period, the state paid a total of $43,158.04 outside the centralized disbursement system in order to reimburse patients for payments made for services which were to be covered under the CHEP Program or providers when both patient and CHEPP-1 were making partial payments on the same date (i.e. patient is meeting the deductible).

For Fiscal Year 1978, $8 million was appropriated for CHEPP-1 and the administrative budget was $56,475. For Fiscal Year 1979, $10 million is appropriated for CHEPP-1 and the administrative costs are budgeted at $57,115.

During Fiscal Year 1978, $252,351.35 was paid to providers for services rendered which were covered under the CHEPP-1 program. Payments made by the state outside the centralized disbursement system were $19,969.87. Therefore, the total amount paid for CHEPP-1 covered services during Fiscal Year 1978 was $272,321.22.

denied by the director of health certification required for eligibility for reimbursements by insurers, for periods of not more than one (1) year for each determination.

ARTICLE II

Minimum Standards Protection

42-62-12. MINIMUM STANDARDS.--

a) It shall be the duty of all corporations or other legal entities providing for payment for health services under any contract entered into with an employer, person, state or a political subdivision thereof, pursuant to the requirements of this act to comply with minimum standards established by regulations promulgated by the director of business regulation. The director of business regulation shall promulgate such regulations within one year of the effective date hereof.

b) Such minimum standards shall be designed to carry out the following purposes;

i) The reasonable standardization and simplification of coverages to facilitate consumer understanding and comparisons;

ii) The elimination of provisions which may be misleading or unreasonably confusing to the consumer in connection with the purchase of such coverages or with the settlement of claims;

iii) The elimination of deceptive practices in connection with the sale of such coverages;

iv) The elimination of provisions which may be contrary to the health needs of the public;

v) The availability of qualified plans to persons residing in the state who apply therefore regardless of age, sex, race, occupational status or medical condition;

vi) The promotion of efficient management of health services with the State;

vii) The elimination of coverages which are so limited in scope as to be of no substantial economic value to the holder thereof;

viii) The addition of coverages, the sale of which is required by the public interest to protect the health of persons residing in the state.

c) Within sixty (60) days after promulgation of said minimum standard regulations by the director of business regulation, each insurer or other entity referred to in this section shall file with the director of business regulation a sample of each of said contracts which it proposed to use. A notice of a receipt of filing shall be delivered to the Rhode Island consumers' council. If requested by the Rhode Island consumers' council the director shall

Eligibility for state coverage of care for the majority of patients began later in the fiscal year. Fourth, a number of the initial bills submitted by providers were rejected; many of these bills are being and will be resubmitted for payment. As with new programs, it takes the providers' billing personnel some time to learn the mechanics of billing the program properly. Fifth, during the first six months of 1978, the greatest number of cases were open for CHEPP benefits. Theoretically, the largest total payments to providers may be made through June of 1979. Unless the number of applicants who become eligible for CHEPP-1 increases in the future, costs to the state for providers' services should drop significantly in Fiscal Year 1980.

that a vendor is discriminating unlawfully against any insurer with respect to costs, charges or rates, the director shall advise said vendor in writing to cease such discrimnatory practices forthwith.

c) At any hearing conducted pursuant to section 42-62-13, the director of the department of business regulation may disallow any payments made by an insurer to a vendor not certified by the department of health, or to a vendor which has failed to cease discriminatory practices against any insurer after having received a notice from the director of business regulation pursuant to section 42-62-14.

42-62-15. FACILITY REINSURANCE POOL.--

a) To be eligible to offer plans meeting minimum standards, insurers which are for profit entities or self insurers may enter an agreement to form a facility reinsurance pool within which losses are shared among the insurers on an annual basis in proportion to the number of persons insured pursuant to articles I and II of this act.

b) Such agreements shall not be effective until approved by the director of the department of business regulation as being in the public interest and in conformance with regulations issued by the department of business regulation.

c) If, after a sixty (60) day notice to all such insurers and after a public hearing, the director of the department of business regulation makes a finding that there is lack of fair competition among such insurers or that the public interest is not being served by existing agreements, or by a lack of an agreement, he may require such insurers as a condition of doing business within the state to participate in such facility reinsurance pool established under regulations issued pursuant to this act.

ARTICLE III

Health Resources Development Fund

42-62-16. HEALTH RESOURCES DEVELOPMENT FUND.--

a) There is hereby established in the department of health the health resources development fund to be administered by the director of the department of health pursuant to the terms and for the purposes stated in sections 42-62-16 and 42-62-17 of this act.

b) Monies in such fund or for a project authorized pursuant to section 42-62-17 may be expended by contract, loan or grant, to maintain, to expand, and to improve health facilities, health services, and health education in the state of Rhode Island. Such purposes shall include the following: Construction or modernization of health facilities, the education or training of persons who would be qualified to provde professional health services, meeting the start-up costs of new forms of health delivery systems, such as health maintenance organizations, benefits for persons lacking adequate insured coverage,

Three-fourths of the patients had diagnoses of multiple sclerosis or stroke.

The income of those eligible for CHEPP-2 ranges from $1,548.00 to $30,469.13. Income ranges and number of cases in each range were:

INCOME	NUMBER OF CASES
$1,548	1
$12,000 to 16,000	6
$16,000 to 20,000	2
$20,000 to 30,470	3

Information from the CHEPP application indicates that four of the CHEPP-2 eligible patients had Medicare and one additional patient had other health insurance coverage. Therefore, seven of the twelve CHEPP-2 patients had no health care coverage of any type.

After meeting the 20 percent CHEPP-2 deductible, the number of months that individuals were eligible to have nursing home expenses covered is as follows:

NUMBER OF MONTHS ELIGIBLE	PATIENTS
1 to 2 months	1
2 to 3 months	0
3 to 4 months	1
4 to 5 months	1
5 to 6 months	1
6 to 7 months	2
7 to 8 months	4
8 to 9 months	2

One-half of the patients had nursing home expenses covered during a seven to nine month period.

42-62-6 and 42-62-7. The director is authorized to enter into contracts with insurers to carry out the duties of the state established by said sections. The director is further authorized to establish by regulation procedures for the collection of benefits to which a person becomes entitled pursuant to said sections, time for filing claims, review of claims, and such other procedural matters as may be necessary to carry out the purposes of said sections.

b) To the extent not otherwise designated in this act, the governor may designate a department as having responsibility for the implementation of a specific duty required by this act. The governor shall report such designation to the general assembly no later than the following year, and each house of the general assembly shall have thirty days within which to disapprove any of the designated delegations and to substitute by passage of new legislation different delegations.

c) To the extent that existing health related functions within departments or divisions need to be removed to another department for the purposes of more efficient administration, or to the extent that new divisions need to be established to meet the purposes of this act, the governor shall make such determinations shall include such determinations within his report to the general assembly.

42-62-19. IMPLEMENTATION OF ACT.-- The governor may delay the implementation of any provision of the act for one year after he makes a finding to be reported to the first subsequent session of the general assembly that such a section (s) of this act has been found to be unconstitutional or has been superseded or modified by an act of the United States.

42-62-20. INTERSTATE AGREEMENTS.--The governor is authorized to enter into agreements with appropriate officials of a sister state or of the United States to carry out any of the duties of this act.

42-62-21. HEALTH COST REPORT.--The governor shall provide for a health cost to be made not later than December 31 to the general assembly on legislative and administrative steps required (i) to provide a more comprehensive protection against the costs of health services thus provided pursuant to this act to persons without health insurance, (ii) to control the rising cost of health services, (iii) to provide for more efficient administration of health services by the state, (iv) to establish more efficient and uniform rate setting processes for the state's purchase of health services and goods, (v) to reduce out-of-pocket costs of health services to persons residing in the state, (vi) to establish a uniform reporting system for vendors for the costs of health services, and (vii) and other changes in health finance, planning, and regulation that may be required in Rhode Island in the event of the passage of a national health insurance act.

b) Such report shall be made in consultation with the budget officer, the director of the department of health, the directors of the departments of mental health, retardation, and hospitals, social and rehabilitative services, and of business regulation, and the executive director of the

CHEPP-2 Caseload

The CHEP-2 Program requi. s that eligibility for benefits be terminated each June 30, or when the patients become 65 years of age. As of September 1, 1978, no cases were yet eligible for Fiscal Year 1979 CHEPP-2 benefits, probably because the deductible was not yet met.

The application dates and case status in relation to number of cases is shown below.

APPLICATION DATE		NUMBER OF CASES AND STATUS		
		OPENED	DENIED	TOTAL
1977:	September	3	0	3
	October	2	1	3
	November	2	0	2
	December	0	0	0
1978:	January	0	0	0
	February	2	0	2
	March	1	0	1
	April	0	0	0
	May	2	0	2

Eleven patients remained eligible through June 30, 1978; one patient died in May, 1978.

Current CHEPP-2 Costs

Costs to Patients

The twelve CHEPP-2 patients paid a total of $39,935.40 for nursing home care in order to meet the program deductible. Any health care services, other than

EXPLANATION

This act establishes the Rhode Island catastrophic health insurance plan, which is declared to be an exercise of the police power for the purposes of assuring that each person residing in the state shall have access to needed health services and to assure that each person shall have a reasonable means of protecting himself against the costs of catastrophic illness or injury.

Article I entitles each person to access to health services which are medically necessary and to obtain through insurers financial protection against health costs through "qualified programs" as defined. It also defines the duty of the state to pay for catastrophic eligible health costs after the person has used whatever benefits that his health insurance provides for him together with his own personal resource payment, as defined by the act. Employers are required to include the option of membership in health maintenance organizations to employees in any health benefits plan which they offer.

Article II requires all insurers and health maintenance organizations to comply with minimum standards established by regulations promulgated by the director of business regulation. The act provides that contracts be used by insurers and health maintenance organizations and rates to be charged are subject to review by the director of business regulation. Insurers are required to offer plans meeting minimum standards on a non-discrimnatory basis and vendors are required to provide services for charges which are equitable, non-discrimnatory and in the public interest. A facility reinsurance pool is established to assure coverage to persons without undue burden to either the carriers or the insured.

Article III establishes a health resources development fund for research and development purposes or for promotion of health care or new systems of health delivery.

Article IV provides for administration of the act.

PROJECTED USAGE OF CHEPP PRIOR TO IMPLEMENTATION

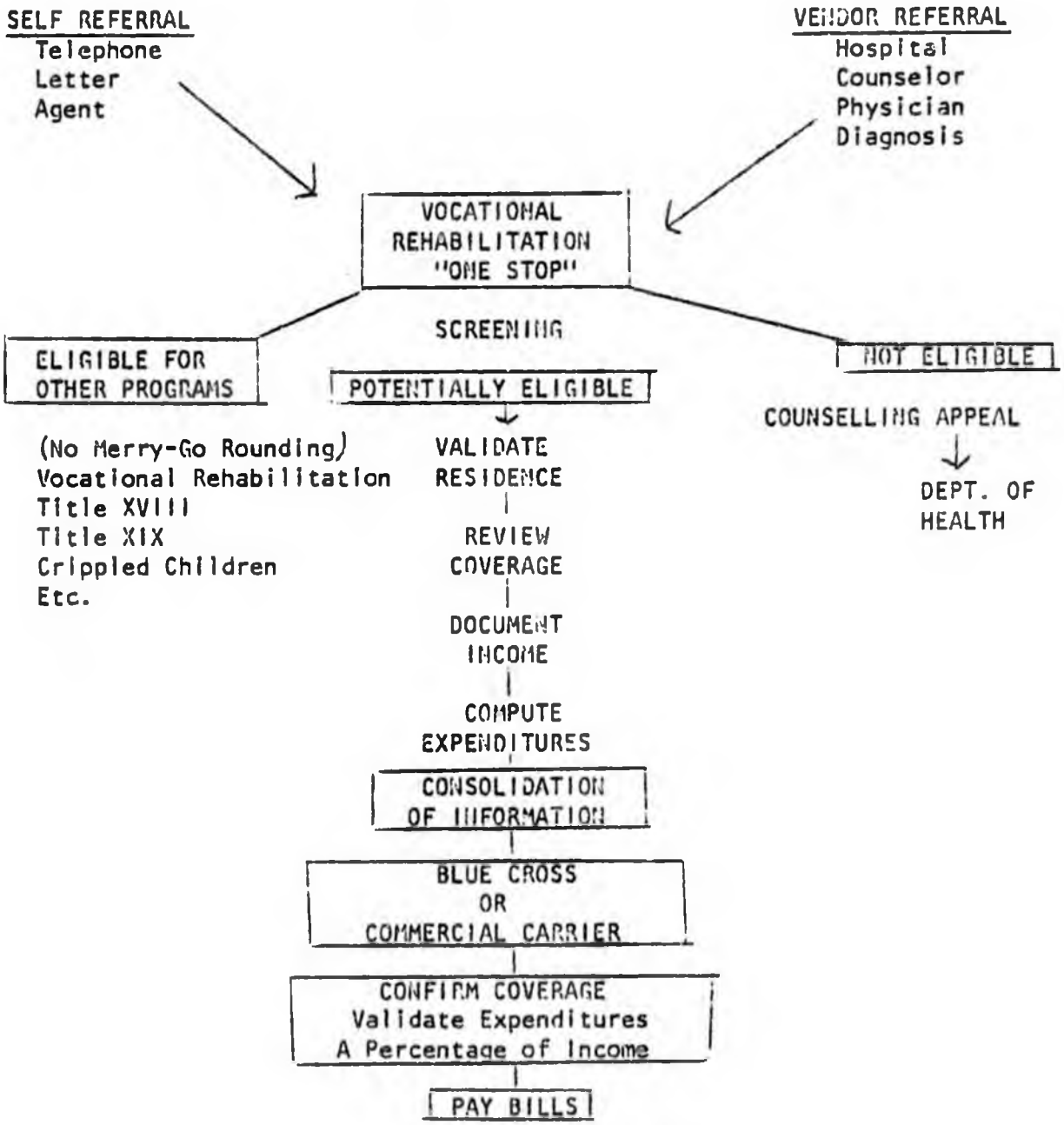
During the three-year period prior to the enactment of CHEPP legislation, legislative staff obtained information and data from numerous sources in order to attempt to project need, utilization and costs of a catastrophic health case program in Minnesota. Information and data collected included: national and Minnesota medical care cost increases over time; data upon which congressional bills were based; type of insurance coverage provided by large Minnesota employers; national research estimates on catastrophic health expenses; estimates of Minnesota's uninsured and underinsured population; review of catastrophic health care coverage in other states; and, data from a computer study done by the Tax Study Commission regarding medical deductions from 20,000 tax returns for 1974.

During the years of data collection and analysis, it was recognized that data available was fragmented, not at all conclusive; and allowed, at best, for only rough approximations of need, utilization and costs. Several estimates on each of these subjects were made.

It appears that the two primary sources of data used in projecting cost and utilization for a Minnesota catastrophic health program were the Tax Study Commission reports and the actual experience of Rhode Island's Catastrophic Health Insurance Plan which became effective in 1975.

The Tax Study Commission resulted in the estimates and projections for a Minnesota program as follows:

"THE PROCESS"


SELF REFERRAL
Telephone
Letter
Agent
VENDOR REFERRAL
Hospital
Counselor
Physician
Diagnosis
VOCATIONAL REHABILITATION "ONE STOP"
SCREENING
ELIGIBLE FOR OTHER PROGRAMS
(No Merry-Go Rounding)
Vocational Rehabilitation
Title XVIII
Title XIX
Crippled Children
Etc.
POTENTIALLY ELIGIBLE
VALIDATE RESIDENCE
REVIEW COVERAGE
DOCUMENT INCOME
COMPUTE EXPENDITURES
CONSOLIDATION OF INFORMATION
BLUE CROSS OR COMMERCIAL CARRIER
CONFIRM COVERAGE
Validate Expenditures
A Percentage of Income
PAY BILLS
NOT ELIGIBLE
COUNSELLING APPEAL
DEPT. OF HEALTH

Minnesota's actual experience with the CHEP Program, as has been shown, is considerably different than what was projected. In fact, the present experience appears to parallel the initial experiences of Rhode Island's program.

The following is information on Rhode Island's Program:

	FY '75	FY'76	FY'77	FY'78
Total Budget	$1,500,000	$980,568	$1,362,489	$1,426,852
Claim Expenditures	$ 197,946	$682,532	1,095,937	$1,537,761
Eligible Families	58	133	173	396
New Applications	176	N/A	N/A	257

Since the inception of Rhode Island's program, "mental disorders" have been the primary diagnostic category reported by families. With the exception of this category, the ranking of the rest of the diagnostic categories appears to be similar to Minnesota's experience.

THE FOLLOWING PAGES WERE TREATED AS
A UNIT IN THE ORIGINAL FILE.

SUMMARY OF 1976 COMPREHENSIVE HEALTH INSURANCE ACT
Chapter 296, Minnesota Laws of 1976
Amended by Chapter 409, Minnesota Laws of 1977

Objectives

The 1976 law consists of three articles: Article I (a) establishes minimal standards for health insurance policies and (b) creates the Comprehensive Health Association which administers a "state insurance pool" for persons who are unable to buy insurance because of existing health problems. The objective of this article is to upgrade health insurance policies and to increase the availability of health insurance.

Article II establishes a hospital rate review system. This provision requires licensed hospitals to be subject to rate review by an approved voluntary, peer review organization. The Department of Health is authorized to "publicly review and comment" on the rates charged by hospitals. The objective of this article is to reduce rates charged by hospitals by monitoring those charges via a rate review system.

Article III provides financial assistance to persons who incur high medical expenses. The Catastrophic Health Expense Program is designed to protect households from being bankrupted by medical care expenses.

Summary

Article I - Minnesota Comprehensive Health Insurance Act of 1976

Part A - Minimum benefits for health insurance coverage

Duties of Insurance Companies

All health insurers doing business in the State of Minnesota are required to offer a "qualified" health policy to applicants for insurance. The article defines three levels of "qualified" plans--number one (low), number two (standard), and number three (high). The minimum benefits of a number three plan "shall be equal to at least 80 percent of the cost of covered services in excess of an annual deductible which does not exceed $150." The coverage shall also include a limitation of $3000 per person on total annual out-of-pocket expenses for covered services. The maximum lifetime benefit cannot be less than $250,000. The article also itemizes the services to be covered by the "qualified" plan. The three levels of "qualified" plans vary only in the amount of deductible required: number three - $150; number two - $500; and number one - $1000. A health maintenance plan is defined as a number three qualified plan. Insurers are not prohibited from developing and selling an "unqualified" plan, however, the insurance companies must "affirmatively" offer coverage for major medical expenses to an applicant for a new "unqualified" plan. This major medical coverage shall be payable, subject to any copayment, up to a maximum lifetime limit of $250,000 for out-of-pocket expenses incurred within a calendar year, exceeding $5000.

Any insurance company issuing a Medicare supplement plan shall offer a "qualified" Medicare supplement plan to each eligible applicant. A plan is deemed "qualified" if it provides coverage of 50 percent of the deductible and copayment required under Medicare and 80 percent of the charges for "qualified plan" covered services which are not paid by Medicare. This plan includes a $1000 per person limit on annual out-of-pocket expenses.

* Note: As of July 1, 1979, covered services must include a second opinion on surgical procedures expected to cost a total of $500 or more.

Duties of Employers

Each employer who makes available to his employees a health insurance plan must offer at least a number two plan. The employer does not necessarily have to finance the qualified plan. It can be financed from funds contributed solely by the employer or solely by the employees; or a combination thereof. For the purposes of this article, an employer is defined as employing ten or more residents of the state. The employer may supplement the existing health plan in order to meet the number two plan requirement.

The penalty for noncompliance is the exclusion of the employer's costs for health benefits as a state income deduction. A non-profit employer would lose its tax exempt status if the requirement is not met.

Any employer with 100 or more employees must offer a dual option to obtain either an accident and health insurance policy or a health maintenance organization contract, if one is available.

Conversion Privileges

The law requires group accident and health insurance policies and health maintenance organization contracts to include the right to convert to an individual coverage "qualified" plan without the addition of underwriting restrictions. The person leaving the group has 30 days in which to exercise his right to convert.

Each health insurance plan must also include a provision allowing, upon the death of an insurance holder, other individuals covered under the plan to continue coverage.

Part B - Comprehensive Health Insurance Plan

Article I also creates the Comprehensive Health Association which must offer policies which provide the benefits of a number one qualified plan, a number two qualified plan, and a qualified Medicare supplement plan to individuals who cannot otherwise obtain standard insurance coverage because of health problems. The Association is comprised of all insurers, self insurers, fraternals, and health maintenance organizations doing business in Minnesota. These policies are referred to as the Comprehensive Health Insurance Plan or State Plan.

Comprehensive Health Insurance Plan

The Comprehensive Health Association is responsible for selecting a writing carrier to administer the Comprehensive Health Insurance Plan. The Association may select separate writing carriers for each type of "qualified" plan.

The state plan is open for enrollment at all times. An eligible person may apply to the Association or to the writing carrier. For the first 18 months of the plan's operation, premiums were determined by averaging the premium rates charged by the five largest insurers in each plan category. Subsequent premium determination will be based on actuarial experience. Not more than 12.5% of the premiums may be expended by the writing carrier for administration costs.

Each member of the Association is responsible for sharing the losses due to claim expenses of the state plan. Members shall share those costs on a pro-rated basis, determined as a ratio of premiums received by a member to the total amount of total premiums received by the Association members.

If there are any net gains from the operation of the state plan, it shall be used to offset future losses or reduce premiums.

Public Education

The Association is responsible for disseminating information to the public regarding the availability of the state plan.

Referral Fee

The writing carrier shall pay an agent's referral fee of $25 to each agent who refers an applicant to the state plan. This fee is included in the 12.5% administration expense limit.

Pre-Existing Condition Clause

An enrollee of the state plan is not covered for any pre-existing condition during the first six months of coverage if the condition was diagnosed or treated within 90 days prior to the filing of an application.

Reinsurance

A member of the Association may elect to reinsure the risks involved with being required to offer (a) individual qualified plans, (b) group conversions, (c) group qualified plans with fewer than 50 members, or (d) major medical coverage. The member would be reinsured through the Association. The Association administers the policies that are reinsured by a member. Any income in excess of the costs incurred for providing the reinsurance service shall be used to offset losses in the state plan or reduce the premiums.

Article II - Hospital Administration Act

Article II establishes a system by which hospital rates are reviewed. A licensed hospital may agree to submit its financial reports and rate schedules to a voluntary, non-profit rate review organization

for review. If the hospital does not report to this rate review organization, it will be subject to review by the Department of Health, the administrative agency for this act.

The Department of Health shall prescribe standards for purposes of approving a rate review organization. The Department is authorized to collect financial information which includes (a) a balance sheet, (b) a statement of income and expenses, (c) a copy of the most recent Medicare cost report, and (d) a schedule of rates. The Department also has the right to inspect hospital records and audits. Any modifications to a hospital's rate schedule must be reported to the Department of Health 60 days in advance of their effective date. If a hospital is subject to review by the Department of Health, the Department may conduct a public hearing on any rate increases which they consider excessive and may publicly comment on any increase.

Insurance Rates

This article also requires actuarial justification of any premium increase for a nongroup policy at the time of filing the insurance plan with the Commissioner of Insurance.

Another provision directs the Commissioner of Insurance to disapprove a filed health plan "if the proposed premium rate is excessive because the insurer has failed to exercise reasonable cost control."

Article III - Catastrophic Health Expense Protection Act

This program offers financial relief to households which incur large medical expenses. The state will pay for 90% of "qualified" expenses, for which no third party is liable, in excess of a threshold figure which is calculated by an income-related formula. "Qualified" expenses are those charges for covered services itemized as minimum benefits in the Comprehensive Health Insurance Act (Article I).

The above mentioned formula is as follows: (a) calculate 40% of household income up to $15,000, plus 50% of household income up to $25,000, plus 60% of household income in excess of $25,000; or, (b) $2,500, whichever is greater. If, for example, the household income is $10,000 the threshold figure is $4000. In this case the state would pay 90% of "qualified" expenses in excess of $4000.

Nursing Home Provision

The 1977 Legislature amended the Catastrophic Act to provide assistance to persons under the age of 65 who have resided in a nursing home for more than three years. The state will pay for all nursing home expenses which exceed 20% of household income.

Reasonableness of Rates

The Commissioner of Public Welfare is granted the authority to determine the reasonableness of provider charges. The Commissioner may also determine the "medical necessity" of a health service. In order to carry out that authority, the Commissioner may contract with a professional standard review organization to make these determinations.

Experience

Article I - Comprehensive Health Insurance Plan

The state plan went into effect on January 1, 1977. As of June 30, 1978, the plan had 1,074 policies in force. The total premiums earned for the first 18 months of the plan's operation was $441,107.73. As indicated earlier, the premium rate for this time period was based on the average of premiums charged by the five largest insurers in each category. The total claims paid for this period is $392,412.93. A reserve for incurred but not reported claims has been set at $220,000.

The 1978 State Legislature appropriated $200,000 to reimburse the Comprehensive Health Association for the first $200,000 of claims expenses incurred after June 30, 1978 which are in excess of earned premiums. The premium will be determined by generally accepted actuarial principles subsequent to June 30, 1978 except that the new premium rate cannot exceed 125% of the average premium charged by the five largest insurers in each policy category. This premium limit was enacted by the 1978 Legislature.

Article II - Hospital Administration Act

All licensed hospitals have opted to be subject to review by a voluntary, non-profit rate review organization. This is the peer review organization of the Minnesota Hospital Association. It is estimated that if the hospitals comply to the proposed budgets developed through rate review the increase in hospital charges will be between 10% to 11% compared to an historical increase of nearly 14% per year.

Article III - Catastrophic Health Expense Protection Act

This Article went into effect July 1, 1977. Eighteen million dollars was appropriated for the biennium 1978-1979 for the medical care portion of the program. $900,000 was appropriated for the nursing home section. To date there have been 148 approved applications for the medical care program for an expenditure of $441,299. For fiscal year 1978, twelve applications were approved for the nursing home expense program, totaling $55 323.65.

AN ANALYSIS OF THE DEPARTMENT OF PUBLIC WELFARE'S CATASTROPHIC HEALTH EXPENSE PROTECTION PROGRAM

Prepared by:
Office of Policy Analysis and Planning
Department of Public Welfare
October 31, 1978

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CATASTROPHIC HEALTH EXPENSE PROTECTION PROGRAM (CHEPP) SUMMARY

CHEPP-1 and CHEPP-2

During the 14-month period July 1, 1977 through August 31, 1978:

--161 individuals participated in CHEPP

--$524,812 in state funds were paid under CHEPP; $307,674 was paid during Fiscal Year 1978

--64 out of the 87 counties have taken CHEPP applications

CHEPP-1

During the 14-month period July 1, 1977 through August 31, 1978:

--62 counties have taken CHEPP-1 applications

--173 CHEPP-1 applications were taken; 149 were eligible and opened, 22 were denied and 2 are "pending"

--149 eligible CHEPP-1 cases 345 individuals--149 patients and their dependents

--almost two-thirds of the 149 patients were between 45 and 65 years of age

--58 percent of the patients were female; the majority of the patients were females between the ages of 45 and 65 years

--one-half of the patients had either cancer or a heart condition

--two-thirds of the cases listed farmer, own business, or retired as occupation

--almost one-half of the patients had no health care coverage of any type; of these, two-thirds were farmers, small businessmen and skilled laborers

--incomes ranged from $0 to $28,000

--87 percent of all cases had federal adjusted gross incomes of less than $15,000, while 41 percent of the cases had federal adjusted gross incomes between $5,000 and $10,000

--the deductible ranged from $2,500 to $12,881

--43 percent of the cases paid the minimum out-of-pocket expenses of $2,500 to meet the deductible

--the 149 patients paid (or owe) a total of $534,775 to meet the CHEPP-1 deductible

--state payments to providers totalled $469,489; of this $252,351 was paid during Fiscal Year 1978

Projections:

--given the present application rate, fewer cases can be expected to be opened in Fiscal Year 1979, as compared to Fiscal Year 1978

--unless this trend changes, costs to the state for providers' services should drop significantly in Fiscal Year 1980

CHEPP-2

During the period July 1, 1977 through June 30, 1978:

--10 different counties took CHEPP-2 applications

--13 CHEPP-2 applications were taken; one was denied

--patients ranged from 50 to 65 years of age

--three-quarters of the patients were females

--three-quarters of the patients had a diagnosis of either multiple sclerosis or stroke

--50 percent of the patients had been in nursing homes from 3 to 5 years; the others from 5 to 15 years

--over one-half of the patients had no health care coverage

--incomes ranged from $1,500 to $30,000

--6 of the 12 patients had incomes between $12,000 and $16,000

--the deductible ranged from $310 to $6,094

--two-thirds of the patients paid $2,000 to $4,000 out-of-pocket expenses to meet the 20 percent CHEPP-2 deductible

--the 12 patients paid $39,935 to meet the CHEPP-2 deductible

--$55,323 was paid by the state in Fiscal Year 1978 for the nursing home care of the 12 patients

Projections:

--the majority of the patients eligible in Fiscal Year 1978 will be eligible in the future; death or reaching age 65 will be the terminating factors rather than income and the deductible as in CHEPP-1

THE CATASTROPHIC HEALTH EXPENSE PROTECTION PROGRAM (CHEPP)

General Description of CHEPP

The CHEP Program is comprised of two parts, CHEPP-1 and CHEPP-2, which differ significantly in their requirements and coverage.

The original CHEPP, later to be called CHEPP-1, became effective July 1, 1977 after enactment by 1976 legislation (M.S. 62E.51 to M.S. 62E.55). Basically, CHEPP-1 may cover expenses for the following services for Minnesota residents when received on or after July 1, 1977:

1. hospital services
2. physician and physician-directed services excluding outpatient mental or dental
3. prescription drugs
4. nursing home care for not more than 120 days per year if placement occurs within 14 days following a hospital stay of at least 3 days for the same condition (skilled nursing facility only)
5. home health agency (up to 180 visits per year)
6. radium or other radioactive materials
7. oxygen
8. anesthetics
9. prostheses
10. rental or purchase of durable medical equipment
11. X-rays and laboratory tests
12. oral surgery (under specific conditions)
13. physical therapy
14. ambulance to nearest qualified health care institution

The above services are covered when an individual owes for himself and any dependents an amount, incurred in any 12 consecutive months, exceeding:

40% of household income up to $15,000

plus 50% of household income between $15,000 and $25,000

plus 60% of household income in excess of $25,000;

or $2500, whichever is greater.

Since CHEPP eligibility is based on household income, it provides an option to reducing assets in order to become eligible for Medicaid or general assistance medical care, i.e. eligible families can retain their $70,000 in a savings account or the $200,000 farm.

There can be no third party which is liable for these expenses. Income basically means the federal adjusted gross income; income for the calendar year preceding the year in which a CHEPP application is filed is used to determine eligibility. If an applicant becomes an eligible person, s/he is responsible for a 10 percent co-payment on covered services, with the state paying 90 percent of qualified expenses. Eligibility includes the dependents of an eligible person and runs for 12 months starting on the first day of the month and year of the earliest service resulting in expenses used to satisfy the deductible. Eight million dollars were appropriated for Fiscal Year 1978 and ten million dollars for Fiscal Year 1979.

In 1977, the above CHEPP legislation was amended to include "qualified nursing home expense." This additional coverage with separate requirements for eligibility became known as CHEPP-2. This segment of CHEPP covers all nursing home expenses incurred on or after July 1, 1977, in excess of 20 percent of household income (preceding the year in which an application is filed) for persons 64 years of age or younger in long-term care facilities. In order to be eligible, persons must have already received at least 36 months of continuous care in a long-term care facility. "Nursing home" is defined as a skilled nursing facility or intermediate care facility I. Eligibility is from the date of satisfaction of the deductible until June 30 or not later than the last day of the month in which the patient becomes 65 years of age. After the 20 percent deductible is met, the state pays the reasonable cost of the eligible person's nursing home care. This payment is made to the patient, patient's family, or the nursing home after the end of the state fiscal year. If insufficient funds are appropriated for CHEPP-2 expenses, the payable amount will be prorated to all eligible individuals. The amount appropriated for CHEPP-2 was $450,000 per year for Fiscal Years 1978 and 1979.

County Referrals to the CHEP Program

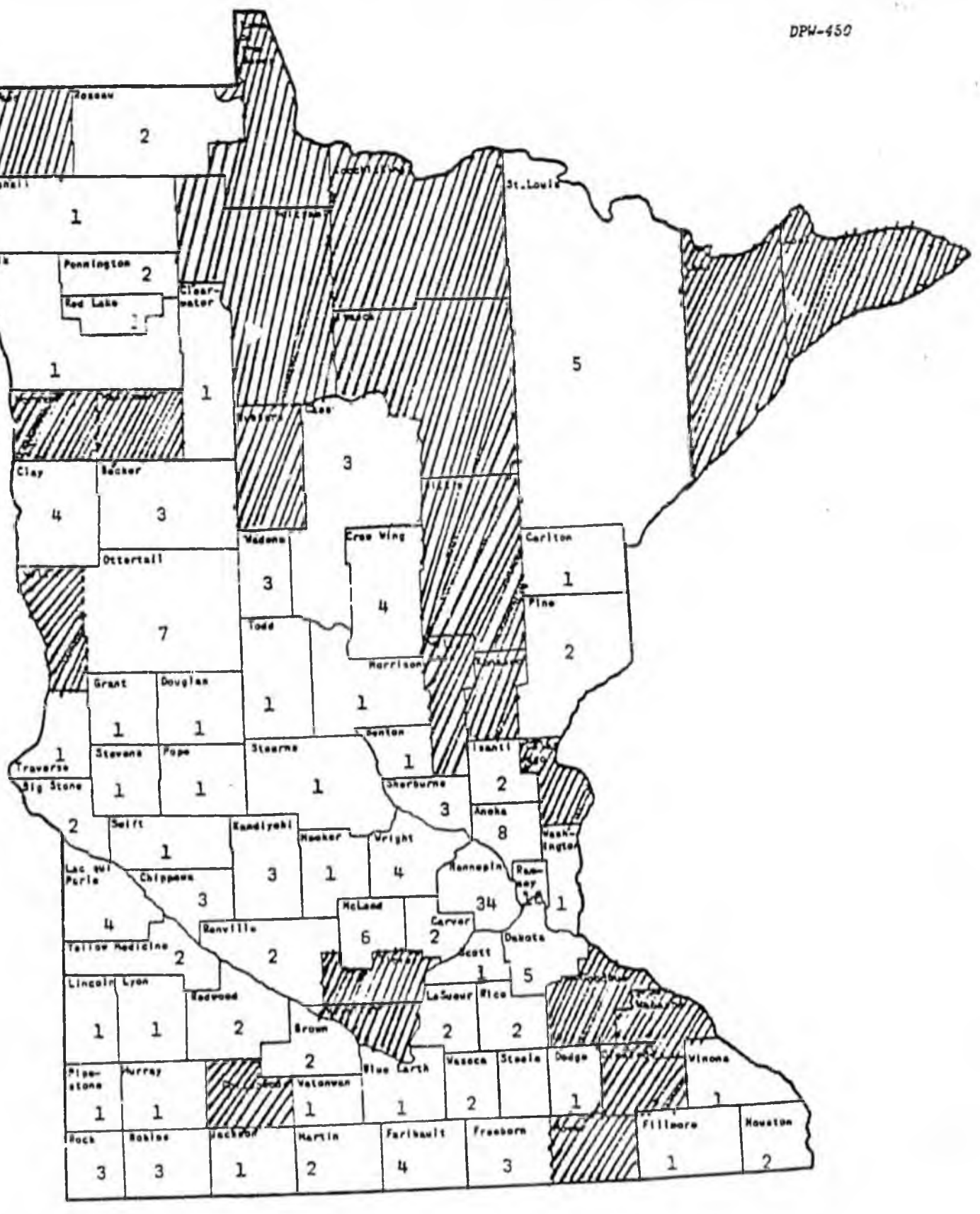
During the period July, 1977 through August, 1978, sixty-four counties have taken applications for CHEPP-1 and/or CHEPP-2, resulting in one of the three following initial determinations of case status: open, application pending, or denied case. The total number of CHEPP case applications taken, with information on same provided to the state, is 186 cases. Of these 186 cases from 64 different counties, 149 cases were open for some period of time during the 14 months from July, 1977 through August, 1978 for CHEPP-1. Twenty-two cases during this same period were denied eligibility for CHEPP-1, and two cases, according to the case information file, continue to have "application pending" status for CHEPP-1.

Under CHEPP-2, twelve cases were open during the period July, 1977 through June, 1978. One additional applicant during that same period was denied eligibility.

The map on page 6 shows the total case activity of each county. Those counties with no CHEPP-1 or CHEPP-2 case activity as of September 1, 1978 are:

Aitkin
Beltrami
Chisago
Cook
Cottonwood
Goodhue
Hubbard
Itasca
Kanabec
Kittson
Koochiching
Lake
Lake of the Woods
Mahnomen
Mille Lacs
Mower
Nicollet
Norman
Olmsted
Sibley
Steele
Wabasha
Wilkin

DPW-450


Roseau
2
Marshall
1
Polk
Pennington
2
Red Lake
1
Clear-
water
1
1
St.Louis
5
Lake
Lake of the Woods
Beltrami
Lake
3
Clay
4
Becker
3
Wadena
3
Cass
Crow Wing
4
Carlton
1
Pine
2
Ottertail
7
Todd
1
Harrison
1
Grant
1
Douglas
1
Benton
1
Isanti
2
Traverse
1
Stevens
1
Pope
1
Stearns
1
Sherburne
3
Anoka
8
Big Stone
2
Swift
1
Kandiyohi
3
Meeker
1
Wright
4
Hennepin
34
Ramsey
10
Lac qui
Parle
4
Chippewa
3
McLeod
6
Carver
2
Renville
2
Yellow Medicine
2
Scott
1
Dakota
5
Lincoln
1
Lyon
1
Redwood
2
Brown
2
LeSueur
2
Rice
2
Pipe-
stone
1
Murray
1
Watonwan
1
Blue Earth
1
Waseca
2
Steele
Dodge
1
Winona
1
Rock
3
Nobles
3
Jackson
1
Martin
2
Faribault
4
Freeborn
3
Fillmore
1
Houston
2

CHEPP-1

Introduction

The information on CHEPP-1 usage and patient characteristics was obtained from 100 percent case record review covering the 14-month period of July, 1977 through August, 1978. Discrepancies exist between information in the case records and that produced by the state computerized system. These discrepancies are typical of those found regarding other programs and are primarily due to inaccuracy, lack of updating information, or differences in defining data elements.

Patient Characteristics

During the 14-month period, July, 1977 through August, 1978, 149 cases were opened representing 345 individuals. Not all family members potentially eligible for CHEPP-1 have become eligible. At times, all family members are listed on the application but not on the case information file. Occasionally, some families chose to have only the "patient" eligible.

The following patient characteristics pertain only to the 149 individuals having catastrophic health expenses resulting in their (and their family's) eligibility for CHEPP-1. Characteristics of their eligible dependents are not included.

The age and sex of the 149 patients is as follows:

AGE AND SEX

AGE	MALE	FEMALE	TOTAL	PERCENT OF TOTAL
Under 21 years	7	2	9	6
21 - 44 years	14	16	30	20
45 - 64 years	37	58	95	64
65 and over	4	11	15	10
TOTALS	62	87	149	100

The preceding table shows that the majority (approximately 39%) of individuals eligible for CHEPP-1 are females between the ages of 45 and 65 years and almost two-thirds of all patients are between 45 and 65 years of age.

Diagnostic information on the 149 patients, when available, was obtained from county information contained in the case file. Diagnoses were not verified; accuracy of this information cannot be determined since it was self-reported. The major diagnostic categories are as follows:

DIAGNOSIS	NUMBER OF PATIENTS
Cancer	43
Heart conditions	31
Accidents (fractures, burns)	11
Stroke	8
Gastrointestinal disorders (ulcers, Crohn's disease, pancreatitis)	8
Genitourinary disorders (include kidney dialysis)	5
Respiratory disorders (asthma, emphysema)	5
Delivery/Newborn problems	4
Surgical joint repair	4
Psychiatric disorders	3
Arthritis and related problems	3
Liver diseases	2
Hernia	2
Multiple Sclerosis	1
Cystic Fibrosis	1
Chemical Dependency	1
Cellulitis	1
Phlebitis	1
Unknown	15
TOTAL	149

Cancer and heart conditions account for 50 percent of the diagnoses. At least 75 percent of those eligible for CHEPP-1 have had catastrophic expenses resulting from treatment of a chronic disease.

Income information on the 149 cases eligible for CHEPP-1 was self-reported on the CHEPP-1 application. The income used for eligibility determination is the sum of the federal adjusted gross income and all nontaxable income of the husband, wife and dependent children 23 years of age and older for the calendar year prior to the year of application for CHEPP-1 benefits.

The incomes for CHEPP-1 cases ranged from $-2,189.00 to $28,135.00 per year. The table below shows number and percent of cases in relation to income ranges.

INCOME RANGES	NUMBER OF CASES	PERCENT OF ALL CASES
Minus Income	6	4
$0 - 4,999	45	30.2
$5,000 - 9,999	61	41
$10,000 - 14,999	24	16
$15,000 - 19,999	8	5.4
$20,000 - 24,999	4	2.7
$25,000 - 28,135	1	.7
TOTALS	149	100.0

Approximately 87 percent of all the cases eligible for CHEPP-1 had incomes within the $0 to $15,000 range. The income range with the greatest number of cases (approximately 41 percent) was the $5,000 to $10,000 range.

The information on occupations of the 149 cases was obtained, when supplied, on the copies of tax returns or in copies of county notes on applicants when submitted with other application materials.

The table below indicates occupational categories and number and percent of cases in each category.

OCCUPATION	CASES NUMBER	PERCENT
Farmer	39	26.2
Retired	30	20
Own Business	28	19
Skilled Labor	14	9.4
Unskilled Labor	8	5.4
Sales	3	2
Unemployed-Disabled	2	1.3
College Student	1	.7
Other	9	6
Not Given	15	10
TOTALS	149	100.0

Approximately 45 percent of the cases that are or were open during the 14-month period were farmers or small businessmen. Almost two-thirds of the cases listed farmer, own business, or retired as the occupation.

Information from the CHEPP applications indicates whether the applicant and other family members are eligible for health insurance and Medicare. The following insurance information pertains only to the 149 individual patients whose conditions and status resulted in CHEPP eligibility. Individuals with insurance number 74; those without insurance number 75. Dependents of some of those 75 patients without insurance did have insurance, so the information given here does not pertain to entire cases regarding insurance. Fourteen patients were eligible for Medicare; of

these fourteen patients, nine had other health insurance. Of the 75 patients without health insurance, five were eligible for Medicare resulting in 70 patients with no health care coverage of any type. The insurance status of the 149 patients is indicated on the table below.

Health Insurance Only	65
Medicare Only	5
Health Insurance and Medicare	83
No Health Insurance or Medicare	70

The self-reported occupations of the 70 individuals with no health care coverage are indicated below.

OCCUPATION	PATIENTS	
	NUMBER	PERCENT
Farmer	22	31.4
Own Business	14	20
Skilled Labor	10	14.3
Retired	5	7
Unskilled Labor	3	4.3
Unemployed-Disabled	2	3
Sales	1	1.4
Other	6	8.6
Not Given	7	10
TOTALS	70	100.0

Farmers, small businessmen and skilled laborers are two-thirds of all those individuals with no health care coverage.

The following table indicates the percentage of all patients in each occupational category without any health care coverage.

OCCUPATION	PATIENT TOTAL NUMBER	PATIENT NUMBER W/O COVERAGE	PERCENT OF TOTAL
Farmer	39	22	56
Retired	30	5	16.7
Own Business	28	14	50
Skilled Labor	14	10	71.4
Unskilled Labor	8	3	37.5
Sales	3	1	33.3
Unemployed-Disabled	2	2	100
College Student	1	0	0
Other	9	6	66.7
Not Given	15	7	46.7
TOTALS	149	70	47

The above table suggests that those eligible for CHEPP-1 and indicating a skilled labor occupational category have the least health care coverage of employed groups, with farmers and small businessmen following.

The length of time an individual or family is eligible to have the state make payments for medical care ranges from less than one week to almost twelve months, depending upon the length of time it took to satisfy the deductible.

The following table indicates the number of months an individual or family was eligible to have medical expenses covered by CHEPP-1 and the number of cases in each category.

NUMBER OF MONTHS ELIGIBLE	NUMBER OF CASES
Less than 1 month	1
2 months	0
3 months	2
4 months	5
5 months	5
6 months	5
7 months	4
8 months	16
9 months	11
10 months	19
11 months	41
12 months	40

Approximately two-thirds of all the cases were eligible for CHEPP-1 benefits for 10 to 12 months, indicating that meeting the deductible generally occurs rapidly.

The minimum CHEPP-1 deductible is $2,500. The deductible category each case met is shown on the following table:

DEDUCTIBLE	CASES	
	NUMBER	PERCENT
$2500	64	43
$2501 - 3500	33	22
$3501 - 4500	24	16
$4501 - 5500	11	7.4
$5501 - 6500	7	4.7
$6501 - 7600	4	2.7
$7501 - 8500	1	.7
$8501 - 950	2	1.4
$9501 - 10,500	1	.7
$10,501 - 11,500	1	.7
$11,501 - 12,500	0	--
$12,501 - 12,881	1	.7
TOTALS	149	100.0

Approximately 43 percent of the cases were required to meet the minimum deductible. About 81 percent of all cases met a deductible ranging from $2500 to $4500.

The annual income range for those patients required to meet the $2500 deductible follows:

ANNUAL INCOME	NUMBER OF CASES
Minus Income	6
$0 - 1000	6
$1001 - 2000	2
$2001 - 3000	7
$3001 - 4000	14
$4001 - 5000	16
$5001 - 6000	11
$6001 - 6127	2
TOTAL	64

The maximum difference in incomes of those required to meet the $2500 deductible is approximately $8300.

The following table indicates the ranges of the required deductible for each of the income ranges for the 149 cases:

INCOME RANGES	NUMBER OF CASES	DEDUCTIBLE RANGES
Minus Income	6	$2500
$0 - 4999	45	$2500
$5000 - 9999	61	$2500 - 4000
$10,000 - 14,999	24	$4000 - 6000
$15,000 - 19,999	8	$6000 - 8500
$20,000 - 24,999	4	$8500 - 11,000
$25,000 - 28,135	1	$11,000 - 12,881

Sixty-three cases made application for CHEPP-1 from July 1 to December 30, 1977; 101 cases applied in the first seven months of 1978.

The small number of recent cases opened may be deceptive; at times the determination of eligibility is a lengthy process and the state is generally not informed of case information until the case status has been determined by the county. Therefore, it is possible that additional case applications have been taken by the county welfare departments and are not yet entered into the state system.

The reason for denial of eligibility for 15 of the 22 CHEPP-1 cases is available and follows. Twelve cases were not able to meet the CHEPP-1 deductible. Two of the cases could not meet the minimum $2500 deductible; other cases had higher deductibles which they could not meet. Two cases had received the majority of services prior to July 1, 1977, and one case did not reside in Minnesota. The reason for denial of eligibility for the remaining seven cases is not known.

As of September 1, 1978, 63 of the 149 CHEPP cases were open; 86 cases had been closed.

Following are the months in which the 149 cases opened under CHEPP-1 became eligible to have 90 percent of the cost of their medical care services covered by the sta

DATE ELIGIBLE FOR BENEFITS		NUMBER OF CASES
1977:	July	13
	August	12
	September	21
	October	12
	November	18
	December	13
1978:	January	14
	February	8
	March	13
	April	13
	May	8
	June	4
	July	0
	August	0

This pattern indicates how rapidly the deductible is met, since medical care which can be covered must have been provided on or after July 1, 1977.

Approximately three-fourths of those eligible for CHEPP-1 met deductibles of $2500 to $4000.

Providers Utilized by CHEPP-1 Patients

Payments were made to the following provider types under the CHEP Program. The number in parentheses indicate the number of CHEPP-1 patients receiving a service from this provider type. In 80 percent of the cases, a patient received services from more than one provider type.

Inpatient hospitals (89)
Physicians (141)
Pharmacies (96)
Outpatient hospitals (48)
Medical equipment and oxygen suppliers (10)
Nursing homes (7)
Ambulances (10)
Laboratories (2)

Physicians, pharmacies and hospitals were the providers most frequently utilized by the CHEPP-1 patients.

CHEPP-1 Caseload

During the July, 1977 through August, 1978 period, there was CHEPP-1 activity on 173 cases. The application dates and case status in relation to number of cases is shown below.

APPLICATION DATE		NUMBER OF CASES AND STATUS OPENED	DENIED	TOTAL STATUS
1977:	July	1	0	1
	August	4	0	4
	September	9	0	9
	October	12	1	13
	November	13	0	13
	December	22	1	23
1978:	January	11	3	14
	February	7	0	7
	March	14	1	15
	April	14	3	17
	May	20	2	22
	June	14	2	16
	July	8	2	10
	August	0	0	0
	TOTALS	149	15*	164**

*Excludes data on seven CHEPP-1 denied cases.

**The status of the two cases with "application pending" status are not known

The length of eligibility of the 149 CHEPP-1 cases, when plotted out, indicates the number of cases open each month; information below pertains to all cases which had been or were open prior to September 1, 1978:

DATE		NUMBER OF CASES OPEN
1977:	July	13
	August	25
	September	46
	October	58
	November	76
	December	89
1978:	January	103
	February	111
	March	124
	April	137
	May	145
	June	149
	July	95
	August	78
	September	63
	October	47
	November	35
	December	27
1979:	January	21
	February	14
	March	6
	April	3

As of September 1, 1978, all cases of "open" status would be closed at least by April, 1979. When the program became effective in July, 1977, many patients selected that date as the start of their eligibility year resulting in numerous cases being closed at the end of June, 1978. Due to the high deductible requirements to be met annually, it seems unlikely that many patients would be determined eligible in consecutive years. Therefore, eligible patients in Fiscal Year 1979 would probably not be reapplicants. At this time, the number of cases open each month during the second year of operation (starting July 1, 1978)is considerably less than during the first year. The option available to CHEPP patients to select the 12-month period for which state payment of medical expenses is to occur will continue to affect the pattern of cases open at any time, and one more year of experience will provide trend indications.

Current CHEPP-1 Costs

Costs to Patients - July, 1977 to August, 1978

The 149 CHEPP-1 families paid (or owe) a total of $534,775.68 in order to meet the program deductible. In addition, any bills submitted to and paid by the state required a 10% co-payment by the patient or patient's family, which totalled $47,370.47. Therefore, patients' out-of-pocket expenses to meet deductibles and co-payments were $582,146.15.

Costs to State - July, 1977 to August, 1978

The state payments made to providers as of September 1, 1978, totalled $469,489.79. Monthly county remittance management and fiscal reports indicate the state paid providers $426,331.75, during the 14-month period, through the centralized disbursement system. The first payments were made in November, 1977. A total of 1,796 claims have been processed by the state at a claims processing charge of $1,711.99. During this same 14-month period, the state paid a total of $43,158.04 outside the centralized disbursement system in order to reimburse patients for payments made for services which were to be covered under the CHEP Program or providers when both patient and CHEPP-1 were making partial payments on the same date (i.e. patient is meeting the deductible).

For Fiscal Year 1978, $8 million was appropriated for CHEPP-1 and the administrative budget was $56,475. For Fiscal Year 1979, $10 million is appropriated for CHEPP-1 and the administrative costs are budgeted at $57,115.

During Fiscal Year 1978, $252,351.35 was paid to providers for services rendered which were covered under the CHEPP-1 program. Payments made by the state outside the centralized disbursement system were $19,969.87. Therefore, the total amount paid for CHEPP-1 covered services during Fiscal Year 1978 was $272,321.22.

Projections - CHEPP-1

Utilization

Given the present application and eligibility patterns for CHEPP-1, it appears that fewer cases can be expected to be opened during Fiscal Year 1979, as compared with Fiscal Year 1978, if there are no changes in program administration or requirements.

The number of reapplications will probably be few because catastrophic health expenses generally do not continue to be incurred over a long period of time. Either the patient dies or improves; the need for CHEPP would be on a sporadic basis for those patients improving after having a catastrophic health problem. While patients' medical care expenses may continue to be high over the years, the annual deductible required would probably make continuing annual CHEPP-1 eligibility unlikely.

Costs

The total amount the state will reimburse providers during Fiscal Year 1979 will be significantly greater than the amount in Fiscal Year 1978 which was $272,321.22. During the first two months of Fiscal Year 1979, the state reimbursed providers a total of $197,168.57. But payments to providers do not correspond to utilization of the program for several reasons:

First, providers have up to one year from the date of service to bill the program. Therefore, the large amount paid to providers in July and August, 1978, includes payments for services provided in July and August, 1977. Second, large total payments to providers during one month may reflect three, rather than the usual two, state warrant writings in a month. Third, the catastrophic health expenses had to be incurred on or after July 1, 1977, to be used in meeting the deductible.

Eligibility for state coverage of care for the majority of patients began later in the fiscal year. Fourth, a number of the initial bills submitted by providers were rejected; many of these bills are being and will be resubmitted for payment. As with new programs, it takes the providers' billing personnel some time to learn the mechanics of billing the program properly. Fifth, during the first six months of 1978, the greatest number of cases were open for CHEPP benefits. Theoretically, the largest total payments to providers may be made through June of 1979. Unless the number of applicants who become eligible for CHEPP-1 increases in the future, costs to the state for providers' services should drop significantly in Fiscal Year 1980.

CHEPP-2

Introduction

The information on CHEPP-2 usage and patient characteristics was obtained from review of all case records which were opened during the July, 1977 through June, 1978 Fiscal Year. The CHEP-2 Program is operated on a manual basis to a much greater degree than is the CHEP-1 Program. The patients are not included in the case information files of eligibles, and payments are manually made to the patients at the end of the fiscal year.

Patient Characteristics

During Fiscal Year 1978, twelve individuals were eligible for CHEPP-2. Age, as of June 30, 1978, and sex of the twelve nursing home residents follow:

AGE AND SEX

AGE	MALE	FEMALE	TOTAL
50 to 55 years	1	2	3
55 to 60 years	-	4	4
60 to 65 years	2	3	5
TOTALS	3	9	12

Three-fourths of the patients were females and ages ranged from 50 to 64 years.

Diagnostic information available for eleven of the twelve patients is as follows:

DIAGNOSIS	MALE	FEMALE	TOTAL
Multiple Sclerosis	-	5	5
Stroke	2	2	4
Encephalitis	1	-	1
Huntington's Chorea	-	1	1
Unknown	-	1	1
TOTALS	3	9	12

Three-fourths of the patients had diagnoses of multiple sclerosis or stroke.

The income of those eligible for CHEPP-2 ranges from $1,548.00 to $30,469.13. Income ranges and number of cases in each range were:

INCOME	NUMBER OF CASES
$1,548	1
$12,000 to 16,000	6
$16,000 to 20,000	2
$20,000 to 30,470	3

Information from the CHEPP application indicates that four of the CHEPP-2 eligible patients had Medicare and one additional patient had other health insurance coverage. Therefore, seven of the twelve CHEPP-2 patients had no health care coverage of any type.

After meeting the 20 percent CHEPP-2 deductible, the number of months that individuals were eligible to have nursing home expenses covered is as follows:

NUMBER OF MONTHS ELIGIBLE	PATIENTS
1 to 2 months	1
2 to 3 months	0
3 to 4 months	1
4 to 5 months	1
5 to 6 months	1
6 to 7 months	2
7 to 8 months	4
8 to 9 months	2

One-half of the patients had nursing home expenses covered during a seven to nine month period.

The deductibles to be met by the twelve families ranged from approximately $310 to $6,094, and are shown in the following table:

DEDUCTIBLE RANGE	PATIENTS
$309.60	1
$2,000 to 3,000	4
$3,000 to 4,000	4
$4,000 to 5,000	1
$5,000 to 6,000	1
$6,093.80	1

Two-thirds of the patients met deductibles ranging from $2,000 to $4,000.

The length of time the twelve patients have resided in nursing homes ranges from three years to fifteen years. The range of nursing home stays in relation to number of patients is as follows:

YEARS IN NURSING HOME	PATIENTS
3 to 5 years	6
5 to 7 years	3
7 to 15 years	3

County Referrals to CHEP-2 Program

During the period July, 1977 through June, 1978, thirteen applications were taken for CHEPP-2 from ten different counties. Twelve cases were opened and one case was denied because the patient was over 65 years of age.

The counties which have referred cases to CHEPP-2 are:

Anoka	- 2 cases	Meeker	- 1 case denied
Hennepin	- 3 cases	Murray	- 1 case
Houston	- 1 case	Pine	- 1 case
Kandiyohi	- 1 case	Ramsey	- 1 case
Le Sueur	- 1 case	Yellow Medicine	- 1 case

CHEPP-2 Caseload

The CHEP-2 Program requires that eligibility for benefits be terminated each June 30, or when the patients become 65 years of age. As of September 1, 1978, no cases were yet eligible for Fiscal Year 1979 CHEPP-2 benefits, probably because the deductible was not yet met.

The application dates and case status in relation to number of cases is shown below.

APPLICATION DATE		NUMBER OF CASES AND STATUS		
		OPENED	DENIED	TOTAL
1977:	September	3	0	3
	October	2	1	3
	November	2	0	2
	December	0	0	0
1978:	January	0	0	0
	February	2	0	2
	March	1	0	1
	April	0	0	0
	May	2	0	2

Eleven patients remained eligible through June 30, 1978; one patient died in May, 1978.

Current CHEPP-2 Costs

Costs to Patients

The twelve CHEPP-2 patients paid a total of $30,935.40 for nursing home care in order to meet the program deductible. Any health care services, other than

skilled nursing facility or intermediate care facility I services, must be paid for by the family or, if eligible, through other health care coverage. These costs are not known.

Costs to State

The state payments to families or nursing home providers for the twelve CHEPP-2 patients for FY1978 totalled $55,323.65. The amount paid per patient ranged from $1,348.00 for a patient eligible one and one-half months to $9,085.04 for a patient eligible for approximately nine months. The average payment per patient was $4,610.30.

Projections - CHEPP-2

Utilization

Holding all factors constant, such as household income, it appears that nine of the twelve patients eligible for CHEPP-2 in Fiscal Year 1978 could be eligible for the same time period in Fiscal Year 1979. Of the three patients with reduced or no eligibility, two will become 65 years of age during the fiscal year so eligibility will be terminated, and one patient has expired. In general, the patients eligible for CHEPP-2 will continue to be eligible until they turn age 65. The fact they have already met an eligibility requirement of a three-year continuous stay in a nursing home indicates their chronic diseases are long-term conditions. Therefore, the majority of patients will be eligible each year, until 65 years of age, resulting in a cumulative patient count over a period of time.

Costs

Given the same household incomes and nursing home per diem rates as in Fiscal Year 1978, the state dollars which could be expended in Fiscal Year 1979 on the eleven CHEPP-2 patients (two with limited eligibility) would be approximately $44,500.

PROJECTED USAGE OF CHEPP PRIOR TO IMPLEMENTATION

During the three-year period prior to the enactment of CHEPP legislation, legislative staff obtained information and data from numerous sources in order to attempt to project need, utilization and costs of a catastrophic health case program in Minnesota. Information and data collected included: national and Minnesota medical care cost increases over time; data upon which congressional bills were based; type of insurance coverage provided by large Minnesota employers; national research estimates on catastrophic health expenses; estimates of Minnesota's uninsured and underinsured population; review of catastrophic health care coverage in other states; and, data from a computer study done by the Tax Study Commission regarding medical deductions from 20,000 tax returns for 1974.

During the years of data collection and analysis, it was recognized that data available was fragmented, not at all conclusive; and allowed, at best, for only rough approximations of need, utilization and costs. Several estimates on each of these subjects were made.

It appears that the two primary sources of data used in projecting cost and utilization for a Minnesota catastrophic health program were the Tax Study Commission reports and the actual experience of Rhode Island's Catastrophic Health Insurance Plan which became effective in 1975.

The Tax Study Commission resulted in the estimates and projections for a Minnesota program as follows:

PROJECTED COSTS AND UTILIZATION OF THE CHEP PROGRAM BASED ON TAX STUDY COMMISSION DATA FROM 1974 TAX RETURNS, AVAILABLE TO LEGISLATIVE STAFF IN 1976

Calendar Years	Gross State Program Costs (In Millions)	Net State Cost* (Due to 15% Savings in Other Programs)
1975	9.5	7.9
1976	10.2	8.5
1977	10.9	9.1
1978	11.6	9.7
1979	12.4	10.3

*A 15 percent savings in the medical assistance and general assistance programs as a result of the state catastrophic health insurance program was predicted.

In addition, it was projected that about 1,750 households would have benefited from a catastrophic health expense program in 1974. Approximately 72 percent of the projected households would involve a senior citizen. It also was estimated that the utilization and costs would increase 15 percent annually.

At the same time in 1976, Minnesota estimates were made based on data from the Rhode Island program as shown below:

MINNESOTA ESTIMATES

	COSTS	CASES
First six months	$1,250,000	230
Second six months	$1,920,000	415
Third six months	$2,415,000	1045

In making the estimates based on Rhode Island's program, the following factors were taken into account: Rhode Island has about one-quarter the population of Minnesota and a higher percentage of their population has health insurance.

The Department of Public Welfare based its 1978-1979 biennial CHEPP budget request for $20 million on the calculations from the Tax Study Commission reports rather than on the Rhode Island-based projections. The legislature appropriated $18 million for the biennium; $8 million for the first year and $10 million for the second.

Minnesota's actual experience with the CHEP Program, as has been shown, is considerably different than what was projected. In fact, the present experience appears to parallel the initial experiences of Rhode Island's program.

The following is information on Rhode Island's Program:

	FY '75	FY'76	FY'77	FY'78
Total Budget	$1,500,000	$980,568	$1,362,489	$1,426,852
Claim Expenditures	$ 197,946	$682,532	1,095,937	$1,537,761
Eligible Families	58	133	173	396
New Applications	176	N/A	N/A	257

Since the inception of Rhode Island's program, "mental disorders" have been the primary diagnostic category reported by families. With the exception of this category, the ranking of the rest of the diagnostic categories appears to be similar to Minnesota's experience.

FACTORS IMPEDING USAGE OF CHEPP

Two factors which appear to have an impact on the utilization of CHEPP are the program requirements for eligibility and the CHEPP publicity and training activities.

The eligibility requirements, particularly the high deductible and the 36-month nursing home residency requirements, limit the number of persons who can use the program. If the primary purpose of CHEPP-1 is to provide assistance to families on a one-time or episodic basis, rather than for chronic disease expenses on an ongoing basis, the program appears to be effective. However, at this time, there is no information available to determine if present utilization is reflecting the need for the CHEP Program.

Soon after the CHEP Program became operational, ten "training sessions" were held in August, 1977, in various areas of the state for purposes of informing and training county welfare agency personnel about CHEPP. Attendance records for these sessions are no longer available. Since that time, one additional training session was held and five meetings were attended for purposes of presenting information about CHEPP. One news article was published in a metro paper and three news releases were distributed to numerous papers, but it is not known if they were used. CHEPP informational brochures have been distributed to county welfare departments, all providers, each district social security office, each information and resource office, the St. Paul Area Chamber of Commerce, the State Cancer Society and the state medical association. Providers and counties have been provided general information about the program in various bulletins. A manual and an administrative rule for the CHEP Program have both been developed and are in effect. The majority of these training and publicity activities occurred in 1977.

In view of the fact that CHEPP is a new program and has been less utilized than expected; perhaps the public, the potential eligibles, the potential referral sources and the county welfare personnel have not been as well-informed as they could be or should be. Publicity and training activity results can also be useful in determining whether or not need for CHEPP is being met in view of application activity following active, organized training and publicity on the program.

Because it is not known whether CHEPP is meeting the need for such a program, ong ng examination of who is using the program and their characteristics, in addition to follow-up on cases which are closed or denied, is important for purposes of obtaining information on additional factors which may be impeding the usage of CHEPP.

CHEPP RECOMMENDATIONS

The CHEP Program has been operational just over one year. In view of maximum annual eligibility for the program of twelve months, minus the time period in which the deductible is being met, there is not, as yet, enough program experience upon which to base sound predictions for future costs and usage.

Prior to development of CHEPP legislation, legislative staff collected information and data over a three-year period for purposes of projecting need, utilization, and costs for catastrophic health care coverage. During, and since that time, no data has been discovered upon which to comfortably and firmly base cost and utilization projections for the CHEP Program. Trends can be noted and some projections based on them, although a minimum of one more year of CHEPP experience is desirable for development of projections based on actual experience.

At this time, the four basic options available regarding the CHEP Program are:

1. Continue to operate the program as in the past.
2. Continue to operate the program as in the past with minor modifications and add publicity, training and need determination activities.
3. Propose legislative changes to modify CHEPP eligibility requirements.
4. Combination of numbers 2 and 3.

After review of the proposed and current functioning of the CHEP Program, the fourth option is the one recommended. The basic unanswered questions at this time are whether the CHEP Program is meeting the need (in view of the eligibility requirements) or whether the utilization is low because potential eligibles or their referral sources do not know about the program. Until there is more information available on these two issues, major modifications of CHEPP legislation are not recommended. It appears most new health care coverage

programs start out slowly but soon expand beyond all projections, as in the General Assistance Medical Care and Medicaid Programs.

Specific CHEPP recommendations, based on the necessity of determining whether or not the need for the program is being met, are the following:

1. Contact county financial workers on a county-by-county basis to obtain information on the following issues for purposes of assessing unmet need for CHEPP:
   a. determine their knowledge of CHEPP;
   b. determine if need is being met regarding catastrophic health expenses from county agency's viewpoint;
   c. determine why some counties have never referred cases;
   d. determine why some counties have referred one case long ago and none since;
   e. determine why there are few, if any, applications;
   f. follow up on cases;
   g. determine from these contacts the method and type of CHEPP information that is required at the county level.
2. Provide or arrange for training of county financial workers regarding the CHEP Program on an ongoing basis. This training should be available on a scheduled basis as well as on an "as requested" basis.
3. Provide for education of providers and their billing personnel regarding the CHEP Program on a regular basis. Providers, especially hospitals and physicians, and their billing personnel, are likely to be among the best program referral sources. Inclusion of CHEPP information in the programs presented by the provider education unit of the medical assistance program is suggested.

   Other methods of educating providers about the CHEP Program include:
   a. making presentations; i.e. at association meetings;
   b. sending out additional provider bulletins;
   c. placing messages on provider remittance report.

4. Add to the CHEP Program application information that would be useful in the program administration including:
   a. referral source
   b. patient's diagnosis, per physician
   c. identification of the "patient"
   d. occupation
   e. total expenses for the episode of illness
   f. additional information on health insurance status
5. Develop a CHEP Program report which summarizes CHEPP activities, utilization, need and costs so that program effectiveness can be measured on a regular ongoing basis. A program summary should be developed annually and contain recommendations for future program changes based on actual experience.
6. Conduct a telephone survey on a sample of the skilled nursing facilities and intermediate care I facilities to determine the unmet need for CHEPP-2.
7. Utilize health education techniques in publicizing the CHEP Program. Public health students in health education may suggest or aid in this for purposes of determining effectiveness of health education alternatives.
8. Collect information on the health insurance status of the patient and family so that problems in this area can be delineated, as in relation to coverage available for certain groups, and knowledge about the Minnesota Comprehensive Health Association health insurance plans.
9. Followup on past activity initiated to determine if a federal contribution to the cost of CHEPP could be received during the time that the eligibility for medical assistance or general assistance medical care was forestalled.

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THE PRECEDING PAGES WERE TREATED AS
A UNIT IN THE ORIGINAL FILE.

Georgetown University Health Policy Center
Seminar on State Health Insurance Plans
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THE POLITICAL PLANNING OF A STATE HEALTH INSURANCE PROGRAM

By Senator Donald D. H. Ching
Majority Leader
Hawaii State Senate

The concept of prepaid health care based on mandatory employment-related coverage was a brand new idea when first introduced in the Hawaii Legislature in 1971. It became law three years later as Act 210 of the 1974 legislative session.

Enactment of our Prepaid Health Care Law climaxed several years of lively discussion in the Legislature, and for many of us who supported it, Act 210 marked yet another milestone in the growing body of progressive legislation placed in our statutes since our Islands became a sovereign state in 1959.

Measured against the national background, the law represented a significant achievement in terms of social progress. Yet, while there was much discussion between introduction and enactment, the proposal was not widely viewed as politically controversial by the public at large. As a matter of fact, in my nearly 20 years of experience in our Legislature, I have seen a lot more heat generated over issues of considerably lesser public import.

To be sure, there was resistance and opposition from the traditional opponents of so-called "social legislation." But there was not the hue and cry that one might expect, considering the novelty of the concept.

This is not to say that the spectrum of political thought in Hawaii does not cover any ground to the right of center. Let me assure you we do have traditional conservative views held by many in our State, and I, for one, believe this is a healthy condition. But to the credit of those who did not adhere to the concept, their opposition was not based on the emotionalism that too often attends and distorts vital public issues of the day.

I believe the law was generally accepted by the public because of the kind of political climate we have in Hawaii and because the law was viewed as a logical extension of the kinds of programs that were already in effect at the time.

Let me briefly describe our Prepaid Health Care Law, then attempt to present an account of its chronological place in the context of Hawaii's legislative history.

The Act requires virtually every employer in the State to provide regular employees a health insurance program and to contribute at least one-half the premium cost for the employees' coverage. The major categories of employees excluded are insurance and real estate salesmen paid entirely by commissions and individuals under 21 working under a parental relationship.

The employee's contribution is limited to no more than 1.5 per cent of his monthly salary. A "regular" employee is defined as one who works at least 20 hours a week, excepting seasonal hires in Hawaii's pineapple industry.

Health plans negotiated under collective bargaining agreements are exempt because such negotiated benefits are, for the most part, more liberal in coverage or employer contributions than required under the Act.

An employer can elect to provide a plan which obligates the insurer to either reimburse the expenses of health care or to directly furnish the required health care benefits. The level of benefits provided must be equal to or medically reasonably substitutable for those benefits provided by prepaid health care plans of each type -- direct or reimbursed -- which has the largest number of subscribers in the State. In Hawaii, the standards are thus based on the Kaiser Health Foundation's Plan I, in the case of direct services, and the Hawaii Medical Service Association's (Blue Shield) Plan IV, in the case of reimbursed expenses. Both the Kaiser and HMSA plans are basic, comprehensive medical plans emphasizing ambulatory care.

Plans offered by other insurers may be provided, upon review and approval of a seven-member advisory council comprised of consumer, employer, medical profession, and health plan representatives.

What kind of coverage is required by our law? Every qualifying plan must include the following:

-- 120 days of hospital benefits, plus outpatient services.

-- surgical benefits, including anesthesiologist services.

-- medical services, including home, office, hospital visits, and intensive medical care.

-- laboratory, x-ray, and radio-therapeutic services necessary for diagnosis and treatment.

-- maternity benefits, provided an employee has been covered for nine months prior to childbirth.

-- and, under an amendment added last year, substance abuse benefits for alcoholism and drug addiction, including outpatient services and detoxification and acute care benefits.

The foregoing summarizes the basic provisions of our law.

How, then, did we come to enact what some may view as an extremely liberal mandatory health insurance program?

First, it should be noted that we have a substantial body of progressive and advanced social legislation in Hawaii. This is true of our labor laws, our educational system, our public welfare program, and in our judicial system. For instance, our minimum wage law, wage and hour law, workers' compensation, temporary disability insurance, and unemployment insurance programs all have standards comparable to the highest in the Nation. In addition, we also have a public defender program and a criminal injuries compensation law. We also have a no-fault insurance law and a medical malpractice law, the latter amended this year to remove the mandatory feature and to permit doctors the option of forming cooperative indemnity plans to protect themselves against liability judgments.

Our public assistance program is so liberal it is causing us severe financial strains -- but that's another story, and I won't digress into it, except to note that we eagerly look forward to federal reform initiatives promised by the Carter Administration.

The political foundation for eventual enactment of our prepaid health care law was further set during the mid-sixties in a program popularly labeled "The New Hawaii," adopted jointly by the legislative majorities and the Administration.

During this period, dramatic changes were advanced in terms of Hawaii's social, economic, and political conditions. Basically, the stated objective was to enact laws and programs to insure equal treatment and equal opportunities for all citizens. If this sounds simplistic, it should be borne in mind that Hawaii was pretty much the political domain of the sugar and pineapple plantation interests up until the end of World War II and that when, for the first time in our history, we elected a Democratic Governor and Democratic majorities in both houses of the State Legislature in 1962, there were not a few who thought the revolution was at hand.

But the changes we sought were achieved in orderly, not revolutionary, fashion. And there was early ferment for novel and innovative legislation to extend equal opportunity in basic human concerns to all segments of our society.

It appeared logical to move toward some form of mandatory prepaid health care law. The question then was how best to extend coverage to the uninsured working men and women

of Hawaii and thereby provide them "equal treatment" as a matter of social equity. Moreover, how could this be best achieved without any substantial added costs to the State, bearing in mind that our centralized system imposes unusually heavy financial burdens on the State?

To determine cost factors and the numbers and classes of employees in the uncovered "gap group," a study was commissioned through the Legislative Reference Bureau, the Legislature's principal research arm. Dr. Stefan A. Riesenfeld, former University of California law professor and a widely recognized authority on social legislation, now counsel to the U.S. State Department, was selected to do the research. Professor Riesenfeld had prepared an earlier report for the Legislature on temporary disability insurance, which study was extremely valuable to us in enacting our TDI law in 1969.

The Riesenfeld report, published in 1971, was a thorough and comprehensive study. Acknowledging the difficulty of precisely quantifying need, the report generally concluded that, among the State's employed, 11.7 per cent did not have hospital coverage, 13.5 per cent lacked surgical coverage, and 17.2 per cent did not have regular medical insurance.

The existence of a significant number of otherwise uncovered potential beneficiaries of the proposed legislation formed the primary policy consideration of the program. Other factors considered included the rising costs of health care and the need to assue the most practical method of ensuring the financial availability of health care for Hawaii's working men and women. Thus, the overall health of our population was the over-riding concern; without ensuring the

ready accessibility of health care, how could optimum health care be maintained?

Data compiled and analyzed in the report were very thorough. Sources outside the State included the Health Insurance Association of America, the Health Insurance Institute, the Bureau of Labor Statistics, the Social Security Administration, and the Bureau of the Census. Information from State agencies included data from the State Statistician and the Departments of Taxation, Planning and Economic Development, Social Services and Housing, and Labor and Industrial Relations. Data was also gathered from labor unions, the Hawaii Employers Council, the HMSA, Kaiser Foundation, and through questionnaires mailed to all employers covered by the Hawaii Employment Security Law.

Data used included statistics relative to the following:

-- Population by age levels, civilian and military. The latter distinction was important because of the sizeable permanent military presence in Hawaii.

-- Labor force, public and private.

-- Population entited to Medicare.

-- Extent of prepaid health plan coverage for hospital, surgical, and medical benefits, both for subscribers and dependents.

-- Size and type of business of private employers.

-- Medical assistance recipients and expenditures.

As indicated by the sources of data, the full range of interest groups became involved in the process, whether employer or employee oriented.

During our legislative committee hearings, testimony was presented by representatives of the insurance industry, the health professions, the University of Hawaii Schools of Public Health and Social Work, the Comprehensive Health Planning Council, and a wide range of individual citizens.

There was very little question as to whether the plan proposed would be comprehensive or catastrophic in its approach. The Riesenfeld report recommended the comprehensive coverage plan and specifically recommended the adoption of prevailing coverages in the State, which then became the legal minimum. This reflected the health care habits and patterns of the State and set a floor without unduly disrupting the existing schedules of coverage.

The decision to make coverage mandatory was central to the legislation proposed. Before enactment of Act 210, voluntary participation was, in effect, the public policy of the State.

As to the question of affordability, the only new cost factors imposed upon the State weere founded upon the administrative requirements of the law and anticipated premium supplementation.

Administration of the new program proved to be quite easy, as it was smoothly meshed in as a responsibility of the Disability Compensation Division of the State's Department of Labor and Industrial Relations. Thus, three important employee benefits programs were placed under one umbrella: the well-established Worker's Compensation Law; the TDI law passed in 1969; and the 1974 Prepaid Health Care Act. (Incidentally,

you may have noticed that what used to be known as Workmen's Compensation is now referred to as Workers' Compensation in our State, reflecting the many similar amendments we have adopted consonant to our accepted policy on equal rights.)

Much to our pleasant surprise, the administrative expenses of Act 210 have been comparatively low. Initially, we authorized 11 new positions in the Disability Compensation Division, with an appropriation of $250,000 in General Funds to cover salaries and other expenses. Much to the division's credit, Act 210 was implemented with substantially the existing staff. The first appropriation thus lapsed, and it was renewed this year at the same annual level on the expectation that additional personnel will be recruited during the next biennium.

A feature of Act 210 is a provision for premium supplementation financed by the State to cover employer premium requirements caused by limits imposed on employee contributions. This feature subsidizing employer contributions was included to provide a cost protection for marginal small businesses. Initially, $375,000 was set aside in a trust fund for premium supplementation. Again, to our pleasant surprise, there has been little need to supplement premiums. It's estimated that, to date, only some $20,000 to $30,000 has been tapped from the trust fund in subsidies. Meanwhile, the fund is held in an interest-earning status.

What are the numbers that actually surfaced as a consequence of Act 210? The division reports that about 18,500 employers have thus far been registered. However, the extent

of newly covered workers has been difficult to establish because many of the registered employers had voluntary programs in effect before Act 210. Dr. Riesenfeld has estamated some 40,000 employees were not covered at the time he conducted his study. The Disability Compensation Division is of the opinion that actually more than 40,000 received new benefits because of the requirement that employers cover at least half of the premium costs.

Of the 18,500 employers, all but some 1,000 have elected plans offered by the State's two major insurers -- HMSA and Kaiser. The approximately 1,000 employers who have opted for plans offered by other insurers are the major source of additional workload upon the division. Each submittal in this category must be reviewed by the advisory council.

The advisory council provision serves another purpose. During the course of legislative hearings on the act, public health advocates had expressed concern that the required benefits might be too rigid and unresponsive to changes in health care over the years. The Prepaid Health Care Advisory Council provisions were thus added to establish an appropriate agent to review medical equivalency of benefits.

To conclude, in light of Hawaii's experience, I believe any national health insurance plan should take into consideration the course that we have opted for. I am confident the standards we have set would meet any that a federal law would impose. As a means of encouraging other states to follow suit, or to adopt a true state plan such as Rhode Island's,

I suggest federal legislation provide support grants to at least cover administrative costs and any necessary premium supplementation expenses.

Finally, let me summarize the conditions that led to the successful adoption and implementation of Hawaii's Prepaid Health Care Act:

1 -- A political climate sympathetic to social needs.

2 -- Timeliness in terms of progressive improvements to the general body of social legislation already on the books.

3 -- A comprehensive study of a state's needs, to arm proponents with the information necessary to justify the proposed legislation.

4 -- Open discussion involving all interested elements within the public.

5 -- The last may be an element not very common to other jurisdictions, but I believe it was an important consideration in our own deliberations. This is the fact, well established in our study, that the majority of employees insured under voluntary plans or through government-employee programs were covered under plans offered by two major insurers in the State. Having a clear pattern to follow in prevailing benefits, it was easier to overcome resistance against extending similar benefits to all the State's working men and women.

I hope our experience and the foregoing thoughts presented for your discussion prove helpful to you in your own endeavors to develop plans for extending health care benefits to all others who need such coverage in our Nation.

Mahalo.

# # #

STATE OF ALASKA
THE LEGISLATURE

POUCH Y STATE CAPITOL
JUNEAU ALASKA 99811
907 465 3870

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM May 27, 1977

SUBJECT: State Health Insurance (W.O. #4206)

TO: The Honorable Thelma Buchholdt

FROM: Sharman Haley SH
Research Analyst

Carter's National Health Insurance Proposal

The Carter Administration has not developed a comprehensive health insurance proposal. An advisory committee was recently established to evaluate the alternative approaches to national health insurance, and they are currently taking testimony in several cities across the country.

During the campaign, Carter promised national health insurance with the following provisions:

1. universal and mandatory coverage, implemented in stages based on priorities of need and financial feasibility;
2. comprehensive and uniform benefits with emphasis on preventive medicine;
3. financing by payroll taxes and general tax revenues;
4. cost and quality controls, uniform standards and set rates;
5. maximum personal interrelationship between patient and physician, consumer choice of provider, and basic concern for the dignity of the person, unrelated to wealth or income;
6. incentives for improved delivery of services, for increased productivity, for redistribution of health personnel, and

resources for the development of alternative delivery systems;

7. consumer representation in development and administration.

Carter estimated the cost of implementing this program at $10 billion of new federal expenditures. It is not clear what his reasoning was to arrive at such a low figure, since he has not proposed a plan that can be costed out. One comprehensive mandatory plan that has been cost estimated is the Health Security Act, and the estimate of new federal expenditures for that plan is $80 billion.

There were 23 different national health insurance proposals before Congress last year, but none are moving now.

State Approaches

Two national organizations have developed model state health insurance legislation. The Conference of Insurance Legislators proposes a comprehensive health care program with universal voluntary coverage, regulated by the state, but administered by private carriers and financed by consumers. The National Association of Insurance Commissioners proposes a catastrophic health care program financed by the state. We have requested copies of these two models.

There are five states that have passed and implemented state health insurance. In Rhode Island, Maine, and Minnesota, the state provides financial assistance for catastrophic health expenses. In Hawaii, Connecticut and Minnesota, again, the state regulates private comprehensive health coverage to insure quality and availability and to control costs. No state directly subsidizes comprehensive health insurance for its residents, because it appears to be prohibitively expensive.

Hawaii: Every employer in Hawaii is required to offer a qualified health care plan to his/her employees and to pay at least half the premium. Qualified plans must meet state minimum standards. Small employers with fewer than eight employees whose share of the premiums would exceed 1.5% of their payroll, when that excess is greater than 5% of the employer's income from the business are entitled to a state subsidy for the remainder of the premium. This statute took effect in 1975, and though several employers applied for state assistance, none were found to be eligible.

Connecticut: The Connecticut comprehensive health care plans statute insures the universal availability of comprehensive health care insurance contracts meeting state minimum standards, at standardized premiums. The Health Reinsurance Association is created with mandatory membership of all carriers in the state to pool risk for the mandated coverage. The premium rates vary by sex and age, and for group contracts by geographical area, as well. Sample quarterly premium rates are in Table I.

Table I - Sample Quarterly Premium Rates for Connecticut Comprehensive Health Care Plans

Individual/ /Group*	30-year old Female	60-year old Male
Deductible $200	$114.57/ /$103.11	$243.15/ /$218.82
$500	$ 85.92/ /$ 77.34	$182.37/ /$164.13
$750	$ 74.46/ /$ 67.02	$158.04/ /$142.23

* Rate for Hartford, New Haven and Fairfield region.

Minnesota: The Minnesota statute requires all health insurance carriers to offer health coverage which meets minimum state standards, and requires employee health benefits to meet minimum standards. It also establishes a state comprehensive health plan available to any resident who is rejected, restricted, or limited in their health coverage from the private sector. This state plan is offered by all carriers and reinsured by an association of carriers, in which membership is mandatory, to pool the profits and losses of high risk coverage.

This comprehensive health insurance statute in Minnesota took effect in January of this year. There are now 12 law suits pending challenging the law. Interstate employers complain that when Minnesota law requires a high standard of health benefits for employees, the employer must offer the same high benefits to its employees in other states. Thus, the law has impact beyond the borders of the state and may be unconstitutional.

Minnesota also has a Catastrophic Health Expense Protection Act under which the state pays 90 percent of a resident's health care expenses after the resident's out-of-pocket expenses exceed (a) 40 percent of his/her household income under $15,000, 50 percent of his/her household income between $15,000 and $25,000, plus 60 percent of his/her household income in excess of $25,000; or (b) $2,500; whichever is greater. This statute does not take effect until July 1 this year, so its fiscal impact is not known. On the basis of very crude estimates, it was budgeted for $18 million over the two year budget period, plus $50,000 for administration.

Rhode Island: Rhode Island's catastrophic health insurance statute has been in effect for three years. For the 85 percent of Rhode Island's residents who have private health coverage which meets minimum standards,

the state will pay costs of health care beyond the limits or coverage of the private insurance and above $500 or 10 percent of the resident's income. For the other 15 percent who do not have private insurance, the state will pay costs over $5,000 or 50 percent of the resident's income. The program is not well known yet. Of the 300 to 400 applications to the state for payment of health bills received each year, only half are found to be eligible. The annual state expenditure for the coverage is running $1,500,000 per year.

A health resources development fund is established not only to pay catastrophic costs but to make grants, loans, or contracts for the improvement of health facilities, services or education.

The statute also authorizes state regulation regarding consumer protection, quality of health coverage, universal availability, and rates.

Maine: The Maine catastrophic illness statute provides that the state will pay all remaining eligible health care expenses when the resident's out-of-pocket expenses reach 20 percent of the resident's net income, plus $1,000. For residents whose net worth exceeds $20,000 and such net worth includes cashable assets, 10 percent of such cashable assets are added to the out-of-pocket expenses threshold.

Considerations for Alaska

Although Alaska has a Catastrophic Illness Committee, it has not been given clear guidelines nor adequate funding.

The state approaches which have been tested elsewhere which you may want to consider for Alaska include:

1. state minimum standards for comprehensive health plans offered by private carriers;
2. mandatory availability of such plans to all state residents regardless of age or physical condition;
3. mandatory membership of all health insurance carriers in a reinsurance association to pool risk;
4. regulation of premium rates and provider reimbursements;
5. comprehensive health benefits mandated for all employees, with at least 50 percent of the premiums paid by employers;

All of the above provisions combined would still leave some people without comprehensive coverage. Self-employed, part-time or non-working people with adequate incomes would have a choice whether or not to purchase coverage, and some would choose not to. Self-employed, part-time, unemployed and non-working people with low incomes, however, could not afford to purchase private health insurance. People in this category might include farmers, homesteaders, miners, independent truckers, fishermen, small family business people, widows, retired people not eligible for Medicare, lots of low paid part-time workers (mostly women) and, of course, all their dependents. In addition, there are large numbers of seasonally employed people in Alaska who would only have coverage part of the year, such as loggers, cannery workers, and tourist industry employees. Public Health Services, Medicaid, and Medicare provide coverage for large sectors of low income Alaskans, plus General Relief-Medical and other state programs provide piecemeal health services for eligibles, but we are still far from comprehensive coverage for all.

The only way for the state to insure universal coverage is to subsidize it to the tune of millions of dollars.

Before we can proceed to draft a state comprehensive health insurance plan for Alaska, some policy decisions must be made:

1. Coverage - is enrollment voluntary or mandatory, and for whom is the coverage targeted?
2. Benefits - which expenses will be covered?
3. Financing - what portion will the state or employers pay? How much in premiums, deductibles, or co-payments must the consumer pay?
4. Cost and Quality Control - how will rates or standards of care be set?
5. Administration - what is the role of private carriers? What is the role of the state?

There will be a seminar on state health insurance plans on Friday, July 29, in Washington, D. C., sponsored by the Georgetown University Health Policy Center. There will be four forums: (1) political planning for enactment of state health insurance; (2) administrative aspects; (3) benefit coverage and eligibility; and (4) the cost of state health insurance, and looking ahead to national health insurance. Reservations or inquiries should be directed to: Jordan Braveman, Director of Policy Analysis, Georgetown University Health Policy Center, 3520 Prospect Street, N.W., Washington, D. C. 20057. He can also be reached by phone at (202) 625-3092.

We will be happy to meet with you at your earliest convenience to discuss these questions.

SH:jm

ONE HUNDRED AND SEVENTH LEGISLATURE

Legislative Document **No. 1161**

H. P. 1162 House of Representatives, March 25, 1975

On Motion of Mr. Drigotas of Auburn, referred to Committee on Taxation. Sent up for concurrence and ordered printed.

EDWIN H. PERT, Clerk

Presented by Mr. Silverman of Calais.
Cosponsor: Mr. Connolly of Portland.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED SEVENTY-FIVE

AN ACT to Amend the Taxing Provisions under the Catastrophic Illness and Medically Indigent Program.

Be it enacted by the People of the State of Maine, as follows:

36 MRSA § 4365, 2nd and 3rd sentences, as enacted by PL 1973, c. 768, § 2, are repealed and the following enacted in place thereof:

Any increase in tax authorized by the public laws of 1973, chapter 768, section 2, to fund catastrophic medical expenses shall terminate when the catastrophic medical expense for the medically indigent program is terminated or suspended by legislative action or when any similar federal program becomes effective. In no event shall the funds that are raised by said tax increase, to the amount appropriated by the Legislature for said program, be made unavailable for the program except by the Legislature.

STATEMENT OF FACT

The 106th session of the Legislature enacted the catastrophic illness program to provide financial assistance to individuals and families faced with medical expenses beyond their ability to pay. The Legislature provided a 2¢ per pack increase in the cigarette tax to finance the legislation.

The taxing provisions of the catastrophic illness law allow for the tax to continue should the Legislature, the Governor or the Department of Health and Welfare see fit to discontinue the program. This legislation would provide for an immediate end to the 2¢ increased tax when the catastrophic illness program ends.

ONE HUNDRED AND SEVENTH LEGISLATURE

Legislative Document No. 1601

H. P. 1287 House of Representatives, April 2, 1975

Referred to Committee on Appropriations and Financial Affairs. Sent up for concurrence and ordered printed.

EDWIN H. PERT, Clerk

Presented by Mrs. Berry of Madison.

Cosponsor: Mrs. Morin of Old Orchard Beach.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED SEVENTY-FIVE

AN ACT to Amend the Catastrophic Illness Program by Exempting Senior Citizens from Certain Requirements and Assuring Reimbursement under Certain Circumstances.

Be it enacted by the People of the State of Maine, as follows:

Sec. 1. 22 MRSA § 3454, 2nd ¶, as enacted by PL 1973, c. 768, § 1, is amended by adding after the 7th sentence a new sentense to read:

Provided, that in the case of an applicant 62 years of age or older, 2 of the above requirements shall not apply, namely: The requirement that 20% of net income before taxes be applicable to liabilities for care and the requirement that the "residual liability" be greater than $1,000 for a payment to be made from this fund.

Sec. 2. 22 MRSA § 3454, 2nd ¶, as enacted by PL 1973, c. 768, § 1, is amended by adding at the end a new sentence to read:

When a person has been declared eligible in the previous 12-month period, no reimbursement shall be denied in the next subsequent 12-month period solely because an administrative redetermination of eligibility has not been made or is in the process of being made.

STATEMENT OF FACT

The purpose of this bill is to exempt persons 62 years of age or older from 2 deductible provisions of the catastrophic illness program, and to assure that applicants who have been in the program in one year are not denied participation solely because an administrative redetermination of eligibility has not been made in the next.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED SEVENTY-FOUR

H. P. 1991 — L. D. 2535

AN ACT to Increase the Cigarette Tax and Provide Funds for Catastrophic Medical Expense.

Be it enacted by the People of the State of Maine, as follows:

Sec. 1. R. S., T. 22, § 3454, additional. Title 22 of the Revised Statutes is amended by adding a new section, 3454, to read as follows:

§ 3454. Medical expenses for catastrophic illness

The Department of Health and Welfare is authorized to provide financial assistance to, or in behalf of, families or individuals whose costs for hospital in-patient or out-patient care, physicians' services, drugs, appliances and other related services, including skilled nursing home care as defined by the department and as determined by the department to be necessary, cannot be met from their own or other sources, when said costs are of such magnitude as to constitute a financial catastrophe for the said families or individuals, or when it can be determined that medical indigency exists. Skilled nursing home care shall be an eligible service only when the patient is admitted to a skilled nursing facility within 7 days of discharge from a general hospital, following a minimum in-patient stay of at least 5 days. Furthermore, eligibility for payment for skilled nursing home care shall be for a maximum of 60 days in any one year, or in association with any one illness episode.

Application for assistance through the catastrophic medical expense fund shall be made by the individual who is, or has been, receiving the care for which financial assistance is being sought, or by a person who is legally responsible for such costs, or by a legal representative of said individual. Assistance shall be available through this fund only in behalf of specific individuals, and only for those who are not eligible for aid through federally matched medical care programs as administered in Maine, and, furthermore, it shall terminate when any similar federal program becomes effective. The Governor shall determine by proclamation when said federal program has become effective. Eligibility for, and aid through, this fund shall be on a year to year basis, and eligibility and amount of aid shall be determined only after the full application to the costs of medical care in any one year of all applicable health care insurance benefits, other 3rd-party payor benefits legally provided for, or liability benefits identified as being for medical or rehabilitative care. Furthermore, from all net income before taxes received by the applicant or those legally responsible for the costs of the applicant's care, 20% will be assumed to be applicable to the liabilities for the care for which assistance is being sought. If the applicant has, or those legally responsible for the applicant's care have, or they jointly have, a net worth in excess of $20,000, and the excess net worth includes cash or readily cashable assets, then 10% of such cash or cashable assets shall be assumed to be applicable to the liabilities for care. If after the application of all of the above resources, the residual liability, in any one year, for which assistance is being sought is less than $1,000, no payment shall be made from this fund, and only that amount in excess of

$1,000 shall be paid. No reimbursements shall be made for bills already paid. Payments from this fund shall only be made directly to the vendors or providers of care. However, this section shall not be deemed to create any rights or causes of action against the State in such a vendor or provider of care, his heirs or assigns. When eligibility has been established, the Department of Health and Welfare may make payments from this fund, during the remainder of the year of eligibility, for those goods and services provided for in this section.

The Department of Health and Welfare is authorized to promulgate and adopt the additional rules and regulations necessary for administration of this section.

Medical indigency and eligibility for assistance under this section are to be defined and determined in manners consistent with the requirements for the receipt of federal matching funds under Title XIX, or its successors, of the Social Security Act.

An applicant shall be an adult who requires care and assistance, an adult legally responsible for such care of another or an adult who is legally responsible for the care of, and is applying in behalf of, one or more dependent minor children. Applications may be made in behalf of said applicants by their legal representatives.

The income factor of eligibility will be met if, after reducing all income received by or available to the applicant by the liabilities for the kinds of goods and services provided for in this section, the residual income does not exceed 133% of an amount equal to the public welfare standards applicable to the applicant.

The application of any available insurance, other 3rd-party liabilities or other benefits to which the applicant may be entitled or the determination of other eligibility factors shall be in accordance with federal matching requirements.

The Department of Health and Welfare shall adopt and promulgate the additional rules and regulations which may be necessary for proper, equitable, and effective administration of this section.

Any balances of funds appropriated for medical expenses under this section shall not lapse but shall be carried forward from year to year to be expended for the same purpose.

Sec. 2. R. S., T. 36, § 4365, amended. The first sentence of section 4365 of Title 36 of the Revised Statutes, as amended, is further amended to read as follows:

A tax is imposed on all cigarettes held in this State by any person for sale, said tax to be at the rate of 8 mills for each cigarette and the payment thereof to be evidenced by the affixing of stamps to the packages containing the cigarettes. Any increase in tax authorized under this section shall terminate when a federal program similar to that provided in section 3454 becomes effective. The Governor shall determine by proclamation when said federal program has become effective.

Sec. 3. R. S., T. 36, § 4365, amended. The next to the last sentence of section 4365 of Title 36 of the Revised Statutes, as amended, is further amended to read as follows:

The Tax Assessor thereupon shall notify the unclassified importer of the amount of the tax due thereon, which shall be at the rate of 8 mills per cigarette.

Sec. 4. Cigarettes on hand; stamping or account; waiver provisions. The State Tax Assessor may by regulation waive for a period of not over 7 days following the effective date of sections 2 and 3 payment of additional tax by retail dealers with respect to stocks of cigarettes properly stamped at the rate of 7 mills per cigarette sold during such period, provided such stocks were on hand as of the effective date of sections 2 and 3 and pursuant thereto, the State Tax Assessor may also waive for the same period the application to retail dealers of Title 36, sections 4369, 4370 and 4372 as ~~pects~~ such cigarettes.

Nothing herein shall be construed to authorize any distributor or subjobber to distribute to any retail outlet cigarettes not properly stamped at the rate of 8 mills per cigarette.

Cigarettes in the hand of retail dealers subsequent to the period of waiver provided for above, not properly stamped at the rate of 8 mills per cigarette, shall be subject to confiscation under the provision of Title 36, section 4372; and such retailer shall be subject to any other penalties by law provided.

Sec. 5. R. S., T. 36, § 4366, amended. The 2nd sentence of section 4366 of Title 36 of the Revised Statutes, as amended by section 3 of Section E of chapter 191 of the private and special laws of 1967 and as last repealed and replaced by section 50 of chapter 504 of the public laws of 1969, is amended to read as follows:

To licensed distributors he shall sell such cigarette stamps at a discount of ~~2¼%~~ 2½% of their face value.

Sec. 6. Appropriation. There is appropriated from the General Fund the sum of $2,840,000 to carry out the purposes of this Act. The breakdown shall be as follows:

		1974-75
HEALTH AND WELFARE, DEPARTMENT OF		
Personal Services	(8)	$ 62,245
All Other		2,770,255
Capital Expenditures		1,600
		$2,834,100
FINANCE AND ADMINISTRATION, DEPARTMENT OF		
Bureau of Taxation		
All Other		5,900
		$2,840,000

Sec. 7. Effective date. This Act shall take effect July 1, 1974.

HB

410

MINUTES OF HOUSE HESS COMMITTEE MEETING

April 25, 1977

The meeting was called to order by Chairman Parr at 3:05 p.m. Members present: Mr. Parr, Mrs Buchholdt, Mr. Phillips, Dr. Beirne, Mr. Cotten with Mr. Nakak coming in later.

Absent: Ose, Bennett, Chatterton.

Chairman Parr stated HB 410, 415 & 493 were on the agenda and asked Representative McKinnon, prime sponsor of HB 410 to testify. Mr. McKinnon said the problem as he sees it is the differences of the purposes and goals between a Community College and the University of Alaska have gone unrecognized which he felt was due largely because the Board of Regents are insulated from the philosophy of what a community college should do. He felt Community Colleges weren't consistent with a university's program. He felt regardless of any reorganization that could take place in the University system, it still wouldn't change the fact the the central administration won't act as a buffer between the Regents and the Community College. Stated he felt this bill would create a separate governing body for the Community Colleges. He passed out a sheet that showed the organizational structure as it would be set up under HB 410.

HB 410,
415
493
McKinnon

There was discussion regarding the courses that would be offered in the 2 year program, the transferability aspect, whether community colleges would be allowed to offer anything above the 1st 2 years.

Next to testify was Mr. Kerry Romesburg, Director of the Commission of Postsecondary education. Said with respect with HB 410, last year the Commission did conduct hearings around the state with regard to community college structure in Alaska and did formulate recommendations which the committee members had. He said they did make 7 recommendations, 6 of which were to the Board of Regents and the 7 to Board of Regents and also offered for legislative concern. He said in the hearings around the State, there were a number of people who were unhappy with the current structure, administratively, a number of community college advisory councils who feel that the community colleges do not receive the kind of hearing and kind of statute that they wish they would receive through the existing structure. Said one thing mentioned specifically was the community college split. He said there were a number of persons who did advocate 2 separate systems but the majority did not., felt the 2 systems should remain the same. Said there were 2 principal reasons mentioned for not splitting the system. One, transferability and the other accreditation. He did say he didn't think the accreditation reason was a valid reason, but said the issue of transferability bothered him.

Romesburg

Mr. Romesburg went on to say that Wyoming has almost an identical type of structure to what we are talking about. (He called attention to the administrative structures that he had passed out to the committee members). Said in Arizona there are 2 systems with no coordination above them. He said transferability was not a problem in Arizona, because they established transferability guides.

With regard to HB 415, Mr. Romesburg said that particular structure comes closer to the type of thing the Commission was recommending in that it does establish a chancellor for community colleges within the present university structure and under the Board of Regents. Said the issues not mentioned in the bill but what he was interested in hearing comments on were: what do you do in Anchorage, Juneau & Fairbanks with regard to the community college and senior college sitting side by side;

Mr. Romesburg said with regard to HB 493, establishing branches of the University at Anchorage. Said this bill essentially eliminates community colleges and the community college identity from the terminology of a community college. Said there are some states which have a basic university and branches, including 2 year branches. Said the problem he would have with this bill is the fact that the concept of community college is lost.

Mr. Romesburg said not one bill addressed exactly what the Commission recommended, parts of the recommendation were in all the bills. He did say the Commission felt the problems could be addressed by the Board of Regents without having to create a number of different boards or putting it into law.

There was discussion as to how much autonomy the community colleges should have, what courses should be taught, the local input, more input for academic programs,

Mr. Romesburg said at the hearings the people felt that the central person should have access directly to the Board of Regents and also that the Advisory Council should have direct access to the Board of Regents.

Meekins

Next to testify was Representative Meekins. He stated his bill was not new to the legislature, it is the same bill that Gruening introduced last year and co-sponsored this year. He said this bill is not a response to the current problem existing in the university, but said it is an idea that has been around for a long time but felt the problems they are currently having do reinforce it. He said he agreed with the Chairman' intention to not rush this matter through this session of the legislature and hoped there would be interim authority to review all of these bills because he knows they are quite complicated and felt there were problems in the bills that needed to be resolved. Did feel there was a good case for decentralizing.

Mr. Meekins said if you look at it from the other aspect, you have to ask why there is a central administration that administers all of the different areas of the university system. Said the 3 primary reasons are: need standardization and coordination among the different campuses and among the different program and there is an attempt to reduce duplication and also to minimize harmful competition between the Regents. He said he did not think these theoretical reasons were any good as applied to Alaska for a number of reasons. He said his bill does not call for total autonomy, just takes away the central administ ation but still leaves the 4 units proposed under the Board of Regents. He said he felt more important to Alaska than standardization and coordination that is given by the central administration is the responsiveness if the units were more autonomous. They would still report to the Board of Regents, there would be the coordination in terms of academic standards and policy considerations which are necessary which could all be done through the Board of Regents but felt more responsiveness to the local level. Mr. Meekins said in terms of duplication this is the argument given him in opposition to decentralization. They say that every region will have to do all the accounting procedures that the central administration does. He said Anchorage already does those accounting procedures and then send them to Fairbanks and the central administration does them again so he feels the duplication in the system is in the current system.

Mr. Meekins agreed that a great deal of work needs to be done and hoped some interim authority would take a look at the bills. Does believe could benefit and spend a lot less money if we would decentralize and give the authority to the regional level.

Next there was discussion regarding the budgets, whether it would still go through the Regents.

Ostrosky

Next to testify was Katherynn Ostrosky former member of this committee and Chairman of the Interim Higher Education Subcommittee during the last legislature and appeared as a representative of the Alaska Community College Federation of Teachers on behalf of their support and interest for HB 410. She stated HB 410 is the most recent effort to respond to the growth of the community colleges and is offered as the third Community College Act in the history of Alaska. and at this point she gave a historical perspective on the two previous Community College Acts. She believes the problems facing the community colleges is a statewide issues, not a local or regional issue. Said it affects the entire statewide student population from Nome to Ketchikan.

Marie Darlin spoke from the sidelines and said their main concern was that there be some attention given to these bills during the interim.

Mrs. Ostrosky said she felt there had been a real resistence to real basic reform rather than a response to the reforms.

Mr. Parr said that there will be some hearings held once the intial opening of the semester has gotten over with and people settle down, somewhere in the general vicinity of the first of October and he said it was his intent to have hearings both in town and on the Campuses in Anchorage and Fairbanks.. Said they would have it in one of the smaller communities. Said they wanted to get input from people who are not in any way members of the university in addition to the University. Would have Juneau hearings in January.

The meeting adjourned at 4:20 p.m.

Fiscal notes:

HB 410:

The following assumptions were made:

1. existing community college programs will remain essentially unchanged under this structure
2. existing facilities and property which the ten community colleges now occupy will be transferred at no cost from the Board of Regents of the University of Alaska to the Board of Governors of the Alaska Community Colleges
3. the present staff of the Office of the Chancellor for Community Colleges would essentially serve as the central administrative for the Board of Governors, with the following exceptions: (a) legal services would still be required at both Board levels
   (b) labor relations personnel would be required at the central administrative level for the community college board and possible for both boards
4. staff functions at existing joint-use campuses would continue on a contractual basis or would be divided along equitable lines whenever possible
5. some additional staff would be necessary at the institutional level since

some duplication of services would be unavoidable

6. insurance costs would remain essentially the same, however, they would be divided between the two central staff budgets

7. the existing policy advisory councils can serve as the required community college councils required by HB410

8. the University of Alaska, as it would remain under HB 410, would be free to offer instruction at all levels of a postsecondary nature, including lower division undergraduate education

STATE OF ALASKA
ALASKA COMMISSION ON POSTSECONDARY EDUCATION

JAY S. HAMMOND, GOVERNOR

907-465-2855
Pouch F — State Office Building
Juneau 99811

M E M O R A N D U M

TO: Representative Charles Parr
Chairman, House HESS Committee

FROM: Kerry D. Romesburg, Executive Director
Alaska Commission on Postsecondary Education

DATE: March 31, 1977

I have had a request for information regarding postsecondary educational statewide structures (in reference to HB 410 and SB 294). Since this issue will be considered by your committee, I felt the information might be of use.

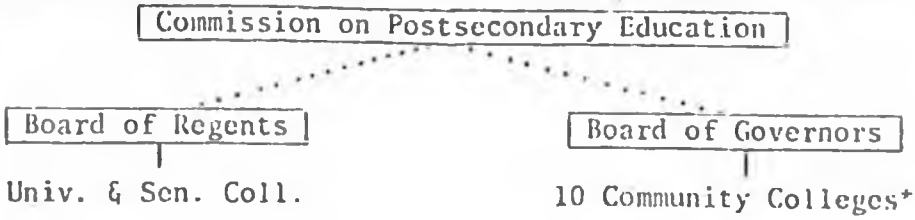
Specifically, the question was raised as to whether or not a structure such as that which would result from these bills is presently in existence in any of the states.

To respond, I first must interpret what Alaska's structure would look like (graphically) under the proposed legislation. This I have done. Then I checked to see if any other state had such a structure. The answer is yes. Wyoming has almost exactly what is being proposed. Oregon has a structure which is somewhat similar; Washington and a great number of others have expanded variations of the theme; and Arizona and Delaware have structures similar, but lacking a coordinating agency.

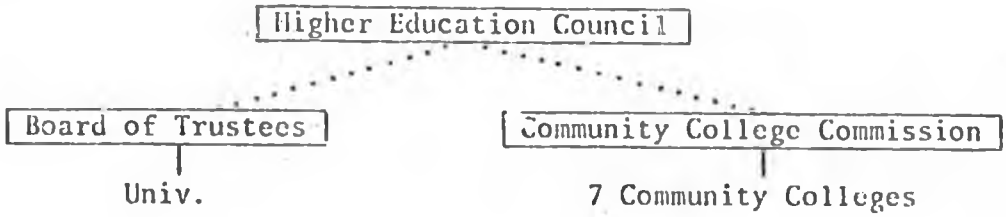
These administrative structures are presented graphically on the attached page. (Dotted line represents coordinative function as opposed to governing.)

Attachment

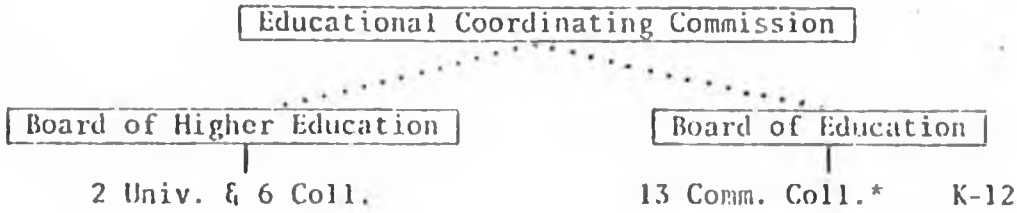
Alaska (Proposed)



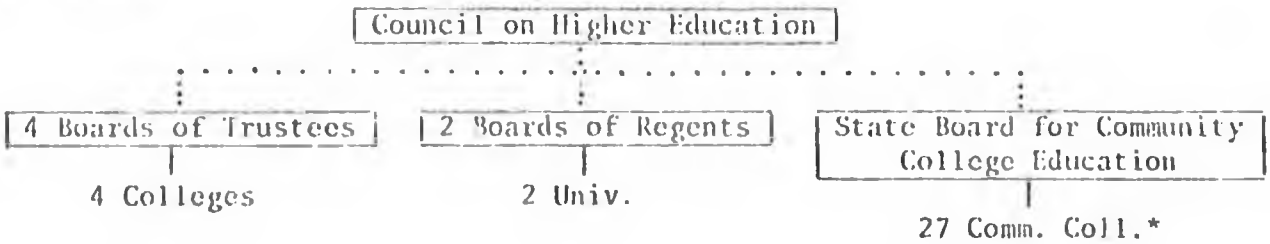
Wyoming



Oregon

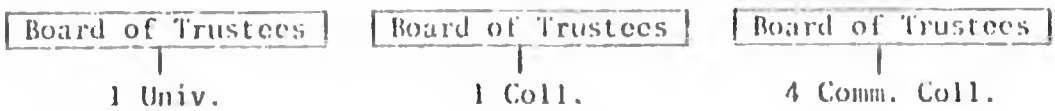


Washington



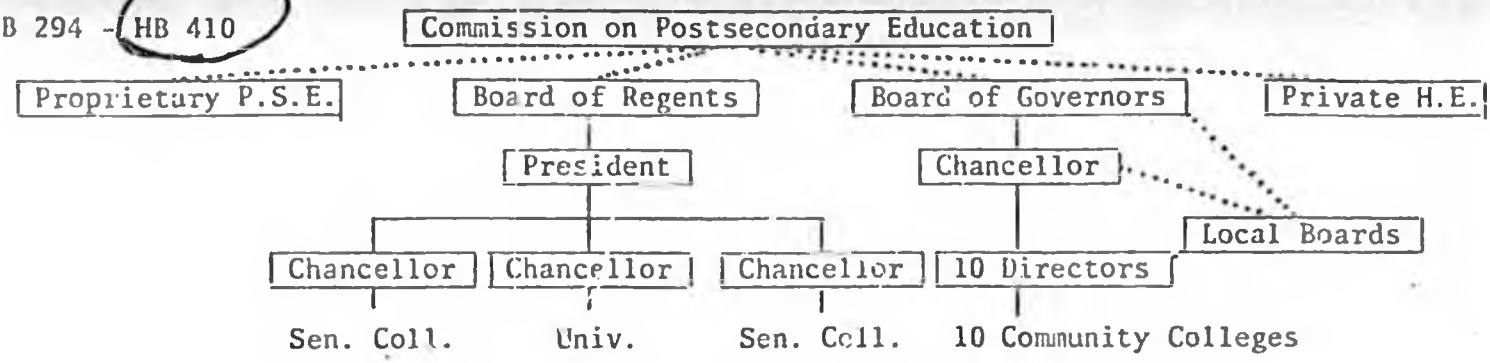
Arizona

Delaware

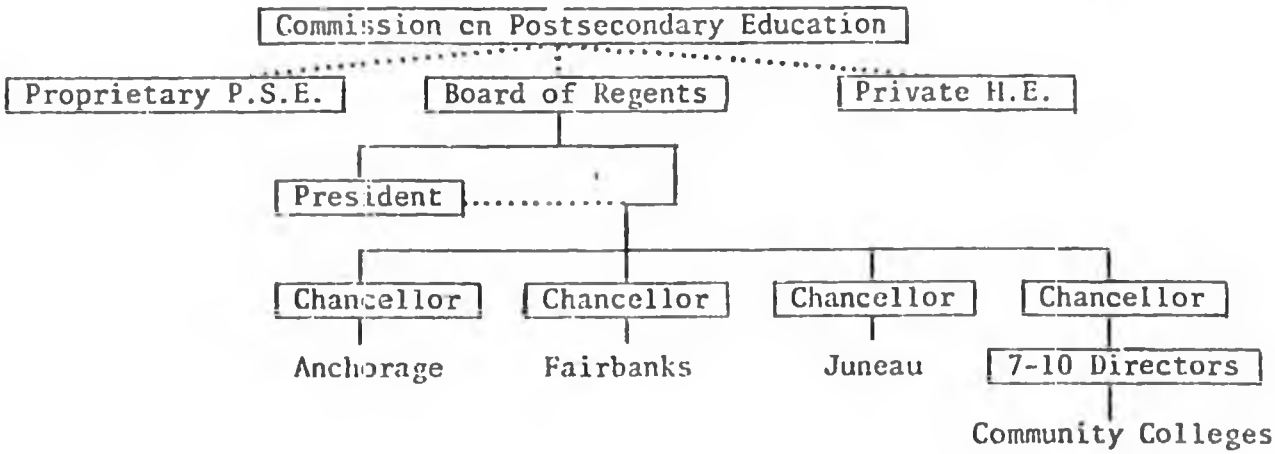


*Community colleges have local advisory and/or governing boards

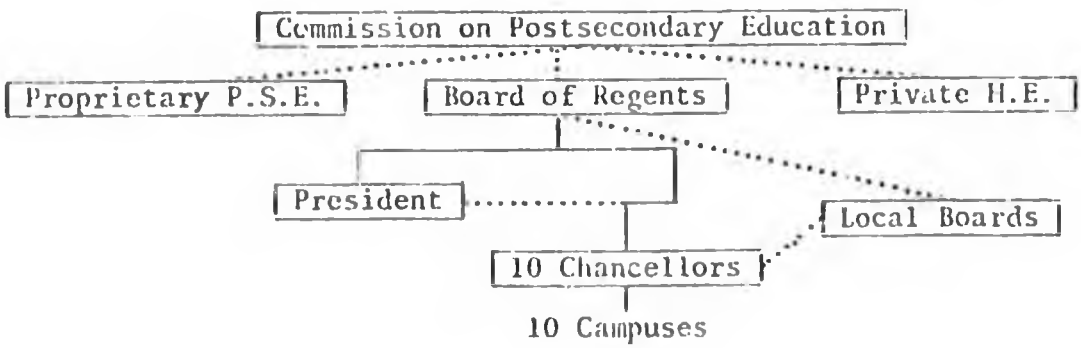
SB 294 - HB 410



HB 415



HB 493



UNIVERSITY OF ALASKA
FAIRBANKS ALASKA 99701
EXTENSION AND RURAL EDUCATION

November 21, 1977

Charles Parr
Star Route Box 50599
Fairbanks, AK 99701

Dear Charles:

House Bill #410, which speaks to separation of the Community Colleges from the University of Alaska, would in my judgement work a substantial disservice on citizens of the state. It would do so primarily by bringing into existence an institutional arrangement separate from the parent institution, that of the four-year senior campuses. Although it has been a challenging and difficult process to implement, the Community College pattern within the University, ten colleges now exist organized under one administrative officer.

Related to that system of development is the very close linkage of Extension and Rural Education. It appears therefore that what H.B. 410 is trying to do already exists, but in a better fashion because of a close linkage to the larger system. Consequently, substantially less administrative and management resource investment should be required by the Alaska public than if completely different systems were established.

A substantial component of Extension and Rural Education within the University is reflected in the programs of the Cooperative Extension Service. These, by U.S. law, and accepting state statutes, must be linked to the Land Grant University. Potential for close interaction of this part of the system with Community College outreach is a positive feature that would not exist if Community Colleges were separated from the current University system. The Cooperative Extension relationship to the Land Grant system is required to facilitate the extending of research based knowledge to residents and helping them to interpret and apply such knowledge. Although H.B. 410 speaks to the possibility of some Land Grant status, states do not divide the Extension function if there is more than one University with such status.

Competing efforts of the University system and Community College system outreach appears to be a highly undesirable kind of overlap that potentially would duplicate and inflate costs of education.

PLEASE REPLY BY AIRMAIL

The University has made considerable progress in recent years in establishing rural centers. Although rural centers have been established, building relevant and substantive programs that meet needs of rural residents effectively is viewed under the best of circumstances as a long-term challenge. The small numbers of such residents distributed across a broad landscape magnifies associated delivery costs.

If a set of Community Colleges were developed with rural centers it does not appear that this could be achieved without considerable overlap in program delivery and with accompanying even higher cost.

Consequently, I would argue strongly for the strengths of one University system that includes the Community Colleges. Although such a system has before it also significant developmental challenges, the array of resources available will in the long, as well as near, term provide more substantive educational and outreach potential than a separate Community College system.

Thank you for the opportunity to express these views.

Sincerely,

James W. Matthews
Vice Chancellor

JWM:at
cc: Pat O'Rourke

FACT SHEETS - for HB 410 - SB 294

COLLEGE	YEAR FOUNDED	
Fairbanks Campus	1917	
Anchorage Community College	1953	- 1st Community College Act *
Ketchikan Community College	1954	
Juneau-Douglas Community College	1956	
Matanuska-Susitana Community College	1957	
Sitka Community College	1962	- 2nd Community College Act **
Kenai Peninsula Community College	1964	
Kodiak Community College	1965	
Anchorage Senior College	1970	
Kuskokwim Community College	1972	
Southeast Senior College	1972	
Tanana Valley Community College	1974	
Northwest Community College - Nome	1975	

1953 * The first communi y colleges were to be "established, operated and maintained" by local school districts with only partial reimbursement by the University.
Standards for instructors, administrators and curriculm set by Board of Regents.

1962 ** Authority for establishing community colleges changed to University "in cooperation with school districts or political subdivisions."
Other changes:
All funds related to degree programs shall be controlled by the University.
All funds related to nondegree programs shall be held by the school district.
Directors shall be selected by the Board of Regents with approval by the school districts.
All instructors, part and full-time, shall be selected by the Board. No local approval required.
All curriculum for degree programs shall be selected by the Board. No local approval required.

Note: There has been no update of the Community College Act (which is already obsolete) for 15 years.

- Prepared by Kathryn Ostrosky
- Charts & Graphs courtesy of the Postsecondary Education Commission

Alaska's Community Colleges

In Alaska, the community colleges are part of the University of Alaska. The chief administrative official of each community college is titled either director or dean and reports to either one of three chancellors or to the Vice President for Rural Educational Affairs, who in turn reports to the President of the University of Alaska, who reports to the Board of Regents for the University of Alaska. Additionally, each community college has a local advisory council to assure that community needs are being served.

Enrollments

The enrollment in Alaska's community colleges has been more than tripled in the last five years. This, of course, is largely due to the addition of new community colleges and the program maturation of existing institutions, but the fact remains that in 1975-76, community colleges accounted for 70% of the students enrolled for credit in the University of Alaska, and accounted for 59.4% of the student credit hours produced in the University. There were a large number of individuals enrolled in non-credit courses during 1975-76 in the community colleges also, but these were not included in the comparative figures.

This growth rate is reflected in Figures 1 and 2, and the individual institutional data are presented in Appendix A and Appendix B.

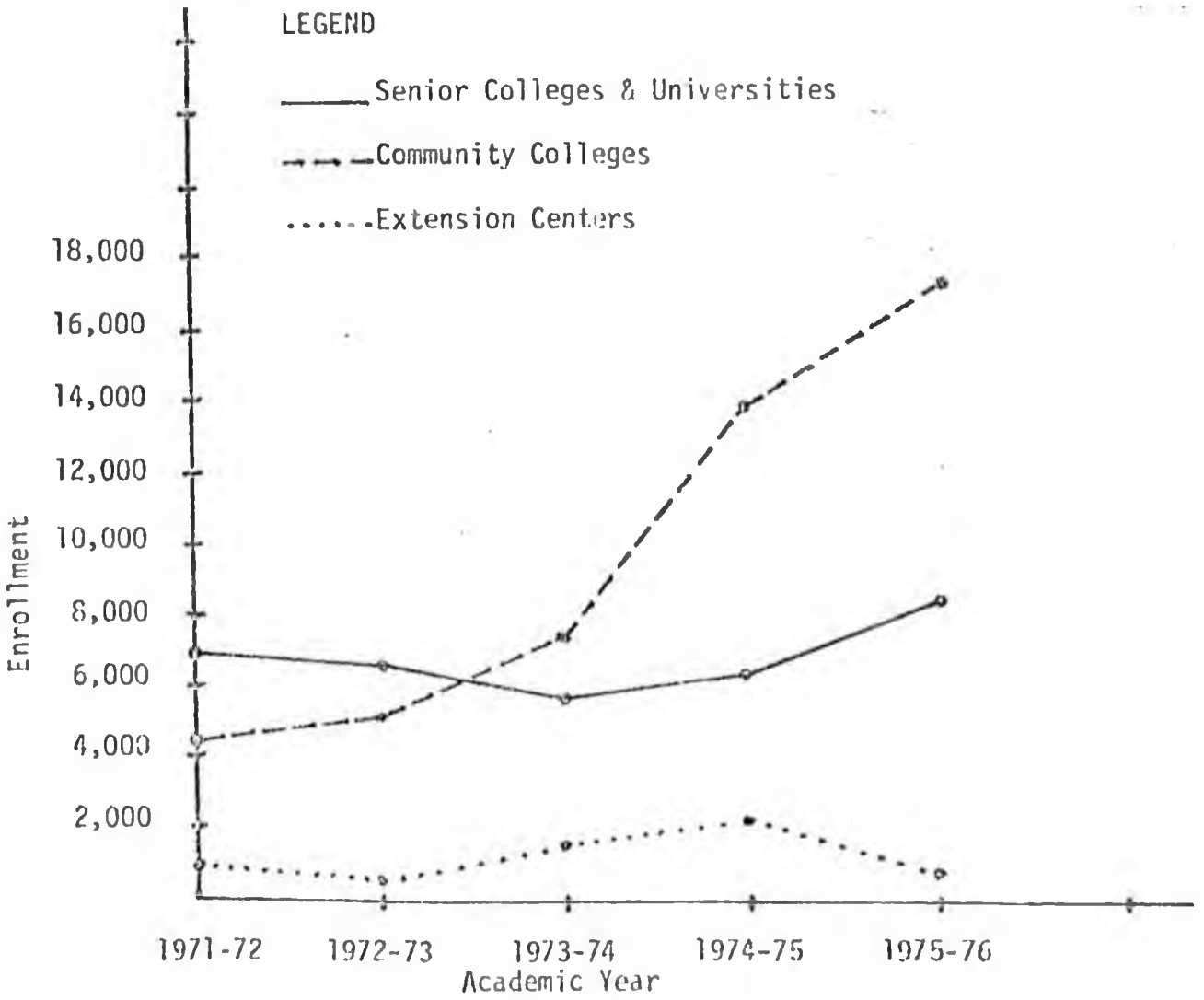


Figure 1
University of Alaska Headcount Enrollments
Peak Semester, 1971-72 through 1975-76

When the student credit hour production of the community colleges is converted to full-time equivalent students, a comparison can be made with the headcount enrollments. This comparison gives one an indication of the type of student being served (whether full-time or part-time). The full-time equivalent enrollment in Alaska's community colleges (presented in Appendix A) indicates that the community colleges are serving an increasing number of part-time students. In other words, the headcount enrollment is growing more rapidly than the full-time equivalent enrollment.

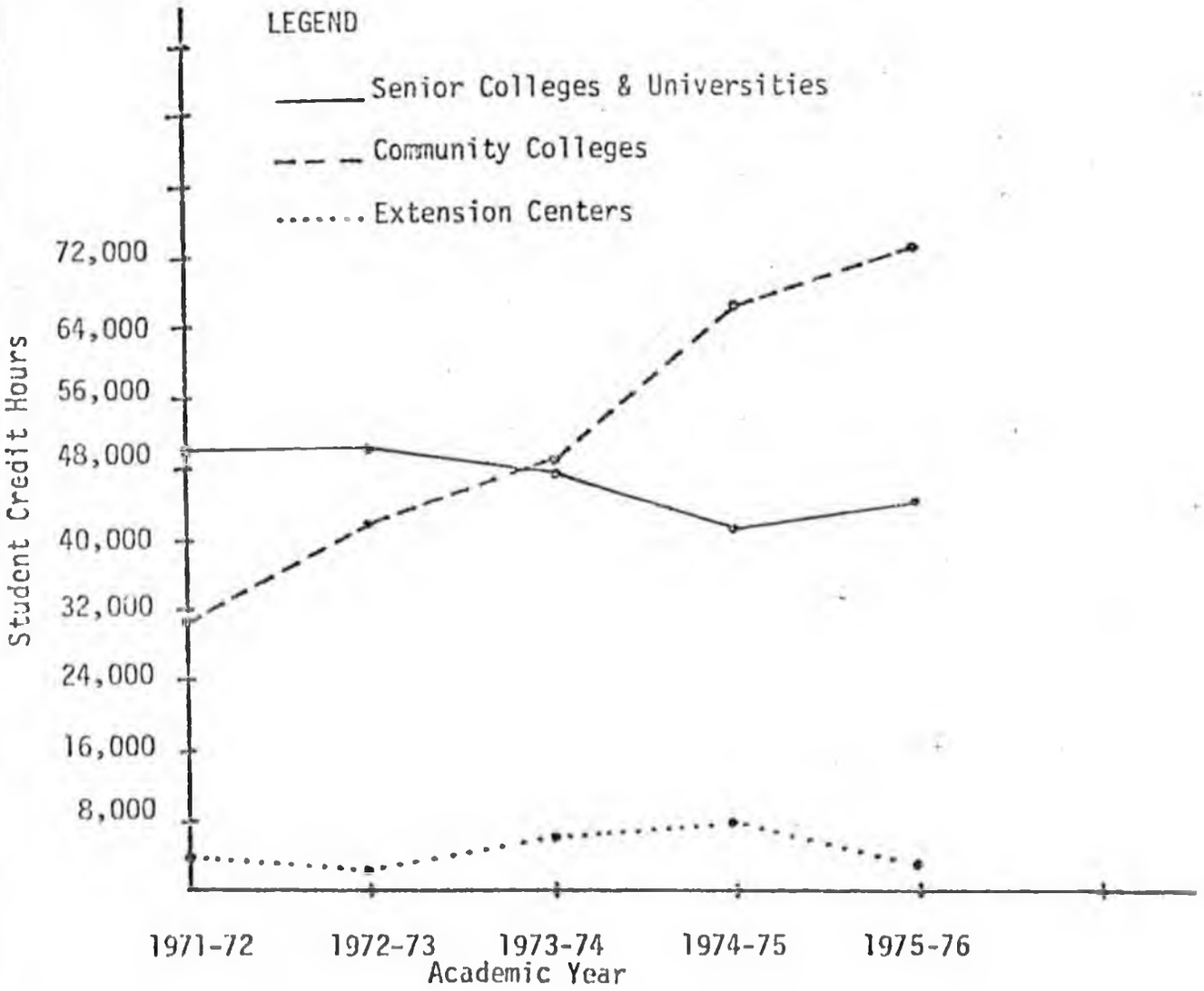


Figure 2
University of Alaska Student Credit Hour Production
Peak Semester, 1971-72 through 1975-76

Faculty and Staff

An accurate count of the number of faculty and staff assigned to each campus is unavailable at this time. A payroll listing for the University contains just over 3,300 individuals; however, many of these are not full-time employees. Of the 3,300 individuals listed, 600 are readily identifiable as serving in the State community colleges. Additionally, a large number of the individuals involved in program and administrative support at the statewide, Fairbanks, Anchorage and Southeast budgetary units should be included in any consideration of the total manpower effort directed at the community colleges. Unfortunately, such a detailed breakdown is not presently obtainable.

Facilities

All of the existing facilities and lands of the University are under title to the University of Alaska. Hence, all community college buildings and property are legally owned by the Board of Regents of the University of Alaska. This is an important point and is one to which reference will be made in consideration of alternative structures.

Finances

The community colleges are funded, as is the entire University, through annual direct appropriation from the State. The actual State requirements may be lessened through grants, gifts, collections, etc.; however, the State is the principal funding source, supplying 55.6% of the operating budget for the University. The percentage of State support is appreciably higher for the community college operations than for the University as a whole.

The total operating budget for the University for the current year is $93,708,500, of which $52,100,000 is actual State expense. In an attempt to gain some insight into the distribution of these funds to the various campus sites, an analysis was made of the operating budget request for the current year. Since the actual operating budget differs from the requested budget, the analysis in Table 1 is presented in budgetary percentages rather than dollar amounts.

TABLE 1
Percentage Distribution of FY Operating Budget
Request for University of Alaska

Budget Component	Percentage of Total	Sub Component	Percentage of Total
Statewide Administration	7.6		
Organized Research	27.5		
Fairbanks Campus	30.3		
		Tanana Valley C.C.	1.7
Southeastern Region	4.9		
		Juneau-Douglas C.C.	1.1
		Ketchikan C.C.	0.7
		Sitka C.C.	0.5
Southcentral Region	22.5		
		Anchorage C.C.	8.4
		Matanuska-Susitna C.C.	0.7
Rural Education	7.2		
		Kodiak C.C.	0.9
		Kenai Peninsula C.C.	0.8
		Kuskokwim C.C.	2.4
		Northwestern C.C.	0.4
TOTAL:	100%		17.6%

Student Credit Hour Production
in University of Alaska
(Peak Semester, 1971-72 Through 1975-76)

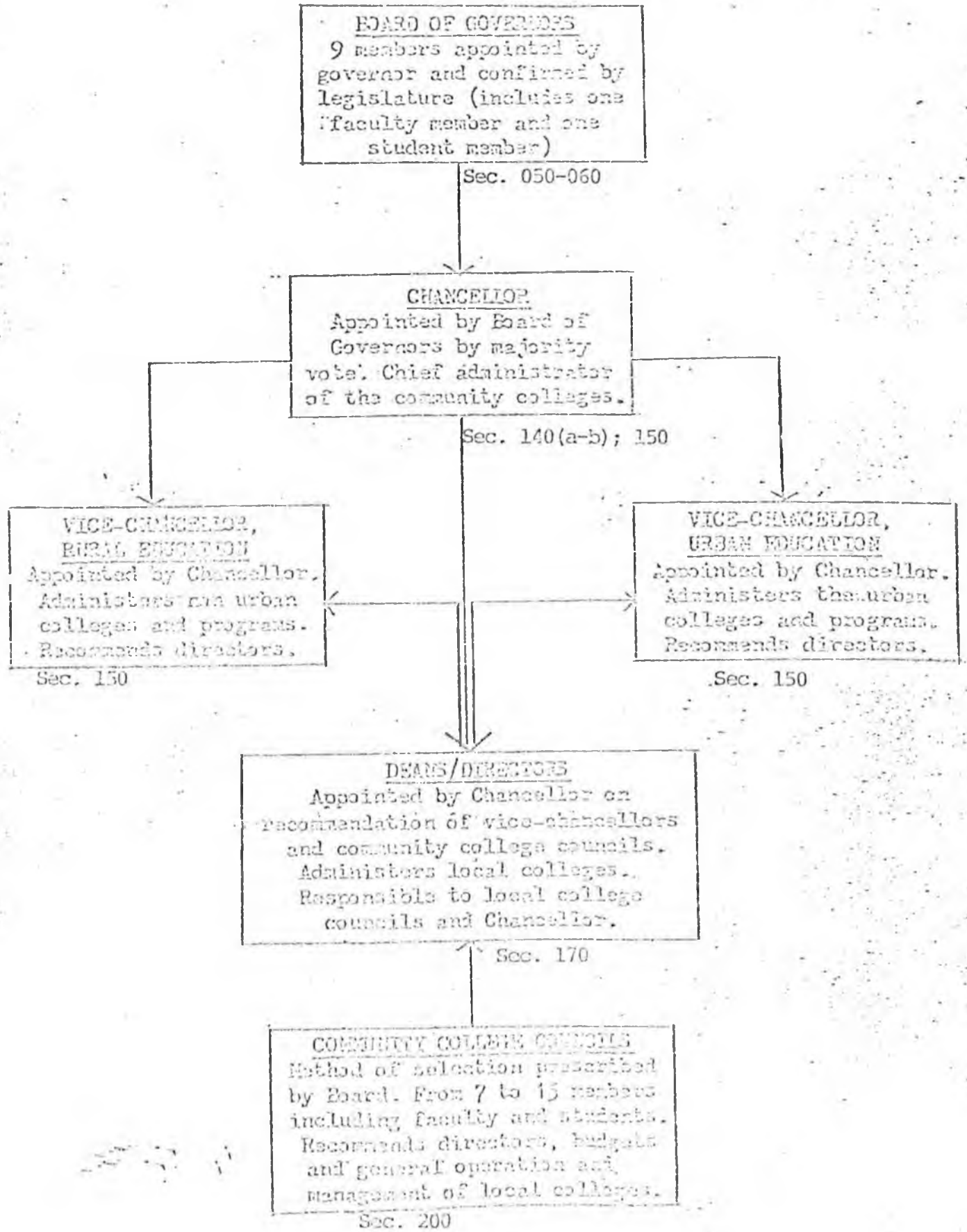
Institution	1971-72	1972-73	1973-74	1974-75	1975-76
University of Alaska Fairbanks	37,716	39,251	33,551	29,381	28,824
Tanana Valley C.C.	-	-	-	4,411	6,176
Anchorage Senior College	11,896	10,628	13,442	11,270	12,438
Anchorage C.C.	26,021	36,673	40,836	44,808	45,554
Matanuska-Susitna C.C.	584	815	1,016	1,724	1,739
Southeastern Senior College	699	769	1,606	1,789	2,966
Juneau-Douglas C.C.	1,482	1,465	1,800	3,180	3,723
Ketchikan C.C.	749	835	825	1,407	1,686
Sitka C.C.	330	390	360	757	1,004
Kenai Peninsula C.C.	1,225	734	2,592	2,068	3,764
Kodiak C.C.	700	596	1,185	3,013	2,070
Kuskokwim C.C.	-	633	1,860	3,273	3,607
Northwestern C.C.	-	-	-	-	489
Extension Centers	3,132	2,415	4,794	6,216	3,508
TOTAL:	84,534	95,204	103,867	113,297	117,558
Community Colleges	31,091	42,141	50,474	64,641	69,822
Extension Centers	3,132	2,415	4,794	6,216	3,508
University and Senior Colleges	50,311	50,648	48,599	42,440	44,228

TABLE 3
Headcount and Full-Time Equivalent
Enrollments in the University of Alaska
(Peak Semester, 1971-72 Through 1975-76)

Institution	1971-72		1972-73		1973-74		1974-75		1975-76	
	Head-Count	FTE*	Head-Count	FTE*	Head-Count	FTE*	Head-Count	FTE*	Head-Count	FTE*
U. of A. Fairbanks	3,385	2,514	3,607	2,617	2,928	2,237	3,579	1,959	4,482	1,922
Tanana Valley C.C.	-	-	-	-	-	-	3,087	294	4,244	412
Anchorage Senior College	3,500	793	3,300	709	2,502	896	2,173	751	2,421	829
Anchorage C.C.	3,228	1,734	4,223	2,445	5,555	2,722	6,474	2,987	7,219	3,038
Matanuska-Susitna C.C.	120	39	138	54	201	68	529	115	524	116
Southeastern Senior College	233	47	212	51	479	107	613	119	1,189	198
Juneau-Douglas C.C.	203	99	258	98	370	120	935	212	1,088	248
Ketchikan C.C.	133	50	237	56	154	55	643	94	836	112
Sitka C.C.	65	22	135	26	111	24	332	50	468	67
Kenai Peninsula C.C.	134	82	297	49	298	173	529	138	979	251
Kodiak C.C.	252	47	233	40	376	79	782	201	685	138
Kuskokwim C.C.	-	-	90	42	417	124	685	218	669	240
Northwestern C.C.	-	-	-						133	33
Extension Centers	1,185	209	874	161	1,451	320	2,204	414	994	234
TOTAL:	12,438	5,636	13,604	6,348	14,842	6,925	22,565	7,552	25,931	7,838
Community Colleges	4,135	2,073	5,611	2,810	7,482	3,365	13,996	4,309	16,845	4,655
Extension Centers	1,185	209	874	161	1,451	320	2,204	414	994	234
University and Senior Colleges	7,118	3,354	7,119	3,377	5,909	3,240	6,365	2,829	8,092	2,949

*FTE for University of Alaska at Fairbanks, Anchorage Senior College and Southeastern Senior College are understated due to lack of student level data.

ALASKA COMMUNITY COLLEGE ORGANIZATION UNDER HB 410, SB 294



A SUMMARY OF THE COMMUNITY COLLEGE ACT

PURPOSE: The act establishes an independent, statewide system of comprehensive Community Colleges and defines these colleges to include transfer, occupational, and public service course offerings. In addition, "The comprehensive Community College includes flexible, versatile programs of post-secondary instruction, counseling and advising, job placement and other activities designed to meet the needs of the area it serves..."

GOVERNANCE: The system will be governed by a board of governors of nine (9) members including faculty and student representatives. A geographic distribution of both members of the board and meetings is guaranteed. The board will meet regularly with the individual community college councils to better understand campus problems.

ADMINISTRATION: A chancellor will be the chief administrative officer of the system assisted by a vice-chancellor each for an urban and a rural education division. Each college will be administered by a director appointed by the chancellor on the recommendation of the appropriate vice-chancellor and community college council. Each community college will have its own council; councils will take part directly in policy making for their colleges.

ESTABLISHMENT: The act sets up guidelines for establishing local community colleges and extension centers, including a required feasibility study; it also defines the relationship between the colleges and the local governing agencies.

FINANCE: The state is responsible for funding the community colleges. The community colleges are to report annually to the legislature on the use of the funds. Facilities currently shared by the University of Alaska and community colleges will continue to be shared. Future facilities will also have joint use where feasible.

TRANSFER: The Alaska Commission on Post-secondary Education shall oversee the transfer of property assets and funds from University of Alaska juris iction to that of community colleges. All personnel currently working in the community college system will also be transfered to the independent community college system.

COMMENTS ON SB 294 and HB 410
ESTABLISHING ALASKA COMMUNITY COLLEGES

The provision in Sec. 14.41.090 for recorded votes of the board members is excellent. It would be good if the same provision applied to the Board of Regents!

In 14.41.120(b)(2) the words "the vice chancellors" should be inserted in line 21, page 7, following "chancellor," and preceding "the principal campus, etc.", in order to include the vice-chancellors in the process of determining instructional program content.

Under Section 14.41.170(a), second sentence, line 20-22, the vice chancellor is omitted. Since the vice chancellor is the division administrator (Sec. 14.41.140, line 19-20) the principal administrative officer should be responsible to him or to the chancellor <u>through</u> the vice-chancellor.

Also, the vice chancellors should be written into 14.41.150(4), line 1. Insert "vice-chancellor and" between "the" and "principal" on line 4.

There are some potential problems in establishing a community college council as a policy-making council. A non-governing council such as this really has no "teeth" to enforce policy decisions. Perhaps a better statement might be in a "policy-recommending" capacity.

In Sec. 14.41.210 it might be advisable to replace the term "the colleges" on line 27 with "the Board of Governors".

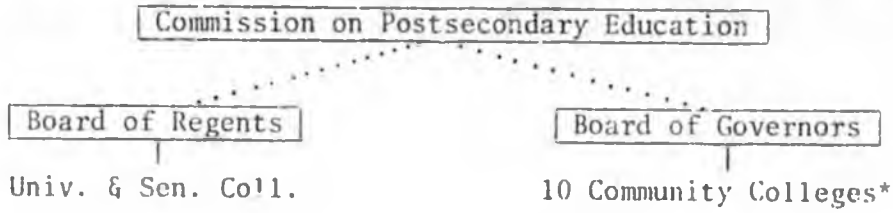
In Sec. 14.41.270 the reference to requisition of federal land grant college funds should be re-examined. Land grant colleges and universities are established by the Congress, and I don't believe any lands or land grant funds can be directed to community colleges by legislative action.

The same would apply to Section 14.41.330.

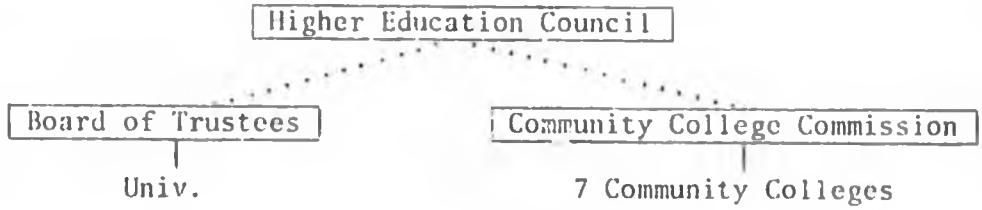
The provision in Section 14.41.355 for making library resources and services available to the community or service area is good.

Other than the above comments, the bill appears to be comprehensive and very well drafted.

Alaska (Proposed)



Wyoming



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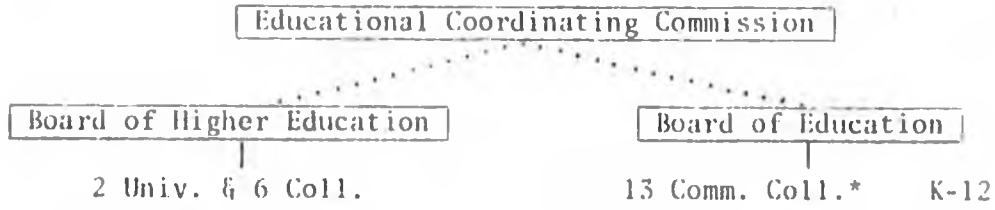

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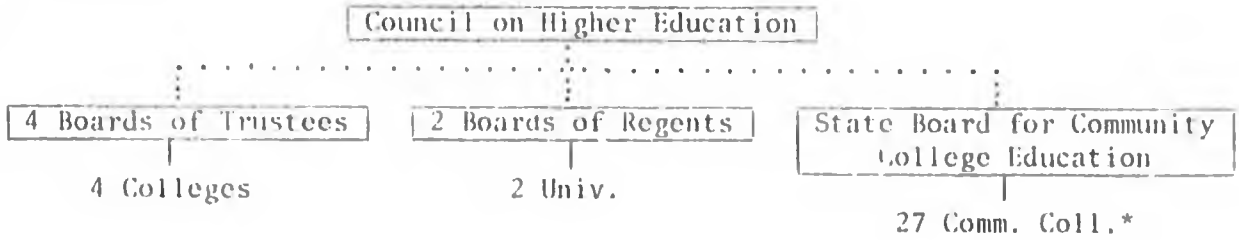
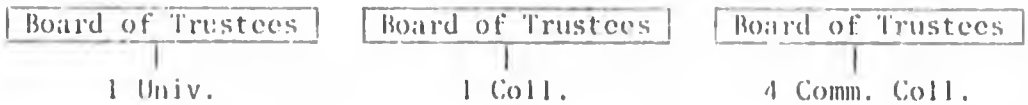


Arizona

Delawar.



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*Community colleges have local advisory and/or governing boards

TELEGRAM

HOM A' ASKA COMMUNICATIONS, INC
PHONE: 586-6440
JUNEAU, ALASKA 99801

Michael —
HB 410 file, pls

#

02137 NL ANCHORAGE ALASKA 52 03-15 0237P AST

PMS REP CHARLES PARR

JUN

I WISH TO URGE YOUR SUPPORT FOR HB410 AND COMMUNITY

COLLEGE AUTONOMY

RON CRAWFORD

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-5440
JUNEAU, ALASKA 99801

#

20138 NL ANCHORAGE ALASKA 61 -315 -937P AST

PMS REP CHARLES PARR

JUN

PLEASE DO YOUR UTMOST TO SECURE PASSAGE OF HB412 A BILL WHICH SERVES THE INTEREST OF ALL ALASKANS COMMUNITY COLLEGE AUTONOMY WOULD ENABLE THE COMMUNITY COLLEGES OF ALASKA TO EFFECTIVELY SERVE YOUNG ALASKANS WHILE SIMULTANEOUSLY OPENING THE WAY FOR UPPER DIVISION IN GRADUATE STUDY PROGRAMS A VOTE FOR HB412 IS A VOTE FOR MAXIMUM DEVELOPMENT OF ALASKAS POST SECONDARY EDUCATIONAL RESOURCES

PETER PLENETT

[redacted]
[redacted] ALASKA COMMUNICATIONS INC.
[redacted]
[redacted]
#

32139 NL ANCHORAGE ALASKA 50 -316 -2372 AST

PMS REP CHARLES PARR

JUN

PLEASE SUPPOR HEVAIG THE COMMUNITY COLLEGE AUTONOMY BILL

THE UNIVERSITY HAS SHOWN ITSELF UNABLE TO PUT ITS HOUSE

IN ORDER AND I DO NOT FEEL THAT THE COMMUNITY COLLEGES

SHOULD SUFFER AS A RESULT OF THE INCOMPETENCE OF THE

UNIVERSITY CENTRAL ADMINISTRATION.

BILL MACKEY

TELEGRAM

[illegible]

[illegible]

[illegible]

[illegible] NL ANCHORAGE ALASKA 59 -316 -2372 AST

PMS PER CHARLES PARR

JUN

I SUPPORT AND STRONGLY URGE YOU TO SUPPORT HEA[illegible] I

BELIEVE IT TO BE IN THE BEST INTEREST OF THE COMMUNITY.

DAVID HEADLEY

TELEGRAM

#

90141 VL ANCHORAGE ALASKA 50 -316 -237P AST

PMS REP CHARLES PARR

JUN

I URGE YOUR SUPPORT OF HB413 AUTONOMY FOR COMMUNITY

COLLEGES HAS BEEN DISCUSSED FOR SEVERAL YEARS DURING

THIS TIME THE PROBLEM IN THE UNIVERSITY HAVE CONTINUED

AND GROWN WORSE ACTION NEEDS TO BE TAKEN THIS YEAR.

KIM CARLSON

DON MOHR

JANET MCMULLIN

Charlie

This is information on Cooperative Extension I mentioned. The Smith Lever Act - 1972 - sets the formula basis for Federal support. That formula has changed very little since 1914. The adm. agreement follows. It updates federal shares for your interest & support.

Jim Matthews

KEY FEATURES OF

UNIQUE CHARACTERISTICS OF

COOPERATIVE EXTENSION PROGRAMS

January 24, 1978

1. Programs authorized by federal law and accepted by State statute provides for cooperative funding and program support.

2. An administrator designated as director appointed by the University and concurred on by the Department of Agriculture through the Secretary.

3. Funds appropriated and allocated at both federal and State levels are to be used only for Extension education as agreed upon in annual plans of work and which do not allow education for University credit.

4. Regularly appointed Cooperative Extension faculty are joint employees of the University and USDA and are eligible for specific benefits of both systems subject to constraints. For example, all appointed faculty can use the penalty mail franking privilege for educational programming, are eligible for federal retirement benefits, cannot be politically active and cannot strike and maintain their federal appointment.

5. Cooperative Extension programs are offered through a wide variety of informal educational methods. Programs are designed to be delivered into the homes, at places of business and at community centers. Clientele are primarily adults, although youth aged 8 - 19 are also served through volunteer leaders.

6. Education is practical in nature, designed for immediate application and responsive to economic and social educational interests and needs. Consequently, Extension faculty must meet their students at the participant's convenience which range from early morning to late evening and frequently involve extensive weekend activity in special workshops, conferences, camps, etc. Because of short duration of most programs, no consistent time schedule generally prevails as in the classroom setting. Extensive use of mass media through public and private outlets adds to variability of time responsibility. The responsibility for extending research-derived knowledge to clientele fosters close identification and interaction with research programs of senior campuses.

7. Extension programs are guided and developed through extensive interaction with advisory groups. Volunteer leader training and development involves large numbers of adults as well as older youth. Both dimensions of interaction emphasize the need for a flexible organization and responsiveness pattern.

8. Subject matter varies from single subjects such as planning a meal for good nutrition and sewing a parka to very complex public issues such as Alaska's d-2 land question. Consequently, results of programs may be measured over years or decades as well as in shorter timeframes.

9. Cooperative Extension faculty enjoy tenure and academic rank provisions on an equal basis to senior campus faculty. Consequently, there is a community of interest and close identification with such faculty.

SMITH-LEVER ACT

Cooperative extension work between the Land-Grant Colleges and the United States Department of Agriculture is authorized by the Smith-Lever Act. The provisions of the Act, in effect as of June 23, 1972, are shown below.

SECTION 1. In order to aid in diffusing among the people of the United States useful and practical information on subjects relating to agriculture and home economics, and to encourage the application of the same, there may be continued or inaugurated in connection with the college or colleges in each State, Territory, or possession, now receiving, or which may hereafter receive, the benefits of the Act of Congress approved July second, eighteen hundred and sixty-two, entitled "An Act donating public lands to the several States and Territories which may provide colleges for the benefit of agriculture and the mechanic arts", and of the Act of Congress approved August thirtieth, eighteen hundred and ninety, agricultural extension work which shall be carried on in cooperation with the United States Department of Agriculture: Provided, That in any State, Territory, or possession in which two or more such colleges have been or hereafter may be established, the appropriations hereinafter made to such State, Territory, or possession shall be administered by such college or colleges as the legislature of such State, Territory, or possession may direct.

SEC. 2. Cooperative agricultural extension work shall consist of the giving of instruction and practical demonstrations in agriculture and home economics and subjects relating thereto to persons not attending or resident in said colleges in the several communities, and imparting information on said subjects through demonstrations, publications, and otherwise and for the necessary printing and distribution of information in connection with the foregoing; and this work shall be carried on in such manner as may be mutually agreed upon by the Secretary of Agriculture and the State agricultural college or colleges or Territory or possession receiving the benefits of this Act.

SEC. 3. (a) There are hereby authorized to be appropriated for the purposes of this Act such sums as Congress may from time to time determine to be necessary.

(b) (1) Out of such sums, each State and the Federal Extension Service shall be entitled to receive annually a sum of money equal to the sums available from Federal cooperative extension funds for the fiscal year 1962 and subject to the same requirements as to furnishing of equivalent sums by the State except that amounts heretofore made available to the Secretary for allotment on the basis of special needs shall continue available for use on the same basis.

(2) There is authorized to be appropriated for the fiscal year ending June 30, 1971, and for each fiscal year thereafter, for payment to the Virgin Islands and Guam, $100,000 each, which sums shall be in addition to the sums appropriated for the several States of the United States and Puerto Rico under the provisions of this section. The amount paid by the

Federal Government to the Virgin Islands and Guam pursuant to this paragraph shall not exceed during any fiscal year, except the fiscal years ending June 30, 1971, and June 30, 1972, when such amount may be used to pay the total cost of providing services pursuant to this Act, the amount available and budgeted for expenditure by the Virgin Islands and Guam for the purposes of this Act.

(c) Any sums made available by the Congress for further development of cooperative extension work in addition to those referred to in subsection (b) hereof shall be distributed as follows:

1. Four per centum of the sum so appropriated for each fiscal year shall be allotted to the Federal Extension Service for administrative, technical, and other services, and for coordinating the extension work of the Department and the several States, Territories, and possessions.

2. Of the remainder so appropriated for each fiscal year, twenty per centum shall be paid to the several States in equal proportions, forty per centum shall be paid to the several States in the proportion that the rural population of each bears to the total rural population of the several States as determined by the census, and the balance shall be paid to the several States in the proportion that the farm population of each bears to the total farm population of the several States as determined by the census: Provided, That payments out of the additional appropriations for further development of extension work authorized herein may be made subject to the making available of such sums of public funds by the States from non-Federal funds for the maintenance of cooperative agricultural extension work provided for in this Act, as may be provided by the Congress at the time such additional appropriations are made: Provided further, That any appropriation made hereunder shall be allotted in the first and succeeding years on the basis of the decennial census current at the time such appropriation is first made, and as to any increase, on the basis of decennial census current at the time such increase is first appropriated.

(d) The Federal Extension Service shall receive such additional amounts as Congress shall determine for administration, technical, and other services and for coordinating the extension work of the Department and the several States, Territories, and possessions.

SEC. 4. On or about the first day of July in each year after the passage of this Act, the Secretary of Agriculture shall ascertain as to each State whether it is entitled to receive its share of the annual appropriation for cooperative agricultural extension work under this Act and the amount which it is entitled to receive. Before the funds herein provided shall become available to any college for any fiscal year, plans for the work to be carried on under this Act shall be submitted by the proper officials of each college and approved by the Secretary of Agriculture. Such sums shall be paid in equal quarterly payments in or about July, October, January, and April of each year to the treasurer or other officer of the State duly authorized by the laws of the State to receive the same, and such officer shall be required to report to the Secretary of Agriculture on or about the first day of January of each year, a detailed statement of the amount so received during the previous fiscal year and its disbursement, on forms prescribed by the Secretary of Agriculture.

SEC. 5. If any portion of the moneys received by the designated officer of any State for the support and maintenance of cooperative agricultural extension work, as provided in this Act, shall by any action or contingency be diminished or lost or be misapplied, it shall be replaced by said State and until so replaced no subsequent appropriation shall be apportioned or paid to said State. No portion of said moneys shall be applied, directly or indirectly, to the purchase, erection, preservation, or repair of any building or buildings, or the purchase or rental of land, or in college-course teaching, lectures in college, or any other purpose not specified in this Act. It shall be the duty of said colleges, annually, on or about the first day of January, to make to the Governor of the State in which it is located a full and detailed report of its operations in extension work as defined in this Act, including a detailed statement of receipts and expenditures from all sources for this purpose, a copy of which report shall be sent to the Secretary of Agriculture.

SEC. 6. If the Secretary of Agriculture finds that a State is not entitled to receive its share of the annual appropriation, the facts and reasons therefor shall be reported to the President, and the amount involved shall be kept separate in the Treasury until the expiration of the Congress next succeeding a session of the legislature of the State from which funds have been withheld in order that the State may, if it should so desire, appeal to Congress from the determination of the Secretary of Agriculture. If the next Congress shall not direct such sum to be paid, it shall be covered into the Treasury.

SEC. 7. Repealed. (Dealt with an annual report to Congress.)

SEC. 8. (a) The Congress finds that there exists special circumstances in certain agricultural areas which cause such areas to be at a disadvantage insofar as agricultural development is concerned, which circumstances include the following: (1) There is concentration of farm families on farms either too small or too unproductive or both; (2) such farm operators because of limited productivity are unable to make adjustments and investments required to establish profitable operations; (3) the productive capacity of the existing farm unit does not permit profitable employment of available labor; (4) because of limited resources, many of these farm families are not able to make full use of current extension programs designed for families operating economic units nor are extension facilities adequate to provide the assistance needed to produce desirable results.

(b) In order to further the purposes of section 2 in such areas and to encourage complementary development essential to the welfare of such areas, there are hereby authorized to be appropriated such sums as the Congress from time to time shall determine to be necessary for payments to the States on the basis of special needs in such areas as determined by the Secretary of Agriculture.

(c) In determining that the area has such special need, the Secretary shall find that it has substantial number of disadvantaged farms or farm families for one or more of the reasons heretofore enumerated. The Secretary shall make provisions for the assistance to be extended to include one or more of the following: (1) Intensive on-the-farm educa-

tional assistance to the farm family in appraising and resolving its problems; (2) assistance and counseling to local groups in appraising resources for capability of improvements in agriculture or introduction of industry designed to supplement farm income; (3) cooperation with other agencies and groups in furnishing all possible information as to existing employment opportunities, particularly to farm families having underemployed workers; and (4) in cases where the farm family, after analysis of its opportunities and existing resources, finds it advisable to seek a new farming venture, the providing of information, advice, and counsel in connection with making such change.

(d) No more than 10 per centum of the sums available under this section shall be allotted to any one State. The Secretary shall use project proposals and plans of work submitted by the State Extension directors as a basis for determining the allocation of funds appropriated pursuant to this section.

(e) Sums appropriated pursuant to this section shall be in addition to, and not in substitution for, appropriations otherwise available under this Act. The amounts authorized to be appropriated pursuant to this section shall not exceed a sum in any year equal to 10 per centum of sums otherwise appropriated pursuant to this Act.

SEC. 9. The Secretary of Agriculture is authorized to make such rules and regulations as may be necessary for carrying out the provisions of this Act.

SEC. 10. The term "State" means the States of the Union, Puerto Rico, the Virgin Islands, and Guam.

(Code reference is 7 U.S.C. 341 et seq.)

MEMORANDUM OF UNDERSTANDING
BETWEEN THE UNIVERSITY OF ALASKA AND THE
UNITED STATES DEPARTMENT OF AGRICULTURE
ON COOPERATIVE EXTENSION WORK IN AGRICULTURE AND HOME ECONOMICS

Whereas, The University of Alaska has under its control Federal and State funds for extension work in agriculture and home economics which are and may be supplemented by funds contributed for similar purposes by counties and other organizations and individuals within said State, and the United States Department of Agriculture has funds appropriated directly to it by Congress which can be spent for extension work in the State of Alaska;

Therefore, with a view to securing economy and efficiency in the conduct of extension work in the State of Alaska the President of the University of Alaska acting subject to the approval of the Board of Regents of the said University of Alaska and the Secretary of Agriculture of the United States, hereby execute the following memorandum of understanding with reference to cooperative relations between said University of Alaska and the United States Department of Agriculture for the organization and conduct of extension work in agriculture and home economics in the State of Alaska.

I. The University of Alaska agrees:

(a) To organize and maintain at said institution a definite and distinct administrative division for the management and conduct of all cooperative extension work in agriculture and home economics, with a director selected by the institution and satisfactory to the Department;

(b) To administer through such division thus organized, known as the Cooperative Extension Service, any and all funds it has or may hereafter receive for such work from appropriations made by Congress or the State Legislature, by allotment from its Board of Regents or from any other sources;

(c) To accept the responsibility for conducting all educational work in the field of agriculture and home economics and subjects related thereto as authorized by the Smith-Lever Act as amended and other Acts supporting cooperative extension work, and such phases of other programs of the Department as are primarily educational, which the Department has been authorized to carry on within the State.

II. The United States Department of Agriculture agrees:

(a) To maintain in the Department an Extension Service which, under the direction of the Secretary, (1) shall be charged with the administration of the Smith-Lever Act as amended and other Acts supporting cooperative extension work insofar as such administration is vested in the Department; (2) shall have primary responsibility for and leadership in all educational programs under the

jurisdiction of the Department (except the graduate school); (3) shall be responsible for coordination of all educational phases of other programs of the Department, except the graduate school; and (4) shall act as the liaison between the Department and officials of the Land-Grant Colleges and Universities on all matters relating to cooperative extension work in agriculture and home economics and educational activities relating thereto.

(b) To conduct through University of Alaska all extension work in agriculture and home economics and subjects relating thereto authorized by Congress to be carried on within the State except those activities which by mutual agreement it is determined can most appropriately and effectively be carried out directly by the Department.

III. The University of Alaska and the United States Department of Agriculture mutually agree:

(a) That, subject to the approval of the President of the University of Alaska and the Secretary of Agriculture, or their duly appointed representatives, all cooperative extension work in agriculture and home economics in the State of Alaska involving the use of Federal funds shall be planned under the joint supervision of the director of Cooperative Extension Service of Alaska and the administrator of the Extension Service; and that approved plans for such cooperative extension work in the State of Alaska shall be carried out through the Cooperative Extension Service of Alaska in accordance with the terms of the consolidated project agreement.

(b) That all State and county personnel appointed by the Department as cooperative agents for extension work in agriculture and home economics in the State of Alaska shall be joint representatives of the University of Alaska and the United States Department of Agriculture, unless otherwise expressly provided in the project agreement.

(c) That the cooperation between the University of Alaska and the United States Department of Agriculture shall be plainly set forth in all publications or other printed matter issued and used in connection with said cooperative extension work by either the University of Alaska or the United States Department of Agriculture.

(d) That annual plans of work for the use of Smith-Lever and other Federal funds in support of cooperative extension work shall be made by the Cooperative Extension Service of the State of Alaska and shall be subject to the approval of the Secretary of Agriculture in accordance with the terms of the Smith-Lever Act as amended or other applicable laws, and when so approved shall be carried out by the Cooperative Extension Service of the said State of Alaska.

IV. The University of Alaska and the United States Department of Agriculture further mutually agree:

(a) That the Department of Agriculture shall make final determination on any proposed supplementary memoranda of understanding or similar documents, including those with other agencies, affecting the conduct of cooperative extension work only after consultation with appropriate designated representatives of the Land-Grant Colleges and Universities.

(b) That the University of Alaska will make arrangements affecting the conduct of cooperative extension work with agencies of the Department, or with other Federal agencies, only through the administrator of the Extension Service, or in accordance with an existing general agreement which has been approved by him.

(c) That all memoranda and similar documents hereafter executed affecting cooperative extension work, whether between agencies of the Department or between State Cooperative Extension Services and agencies of the Department, shall be within the framework of, and consistent with the intent and purpose of, this memorandum of understanding.

(d) That all memoranda and agreements affecting policies in cooperative extension work shall be reviewed periodically by appropriately designated representatives of the Land-Grant Colleges and Universities and the Secretary of Agriculture for the purpose of determining whether modification is necessary or desirable to meet more effectively current developments and program needs.

V. This memorandum shall take effect when it is approved by the President of the University of Alaska and the Secretary of Agriculture of the United States, and shall remain in force until it is expressly abrogated in writing by either one of the signers or his successor in office. The agreement executed January 28, 1955 shall be deemed abrogated upon the effective date hereof.

UNIVERSITY OF ALASKA

4/8/76
Date

By _____

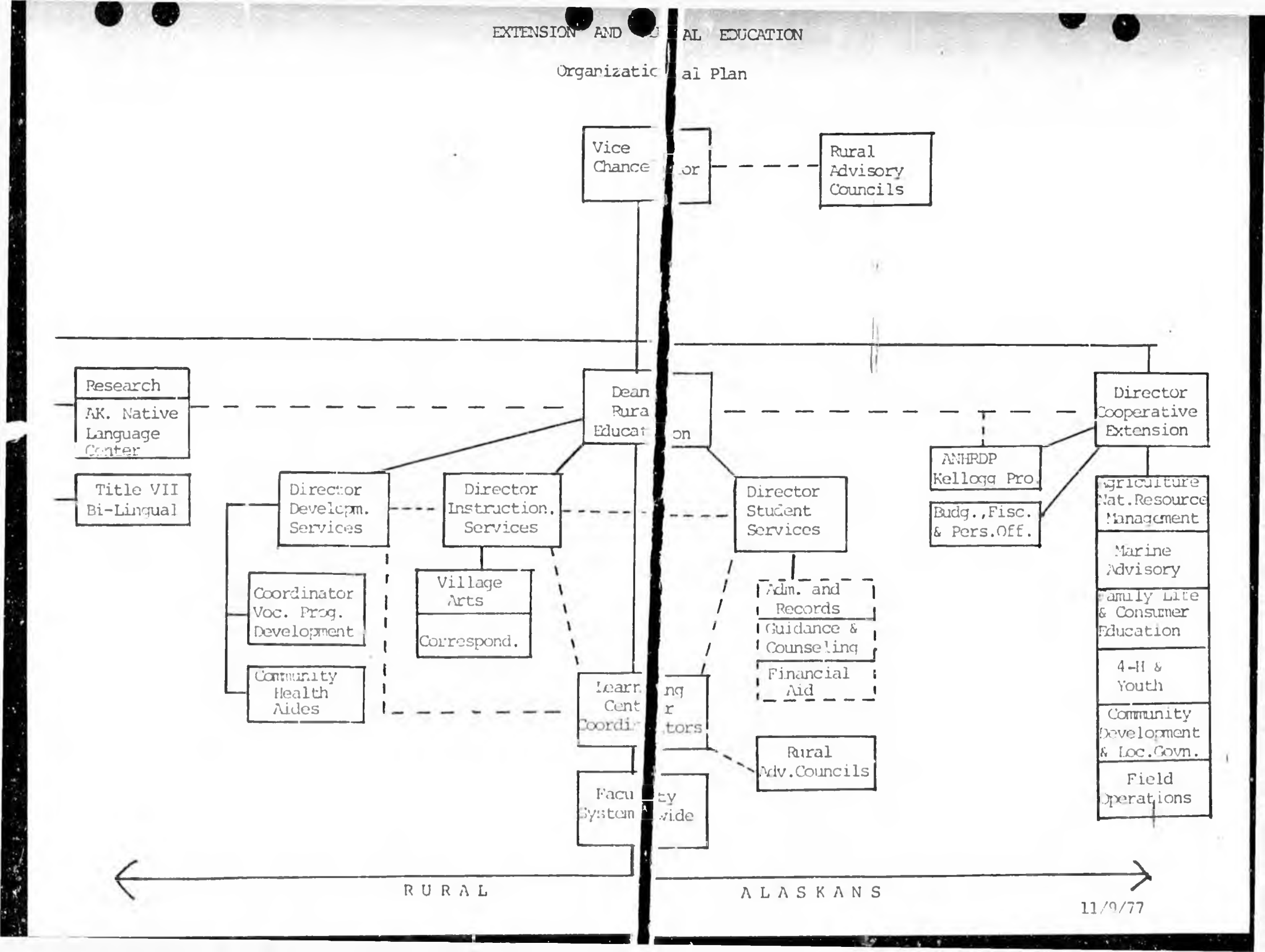
UNITED STATES DEPARTMENT OF AGRICULTURE

APR 22 1976
Date

By _____
Acting Secretary

EXTENSION AND [illegible]AL EDUCATION

Organizatic[illegible]al Plan



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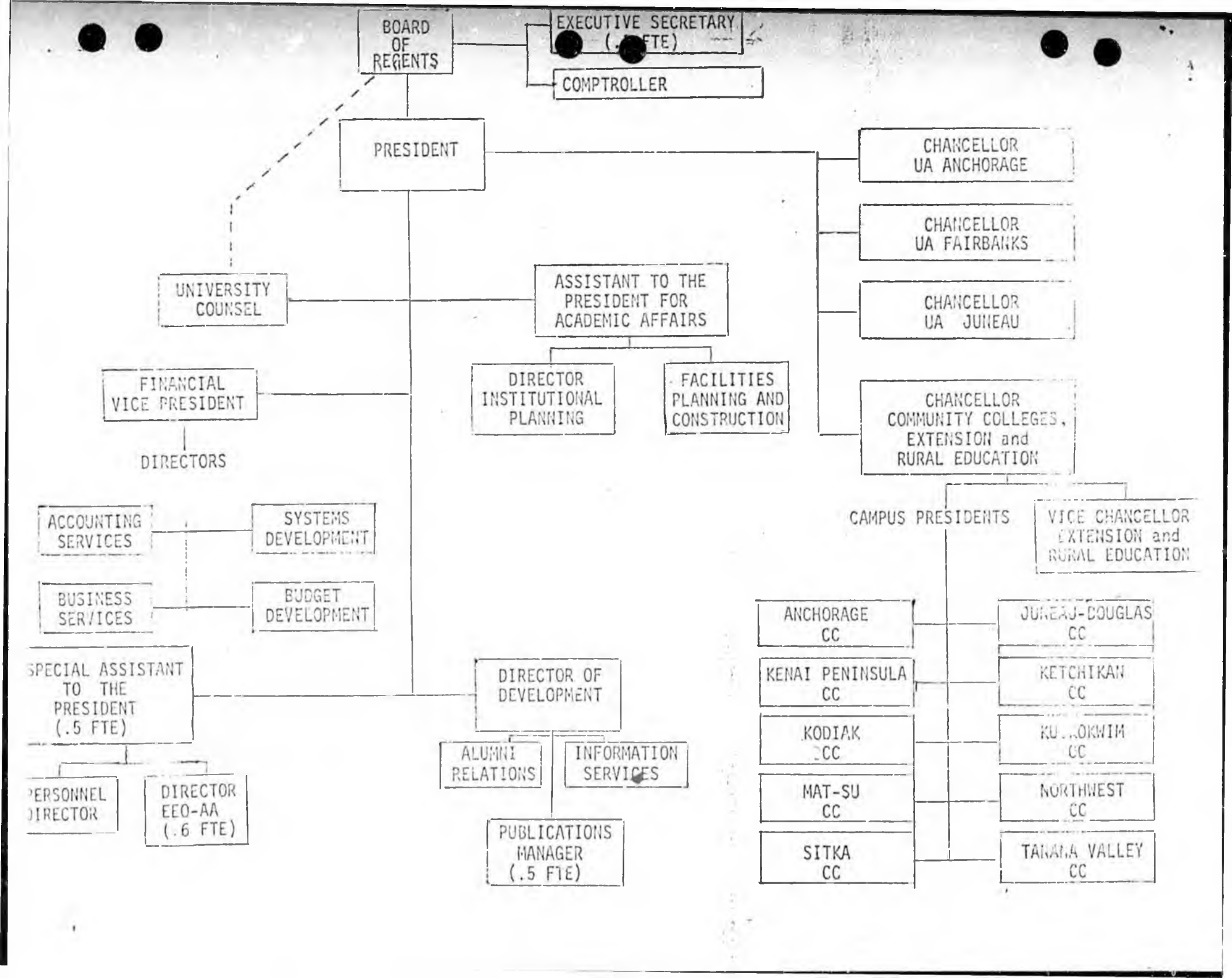
BOARD OF REGENTS
EXECUTIVE SECRETARY (.5 FTE)
COMPTROLLER
PRESIDENT
CHANCELLOR UA ANCHORAGE
CHANCELLOR UA FAIRBANKS
CHANCELLOR UA JUNEAU
CHANCELLOR COMMUNITY COLLEGES, EXTENSION and RURAL EDUCATION
UNIVERSITY COUNSEL
ASSISTANT TO THE PRESIDENT FOR ACADEMIC AFFAIRS
DIRECTOR INSTITUTIONAL PLANNING
FACILITIES PLANNING AND CONSTRUCTION
FINANCIAL VICE PRESIDENT
DIRECTORS
ACCOUNTING SERVICES
SYSTEMS DEVELOPMENT
BUSINESS SERVICES
BUDGET DEVELOPMENT
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PERSONNEL DIRECTOR
DIRECTOR EEO-AA (.6 FTE)
DIRECTOR OF DEVELOPMENT
ALUMNI RELATIONS
INFORMATION SERVICES
PUBLICATIONS MANAGER (.5 FTE)
CAMPUS PRESIDENTS
VICE CHANCELLOR EXTENSION and RURAL EDUCATION
ANCHORAGE CC
KENAI PENINSULA CC
KODIAK CC
MAT-SU CC
SITKA CC
JUNEAU-DOUGLAS CC
KETCHIKAN CC
KUSKOKWIM CC
NORTHWEST CC
TANANA VALLEY CC

EXTENSION PROGRAM CAPABILITIES AND ORIENTATIONS

Statewide problem and program focus associated with capability to draw on national, regional, state and local expertise in responding to program needs.

Specialize in providing easy and informal access to information and educational programs, minimal enrollment requirements, normally cost free or in a few cases nominal charges for materials.

Specialize in delivering practical education related to currently relevant problems associated with ability to respond quickly with broad and continuing delivery of information.

Long-range program development process based on 5 year goal planning geared to anticipate and respond to significant informational and educational concerns.

Extensive media development and delivery expertise, combined with systematic approach to delivery of subject information through many media, faculty are full time for the most part, specializing in adult education programming methods in addition to broad range of expertise in subject competencies as they relate to natural resource development, home management and family life, community development, 4-H and youth education.

Specialize in recruiting, selecting, and training volunteer leaders who assist in extending educational programs on a broad scale.

Specialize in working with organizations in building and delivering programs that reflect cooperative efforts of several agencies, organizations, and/or institutions.

COOPERATIVE EXTENSION SERVICE

I. Program Mission - The Cooperative Extension Service is an educational delivery system organized to provide ready access to practical and useful information for all Alaskans. Information is transmitted through programs in Natural Resource Development and enterprise management, Community Resource Development, Human Development and Home Management, and 4-H and Youth. Programming is directed towards helping Alaskans solve social and economic problems, helping them improve their communities and their quality of life, and assisting them in developing their aspirations, skills and abilities.

The basic approach of the Cooperative Extension Service is to provide, within a broad range of emphases, programs that directly meet the needs of the people of Alaska as expressed formally through advisory groups and informally through personal requests.

This mission is dedicated to the Land Grant University Philosophy of reaching Alaskans where they live, in their homes, in their communities, or in near by regions and utilizing educational tools such as workshops, demonstrations, personal consultations, modern electronic technology and mass media, and multiplying the effects of educational programs through volunteer leaders in their clubs and organizations.

II. Program Component Missions - Four broad program areas comprise the central focus.

A. Natural Resource Development and Enterprise Management - Alaska's natural resources are, for the most part, in early stages of development and except for gold mining and marine industries, have not approached their potentials. Emphasis is placed on developments that are unique in their northern environmental concerns and that require the development of new supporting technology and organization to enhance their potentialities. The

mission is to provide forest products, food and fiber comparable to and competitive with products produced and distributed from other locations on a sustained basis.

1. Land Based Renewable Resources - To promote development of viable agricultural, forest and grazing industries to provide increasing yields of foods, fiber, and forest products harmonious with environmental quality. To assist resource developers at the entrepreneur level in better management.
2. Marine Based Resources - To assist the Marine Industries in maintaining sustained high-level yields of safe, high quality marine products consistent with sound environmental principles; to promote the utilization of under-utilized resources and to promote the safety, general welfare and improve the economic return of marine enterprise participants.

B. Community Resource Development - Alaskan communities in general and rural communities in particular are placed in the midst of rapidly changing social and economic conditions. Change has served more to disrupt the stability of old patterns than it has tended to enhance the quality of life through emerging patterns of interaction and development. Its consequences have been to throw out of balance the traditional economy of most communities and to impair their social and cultural integrity. Change in Alaskan communities, and particulary so in rural areas, has been and is projected to be sharply accelerated by the many forces set in motion by the settlement of Alaska Native land claims.

The Cooperative Extension Community Resource Development Program thrusts are:

1. To enable Alaskans to participate effectively in the development and continuing refinement of land use policies appropriate for northern

environments and the State's cultural heritage.

The challenge is to enhance the quality of life of Alaska's people as they deal with the increased population pressures associated with economic and industrial development.

2. To provide education that encourages and supports a broad base of participation in community and civic affairs; to foster the development of community organizations, including local government; to increase the capability to direct and manage growth and change at the community level; to help communities to interact and cope with regional and statewide growth and development.

3. To assist people to understand value differences and their effects on group decisions and principles involved in group dynamics concerned with decision-making. To stimulate the development of leadership that will exert influence on decisions so quality of group life is enhanced.

C. Human Development and Home Management - Alaska's population is heavily weighted with young adults, residential mobility is high, the State's geography and general isolation maximizes living costs and magnifies the difficulty of obtaining goods and services. Special understanding is required to cope effectively with the unique northern environment. The rich cultural heritage of Alaska Natives challenges the development of new perspectives by migrants as well as challenges the Native community to understand change processes affecting all dimension of their lives.

The missions of this program area are to:

1. Develop and distribute broadly consumer information that will help all Alaskans modify their practices and adapt where necessary to unique living conditions in the state.

2. To provide priority emphasis on utilizing the educational delivery resources of Cooperative Extension Programs to complement efforts of other agencies concerned with maintaining and improving the health of Alaskan residents. Emphasis will be directed toward high incident mental and physical health problems.
3. Help Alaskans, and particularly rural Alaskans, to determine housing requirements unique to and adequate for northern environments.
4. Improve the diets of Alaskans by improving management practices so that wise and effective use is made of all resources devoted towards food acquisition and use.
5. Provide information and education to help Alaskans understand and develop stability in human relationships, broaden understanding and acceptance of cultural differences, and that understanding of changing life styles can be increased so that factors producing stress on human relationships can be reduced or ameliorated.
6. Develop volunteer educational leadership throughout Alaska. Promote organizational experiences that help people interact effectively and give them opportunity to teach others.

D. 4-H and Youth - Young people in Alaska are growing up in a dynamic and unique environment. Mobility patterns of the past suggest that many will leave as well as enter the State at various age levels. These mobile youth as well as longer term residents are confronted with changing value systems, a wider variety of life styles, and broader access to undesirable influences. The potential for wide-ranging life experiences increases the importance of understanding and appreaciating other cultures and their varying perspectives.

The basic missions of this program are developed through and carried out by volunteer leaders supported by professional and paraprofessional staff. The thrusts of the program are to help youth in the 4-H age range of 9 through 19 throughout Alaska to:

1. Appreciate Alaska's physical environment and become aware of the importance of its wise utilization.
2. Understand and cope with social change as it occurs in a dynamic Alaskan context.
3. Explore and help develop vocational interests and skills.
4. Develop leadership skills of youth as well as those volunteers serving the program.
5. Stimulate and help youth to develop a sense of responsibility to self, their families and their communities.

REPORT ON

COOPERATIVE EXTENSION SERVICE

FISCAL YEAR 1975

Extension educators expended 10,354 days in assisting Alaska through 56,000 separate contacts across the state during the year. Programs were presented in 106 different communities, with several programs offered in many of these communities. More than a half-million copies were distributed of the 80 different Extension publications which cover a broad range of subjects of special interest to Alaskan audiences. Many other publications developed by the Department of Agriculture and other agencies were also distributed directly or used in various educational programs. Extension staff were involved directly with Alaskans in nearly 150 thousand educational contact hours through workshops, conferences, meetings, office conferences or in homes of participants.

Thirty-one different newsletters were prepared by staff on a monthly, bimonthly or quarterly basis. Focuses ranged from local government, fisheries and marine education, homemaking and family life, 4-H and youth, forest products, agriculture and gardening, to general community development. Two-hundred thousand issues were mailed to Alaskans.

The Extension Service also produced half-hour films on parliamentary process and local government, dressing children for cold weather, controlling heat loss in homes, and Alaskan food choices during the year. Another series of 20 one-half hour video tapes was produced on log building and housing design for arctic living. These media were designed to be used independently by interested groups or used as part of the content in workshops and other educational settings, including television delivery.

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Dr. James W. Matthews, Director, Cooperative Extension Service, University of Alaska.

The practical information developed by Extension specialists was broadly used by newspapers across the state. For example, in a Fairbanks Daily News Miner special building supplement which presented material on construction design, building, and legal concerns in home construction, 12 of the 24 pages of articles were developed by Extension educators.

More than a thousand Alaskans participated in housing workshops in Kenai, Tok, Delta, Juneau, Fairbanks, and Anchorage. An average of 10,000 log cabin publications have been distributed each year since 1971.

Responding to increasing food costs, an extensive effort was made to increase gardening and to improve the understanding of food preservation, including use of fish and marine products as well as wild game and berries.

Business management education is being directed towards farmers in all the major agricultural areas and includes focuses such as record keeping and computer analysis, tax planning and management, long range enterprise development, and investment strategies. Farm visits, workshops, soil testing, variety and fertilizer recommendations in field plots, and consultation accounted for 869 days of effort. Business management programs were also directed increasingly towards fishermen and other marine related businesses.

Substantial effort was directed towards improving fish and marine food processing plant practices in an effort to help these entrepreneurs meet regulatory requirements and produce high quality products. Parallel efforts in marine safety education were directed toward reducing accidents and loss of life in the fishing

industry. A special focus was on use of rafts and survival gear when abandoning sinking vessels.

Working through statewide and regional rural development councils, considerable Extension education was directed towards broad public issues such as alternatives in land use, identifying and dedicating potential land for agricultural production, and broadening agricultural and resource education in schools and community colleges.

Over 4000 Alaskans participated in one or more of the 250 educational 4-H homemaker clubs organized by Extension staff. Approximately 10 percent of these were volunteer adult leaders who utilized their expertise and additional training to extend education to their fellow homemakers and to youth clubs. A special effort was directed towards home study courses for parents of preschoolers in Anchorage, Fairbanks and Palmer, with 700 persons enrolling in the programs.

One-thousand persons from low income families participated in intensive nutrition education directed towards making good use of income resources, and planning and preparing well-balanced meals on very limited budgets.

A major feature of education directed towards Alaskan natives was concerned with developing their local governments. Materials developed and extensively used included an incorporation manual for second class cities, a monthly newsletter to local government officials, a film on council roles, and workshops and meetings with second class city officiers and council members from over 50 villages.

Extension educators devoted nearly 20 percent of their effort towards work with Alaskan natives. Important areas of concern were the many facets involved in

land selection and building management practices and structures. Considerable effort was extended towards helping Regional Corporations assess the market potential, husbandry practices, and alternatives in developmental goals for the reindeer industry.

Closely related to this effort was continuing education directed towards improving home tanning of wild furs and developing these into clothing or marketable crafts. More than 400 Alaskan natives participated in workshops for these purposes.

A significant dimension of Extension leadership was involved in exploring the development of a broader range of business management education for Alaskan native leaders developing business corporations. This effort was supported by a 5 year grant from the Kellogg Foundation. Attention was directed towards involving a broader spectrum of total University resources. Several hundred natives participated in a broad range of leadership workshops and conferences through this program. In addition, a beginning has been made in the development of educational materials more relevant to Alaskan native needs.

May 1975

Cooperative Extension Service Programs

A unique partnership between public and private interests

June 1976

EXTENSION SERVICE U.S. DEPARTMENT OF AGRICULTURE WASHINGTON, D.C. 20250

FOREWORD

This publication has been prepared to develop a more complete understanding among all interested constituents about the comprehensive nature of Extension programs. Because of the unique features of the Extension educational system and cooperative arrangements between both public and private interests, many key leaders have requested additional information concerning program content and priorities, program participants, funding sources, and basic authorizations and requirements.

Information is provided on the processes of developing programs and funding at all levels which focus on involvement of representative leaders from the private sector working closely with public officials and professional Extension staff. Flexibility and adaptability to meet changing needs are emphasized. The results of such efforts assure decision making at local and state levels while contributing to priority needs at regional and national levels.

Utilizing the knowledge centers and resources of the Land-Grant Universities and the U.S. Department of Agriculture in a close partnership arrangement through the Cooperative Extension system has made this educational program a major contributor to improved levels of living for all citizens of the United States.

EDWIN L. KIRBY, Administrator
Extension Service
U.S. Department of Agriculture

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COOPERATIVE EXTENSION PROGRAMS--
A UNIQUE PARTNERSHIP BETWEEN PUBLIC AND PRIVATE INTERESTS

State Cooperative Extension Services (50 states, Puerto Rico, Virgin Islands, Guam, and the District of Columbia) as an integral part of state Land-Grant universities, work cooperatively with the U.S. Department of Agriculture and in close concert with both private and public interests at local, state, and national levels. Each State Extension Service has considerable autonomy in determining policies and programs at state and local levels, yet contributes substantially to multistate, regional and national priorities.

Extension programs are designed and priorities established through a high degree of involvement of local people with Extension staff in determining programs to meet local needs. Local leaders who serve on Extension program and advisory committees are usually active participants in a variety of other organizations and special interest groups organized on a local, state, regional and national basis. By such participation, private interests have a direct impact in determining state and national Extension policies and program priorities.

State Extension Services and the Extension Service of the U.S. Department of Agriculture jointly serve as the educational arm of USDA. Each Extension staff member represents USDA in addition to performing state and local responsibilities. The national Extension Committee on Organization and Policy (ECOP), composed of representative State Extension directors, works closely with the Extension Service of the Department in helping to determine national policies and program priorities. In many respects, the total Cooperative Extension system may be considered as

a federation of states working together on a cooperative basis with the Extension Service of the Department of Agriculture to provide educational assistance on problems of a regional and national nature which cannot be adequately resolved on a state-by-state or local basis.

A National Summary of Program Emphasis

Extension programs conducted throughout the country are classified under four broad program categories, namely, agriculture and natural resources, home economics, 4-H youth, and community resource development. Within each of these program categories, more specific program components are conducted. The following tables show the number of professional staff years expended as reported by State Extension Services for the years of 1971-1975.

An analysis of this information will show program emphasis and trends nationally but does not reflect the high degree of variation on program priorities among the different states. The following factors have a direct impact on program priorities within State Extension Services:

1. Desires and needs of local people as expressed by Extension Advisory Committees and local and state organizations and special interest groups.
2. Financing and requirements of local government officials.
3. Financing and requirements of the State Legislature.
4. Policies and requirements of the university designated by the State Legislature for administering the program.
5. Financing and requirements of the Congress.
6. Policies and requirements of the U.S. Department of Agriculture,

The impact of those factors within a state which have a direct impact on program priorities at state and local levels can best be determined through discussions with the State Extension director.

EXTENSION PROFESSIONAL RESOURCES EXPENDED
BY STATE EXTENSION SERVICES
BY MAJOR PROGRAM CATEGORIES

Program Categories	Staff Years Expended				
	1971	1972	1973	1974	1975
Agriculture & Natural Resources	6178	5738	6223	6187	6475
Home Economics	3220	4034	3405	3474	3597
4-H Youth	4985	4628	5229	5410	5388
Community Resource Development	1099	1235	1434	1472	1272
TOTAL	15482	15635	16291	16543	1673

AGRICULTURE AND NATURAL RESOURCES

Program Components	1971	1972	1973	1974	1975
Crop Production	2582	2409	2750	2796	2851
Livestock Production	1730	1617	1683	1629	1828
Business Management	927	822	846	863	919
Agrictural Marketing and Farm Supply	679	628	678	630	607
Environment & Natural Resources	260	262	266	269	270
TOTAL	6178	5738	6223	6187	6475

HOME ECONOMICS

Program Components	1971	1972	1973	1974	1975
Food & Nutrition	1291	1571	1271	1297	1352
Family Resource Management	379	427	346	353	396
Family Life Education	284	357	308	325	352
Housing & Home Environment	612	891	765	777	759
Family Health & Safety	206	222	217	236	244
Textiles & Clothing	448	566	498	486	494
TOTAL	3220	4034	3405	3474	3597

COMMUNITY RESOURCE DEVELOPMENT

Program Components	1971	1972	1973	1974	1975
Economics, Business & Manpower Development	92	136	172	177	165
Community Services, Facilities & Housing	313	445	473	515	471
Public Affairs & Environmental Impact	111	111	114	88	64
Community Organization and Local Government Operations	311	358	430	442	369
Leadership Development	272	185	243	250	203
TOTAL	1099	1235	1434	1472	1272

4-H YOUTH

Program Components	1971	1972	1973	1974	1975
Agriculture and Related	788	810	983	958	1131
Energy, Environment, and Natural Resources	204	208	272	254	291
Community Development	523	491	544	606	663
Economics, Jobs and Careers	339	449	559	503	474
Personal Development (including Health)	1904	1675	1940	1991	1390
Family and Family Related (including 4-H EFNEP)	1227	995	931	1098	1439
TOTAL	4985	4628	5229	5410	5388

A majority of 4-H projects and activities are directly related to the major program categories of agriculture and natural resources, home economics, and community resource development. When professional Extension staff time expended on 4-H in 1975 is combined with these three areas of work, total program emphasis is as follows:

Program Categories	Staff Years Expended-1975	Percent of Total
Agriculture and Natural Resources	7897	47.2
Home Economics	5036	30.1
Community Resource Development	1935	11.6
4-H Personal Development, Economics, Jobs and Careers	1864	11.1
TOTAL	16732	100.0

Basic Authorizations and Requirements

In addition to the authorizations and requirements of local government officials, state designated Land-Grant universities, and State Legislatures, current Cooperative Extension work is authorized under three Acts of Congress. These are the Smith-Lever Act, as amended; the Rural Development Act of 1972; and the D.C. Public Post-secondary Education Reorganization Act. In addition, all programs and all phases of personnel administration must comply with the requirements of the Civil Rights Act of 1964. Through these four basic legislations, Extension work is carried out in each of the states, Puerto Rico, Guam, Virgin Islands and the District of Columbia by 70 Land-Grant institutions and the Tuskegee Institute. It is a unique governmental service involving a three-way partnership between the Federal, State, and County governments without domination by either one and with maximum freedom for independent action. Some of the major features are summarized as follows:

1. Mutually agreed upon programs are required between each of the designated Land-Grant universities and the U.S. Department of Agriculture.
2. For each source of funds provided by Congress, each State Cooperative Extension Service is required to submit annual plans of work and annual budgets acceptable to the Department of Agriculture and annual financial reports and activity reports to assure the Department and Congress that approved plans of work and budget requirements are met.

3. Each State Extension Service has Department of Agriculture approved Affirmative Action Plans for meeting civil rights requirements. States submit progress reports each year on the extent to which equal opportunity is provided for employment of Extension staff and for participation in Extension programs regardless of race, color, or national origin.

4. The Extension Service of the Department of Agriculture has the responsibility for providing national leadership and coordination among the State Extension Services, including the determination that federal funds are utilized properly to meet the intent of Congress and requirements of the Department.

Sources of Funding for Extension Programs

While state and local Cooperative Extension Services have considerable latitude in working with key leadership to determine priorities for program assistance, multiple sources of Extension funding have a direct impact on program emphasis. A considerable amount of funds available to State Extension Services are earmarked for specific purposes and must be used for these purposes if accepted by the states.

Extension programs are financed cooperatively from federal, state and county sources. Current distribution of total cooperative funds reflects Federal support of approximately 40%, state support of approximately 40%, and county support of approximately 20%. These percentages reflect the overall average for all states. Percentage of funds from each of the three sources varies considerably from state to state, depending on tax structure and other factors.

The following table shows Federal appropriations for Extension work for fiscal years 1970 through 1976 (amounts in thousands):

ITEM	1970	1971	1972	1973	1974	1975	1976
Formula payments under Sec 3(b)&(c) of Smith-Lever Act.	82,403	88,076	92,912	105,554	107,855	118,100	125,303(1)
Sec. 3(d) of the Smith-Lever Act:							
1.Nutrition Educ...	28,560	48,560	48,560	50,560	50,252	50,560	50,560
2.1890 Colleges & Tuskegee.....	--	--	4,000	6,000	6,000	6,450	7,823
3.Rural Development.....	--	--	1,000	2,000	1,000	1,000	1,000
4.Pest Management..	--	--	--	500	500	1,735	2,935
5.Cotton.....	--	--	500	--	--	--	--
6.Farm Safety.....	--	--	--	--	--	765	1,020
Agricultural Marketing Act.....	1,450	1,450	1,450	1,450	1,450	1,450	--
D.C. Extension.....	375	700	800	800	800	860	910(2)
Title V, Rural Development Act of 1972.....	--	--	--	--	1,500	1,500	1,500
Retirement.....	10,553	12,933	13,407	13,407	13,552	14,911	15,841
Penalty Mail.....	3,400	3,617	3,617	7,617	14,359	10,417	13,890
Federal Admin.....	4,993	5,614	6,033	6,443	6,805	7,775	8,153
TOTAL.....	131,734	160,950	172,279	194,331	204,073	215,523	228,935

(1) Of this amount, states are required to match $113,371,152 from non-federal sources available within the states.
(2) The District of Columbia is required to match this amount on an equal basis.

State and county financial support for Extension work for fiscal years 1970-1976 is as follows (amounts in thousands):

	1970	1971	1972	1973	1974	1975	1976
State.....	119,115	129,561	136,090	148,218	161,897	181,848	205,981
County.....	53,485	58,613	63,582	66,387	71,744	79,126	91,805
TOTAL.....	172,600	188,174	199,672	214,605	233,641	260,974	297,786

In many states specific amounts may be earmarked by the State Legislature or by county government for specific purposes. Federal funds provided under the formula provisions of Sections 3(b) and (c) of the Smith-Lever Act are generally provided to states without restrictive earmarking. With two exceptions identified in paragraph 1 below, states have a great deal of latitude in determining the mix of Extension programs financed from these formula funds.

Earmarked Federal Funds

Program requirements for earmarked Federal funds under Smith-Lever Act are:

1. Of the total funds available under Smith-Lever Section 3(c) formula provisions of the Act, $7,500,000 is earmarked for the 4-H urban and community development programs beginning in FY 1973 and $1,000,000 is earmarked for small and part-time farmers beginning in FY 1976. Both of these actions have been in accordance with Congressional directions.
2. Nutrition education program involves work with low-income families to improve their dietary level. Paraprofessional aides use available information, knowledge, and skills to teach needy people to utilize all resources toward the achievement of a more nutritionally adequate diet. Of the amounts provided, $7,500,000 is presently required for professional assistance in promoting 4-H programs in the depressed areas of our cities as directed by the Congress.

3. 1890 Colleges and Tuskegee Institute - Funds provided for this program finance Extension work being carried out by 1890 Land-Grant Colleges and Tuskegee Institute as an integral part of the total state Extension program in 16 states. Beginning with fiscal year 1976, $1 million is earmarked for work with small and part-time farmers.

4. Rural Development - Funds earmarked for this purpose provide for the assistance necessary to help rural communities adjust to changing forces, provide improved community services and facilities, and assist the communities in obtaining available state and Federal assistance.

5. Pest Management - Current funds earmarked under this program provide for (a) $1,550,000 for the development of statewide integrated pest management programs for the suppression of the boll weevil and other major pests affecting cotton in 11 states, and (b) $1,385,000 to conduct pest management projects in states on agricultural commodities.

6. Farm Safety - Funds earmarked for this program help support a farm safety education program for farm families and their employees in each state.

Program requirements under Title V of the Rural Development Act of 1972 specify that funds appropriated are to be utilized to provide for the Extension component of the joint Extension-Research pilot projects in each state to develop and demonstrate activities which are effective in solving rural development problems at the local level.

Varying amounts of public funds are made available to many states from sources other than through USDA. Examples are Sea Grant funds from the Department of Commerce and Pesticide Applicator Training funds from EPA. Such funds are usually provided under a memorandum of agreement between USDA and the other agency and cooperatively administered through guidelines mutually agreed to.

Private funding from foundations, industry, and other private sources help to support the total Extension program.

Steps in Developing Federal Budget Requests for State Extension Services for Fiscal Year 1978

1. Spring months of 1975 - ECOP Legislative Committee requested preliminary priority needs from each State Extension director.
2. August 1975 - ECOP adopted preliminary 1978 budget request based on recommendations of the ECOP Legislative Subcommittee.
3. November 1975 - ECOP submitted preliminary 1978 budget request to the Division of Agriculture and the Executive Committee of the National Association of State Universities and Land-Grant Colleges for their consideration and approval.
4. April 1976 - Extension Service, USDA, met with the Department for preliminary discussions on program priorities and funding needs for FY 1978.
5. May 1976 - ECOP and ES met with Department officials to discuss ECOP 1978 budget request.
6. May 1976 - ECOP presented revised budget request to Executive Committee of the Division of Agriculture, NASULGC.

7. June-July 1976 - ES will discuss total Extension budget needs with the Secretary and other Department officials based on guidelines provided by the Department and requests provided by ECOP.

8. September 1976 - U.S. Department of Agriculture recommendations will be submitted to the Office of Management and Budget.

9. August-September 1976 - ECOP with the Division of Agriculture, NASULGC, will meet with the Office of Management and Budget to discuss ECOP budget request.

10. January 1977 - Executive budget message for 1978 will be submitted to Congress.

11. February 1977 - Department and Extension Service budget hearings conducted by the House and Senate Agriculture Appropriation Subcommittees.

12. March-April 1977 - ECOP with the Division of Agriculture, NASULGC, will appear for hearings before House and Senate Appropriation Subcommittees. Other interested organizations, groups, and individuals may appear by request.

13. May-September 1977 - House and Senate report out budget recommendations and Congress will finalize appropriations for 1978 fiscal year beginning October 1, 1977.

This schedule may vary to some degree each year but both public and private interests have opportunity for inputs during this total period of time. Budget development procedures within each state vary widely and can best be determined through discussions with the State Extension director.

Extension Program Participants

The extent and intensity of participation of different audiences in Extension programs differ greatly among the different states. Although priority audiences in almost every state are farmers and ranchers, agriculturally related businesses, farm and rural families, including youth, and rural communities, the following factors cause wide variations:

1. Legislative requirements, including earmarked financing by local, state and federal legislative bodies.
2. University policies relative to serving the citizens of the state.
3. Demands for Extension assistance by individuals, organizations and special interest groups and communities.
4. Requests from other publicly supported agencies, either local, regional, state or national, for helping to make their agency programs more effective.
5. Extension staff resources, subject matter content, and expertise available to serve a multitude of needs.
6. The variety of methods available and staff expertise in using methods to reach a heterogenous audience.
7. Requirements of the Civil Rights Act to provide equal opportunity for participation regardless of race, color or national origin for audiences as determined by State Extension directors within the framework of legislative requirements.

Generally, state and local Extension Services give priority to utilizing intensive individual and group contact methods supported by mass media with farm and rural people. Mass media communication methods are used predominantly to serve urban consumers and others living in large metropolitan centers. Exceptions to the above are made in the utilization of certain earmarked funds and in responding to individual office visits, phone calls, and individual letters which may involve urban audiences.

The following national summary will indicate the nature of Extension participants who now benefit from Extension educational assistance. These participants may vary considerably on a state-by-state basis.

4-H Youth Participants

During the period 1969-1975, enrollments of youth in agriculturally related 4-H projects have increased 46.7% while enrollments in personal development, home and community related projects have increased 17.2%. In 1975, 36.7% of the total farm youth population participated in 4-H. The numbers of youth participating in organized 4-H Clubs and 4-H special interest groups reached an all-time high in 1975, with 80.1% of these youth coming from farms, open country and towns and cities under 50,000 population, and 19.9% lived in suburbs and in central cities of 50,000 and over. Most of the 4-H participants in large metropolitan areas resulted from programs designated by Congressional appropriations specially earmarked for urban 4-H and 4-H-type nutrition programs in inner cities. Currently, approximately 25% of the youth participating in 4-H-youth programs are from minority ethnic and racial groups.

Year	Farm	Towns Under 10,000 and Rural Non-Farm	Towns and Cities 10,000 to 50,000	Suburbs of Cities of 50,000 and Over	Central Cities of 50,000 +
1969	853,563	980,662	289,103	116,149	106,813
1970	837,602	999,152	309,701	126,428	115,914
1971	835,363	1,060,330	300,780	150,281	142,292
1972	849,060	1,174,998	341,417	166,174	187,168
1973	927,617	1,385,289	538,854	212,468	278,453
1974	936,378	1,592,276	568,678	257,274	388,220
1975	936,557	1,617,566	675,267	331,893	472,385

In addition to the youth participating in 4-H Clubs and 4-H special interest groups, 819,369 youth were enrolled in 4-H Expanded Food and Nutrition Education Programs primarily for low-income city youth, and 724,679 were enrolled in instructional 4-H TV Program Series. A total of 431,289 youth attended Extension 4-H-Youth conducted camps in 1975.

The number of volunteer local leaders assisting with 4-H-youth programs has continued to show some increase each year. In 1975, a total of 559,578 volunteers, including adults and teens, participated in 4-H-youth programs.

Agriculture and Natural Resources Program Participants

Extension agents and specialists conducting adult Extension programs in agriculture and natural resources devote approximately 70% of their time to work with commercial farmers, 25% with small and low-income farmers (gross income of $20,000 or less), and about 5% to work with

home gardeners. During the period of 1971-1975, the number of contacts (not different individuals) made by Extension specialists and agents with farmers increased from 17.4 million in 1971 to 21.6 million in 1975. The number of staff days devoted to this work increased from 644,000 in 1971 to 760,000 in 1975. Much of the continuing work with small, part-time and low-income farmers is carried on as a part of the regular program where recommendations on production practices do not vary greatly from one clientele group to another. About 5% of the total staff resources devoted to agriculture and natural resources programs is expended on programs designed specifically to meet special needs of low-income farmers.

During the past ten years, there have been increasingly more requests for information on home gardens and lawns. In order to meet these program demands, extensive use of mass media has been utilized to carry out the program. Much of the agriculturally related work resulting from requests from large metropolitan cities is conducted through widespread use of T.V., radio, and newspapers.

Extension has a highly competent, well trained and highly skilled staff of about 3,000 Extension agricultural agents and more than 3,000 specialists and specialized multi-county area staff members whose primary responsibility, dedication and interest is to better serve the American farmer and rancher. While these individuals have as a primary responsibility to serve the commercial farmer in the United States, they will continue with the assistance of paraprofessionals to provide leadership and program support for programs designed to help the small or low-income farmer.

Home Economics Program Participants

The Extension home economics program is directed to the family. Family members, both adult and youth, are involved in educational programs which help them identify their needs, make decisions, and utilize resources to improve their quality of home and family living. Major emphasis is on families who live in rural America or outside of cities with populations of 50,000 and above. During 1976, 80.5% of State Extension Service professional staff time in home economics programs is committed to rural people. Special emphasis is on training volunteer leaders who assist Extension to extend home and family living education to families and individuals.

Approximately 4,000 professional Extension home economists and 7,000 paraprofessionals assisted by 700,000 volunteer leaders extend home and family living education to 10 million families annually. Many of these leaders are among the approximately 600,000 Extension homemakers in 35,000 different organized clubs in 41 states and Puerto Rico. Virtually all of these homemakers are rural, and 83% live in rural areas under 10,000 population.

According to a recent survey, these Extension homemakers contribute 25,000 years of volunteer leadership to their communities in a 12-month period. If paid a minimum wage, this would equal more than $90 million of service per year.

Extension's Expanded Food and Nutrition Education Program has reached more than a million "hard-to-reach" families and two million low-income youth since its inception in 1969. According to Congressional intent, this program must be directed to units or communities of

low income. Seventy percet of the EFNEP families live outside of cities with population of 50,000 or over.

Community Resource Development Participants

In addition and complementary to services extended to farmers, families, and youth, Extension is providing assistance to rural communities, small towns and cities with a population of 50,000 or less. The objective of this dimension of Extension work clearly focuses on sound community decisions that will increase economic opportunities and the quality of life in rural areas.

Community resource development education is intended to make citizens aware of needs and/or issues; assist concerned citizens to study and analyze their community problems; and help them to develop strategies for attainment of goals, and provide them with leadership and organizational skills for tackling the problems at hand. Small and medium size towns and open country communities, through Extension involvement and assistance, draw upon the knowledge base and expertise of the Land-Grant university as well as USDA and other sources in the solution of their problems. Because of the absence of day-to-day professional help from planners, city managers, analysts, business and legal experts, these are the communities where university help is most needed. Federal and state programs and authorities may be available to assist local projects but without Extension help, smaller communities often do not know about such assistance or are unable to initiate appropriate organizations and actions.

During 1975 Extension, through its community development work in rural America, provided assistance to 50,832 community projects, made over 9,000 surveys and feasibility studies, conducted almost 55,000 workshops and conferences reaching some two million people, and prepared thousands of publications and other pieces of educational materials.

Extension's principal community development clientele or audiences are local community leaders living outside the cities with populations of 50,000 or more and include:

--Citizen groups and organizations.

--Governing bodies of villages, towns, cities and counties.

--Local and multi-county planning and development groups,

--Agencies of state and federal governments.

Congress first earmarked funds specifically for community resource development work in the mid-1950's as a pilot effort. In recent years Congress has been earmarking $1 million under the Smith-Lever Act 3(d) and $1.5 million under Title V of the Rural Development Act of 1972, which is administered in close cooperation with the Cooperative State Research Service (CSRS) as a joint research-extension effort in rural development. Approximately 200 counties are now being served on a concentrated effort under Title V programs.

Although problems and situations vary substantially from community to community, most rural communities have one or more of the following goals and are seeking Extension's assistance:

1. Improved job and income opportunities.

2. Improved housing and access to services and facilities, especially water waste disposal, emergency medical services, health, education and recreation.
3. Improved quality of environment.
4. More effective local government operations and community organizations.
5. Improved community leadership and citizen involvement.

In 1975, Extension assisted leaders in virtually every rural county in the nation to work toward the achievement of one or more of the above goals.

Future Program and Audience Priorities -- 1976-1982

Facts, trends, results, financial support, and requirements described in the foregoing statements all emphasize the decentralized nature of decision making at local and state levels resulting in considerable variation as to program emphasis and priorities by State Cooperative Extension Services. The appropriate balance among programs in each state will continue to be the responsibility of the State Extension director. While the determination of the "appropriate balance" in the use of resources involves recognizing and resolving expectations and influences from the USDA, the Congress, the universities, state government, organizations and special interest groups, and county government, the most dominant force in achieving program adjustments will continue to be Extension program planning committees composed of citizens Extension serves. For these reasons, the following identification of future priorities nationally for Extension programs and audiences are those of the Extension Service of the U.S. Department of Agriculture.

Extension Service, USDA, Priorities

The Extension Service of the U.S. Department of Agriculture in support of Department missions will concentrate its efforts and encourage State Cooperative Extension Services to:

1. Place emphasis primarily on programs to meet the needs of people living outside of cities with populations of 50,000 and over. Priority audiences are farmers and ranchers, agricultural industries, rural families and youth, and rural communities.
2. Provide intensive educational assistance (individual and group contacts) with clientele in rural areas.
3. Use primarily mass media methods for helping those who live in large cities except where more intensive efforts are planned due to requirements of Congress, State Legislature, universities, and local government.

The Extension Service of the Department will encourage State Extension Services to consider the following priority missions:

1. Provide assistance to families, youth, and community leaders in the development and improvement of rural America to make it a better place to live and work.
2. Provide assistance to adults and youth through programs in agriculture and home economics to increase efficiency in the production, marketing, and utilization of food and fiber (including forest products) to meet both domestic and worldwide needs.
3. Work with producers and their families to strengthen independent, family-owned farming operations to assure a strong competitive agriculture based on the independent farm.

4. Assist both the private and public sectors with protection and management of rural America's natural resources for use by present and future generations.

These broad missions currently encompass most of the work of ES and State Extension Services in all program categories of agriculture and natural resources, home economics, 4-H and community resource development. The following will indicate more specific future priorities as seen nationally in support of these general ES missions.

Agriculture and Natural Resources

Much of the work of the ES national staff will be devoted to carrying out the mission of an adequate supply of food and fiber in work with State Extension Services, with USDA and other research groups, with national farm and commodity organizations, with other government agencies, and with various regional and national Extension groups or committees dealing with program development.

Primary audience will continue to be commercial farmers and the various methods and approaches used to work with this category will become increasingly more sophisticated. Special programs will contine to be developed with small and part-time farmers and increasingly more of the resources committed to agriculture and natural resources will be devoted to programs designed specifically for this clientele group. ES expects to see increasingly more use made of sub-professional staff to assist professional specialists and agents. There will be continuing pressure for more assistance in home lawns and gardens from urban congressmen, locally elected officials, individual homeowners, and many

organizations and groups representing home horticultural interests. The Extension Service will make every effort to meet this need through mass media and other approaches that minimize the use of resources required to carry out the program.

Increased support will be provided for commercial agricultural production, management, and marketing as methods of communication are improved and new research and technology become available. The implementation of electronic data processing will provide more rapid communication of information and more aid in decision making to individual farmers. It will also aid in rapid reallocation of resources in emergencies which arise from problems such as plant and animal disease outbreaks, and will also provide means for Extension to more efficiently deliver programs to commercial farmers.

Extension will provide increasingly more sophisticated programs to farmers which will help in making both management and marketing decisions. Pilot projects are currently underway which will provide for more rapid dissemination of information throughout the country. Other projects are started which will improve Extension's capacity to teach farmers to deal with more complex management problems. Highly qualified Extension and research specialists are being brought together on a multi-state basis to develop subject matter and teaching materials dealing with a wide range of management, policy and marketing problems and needs. Among these are work on important agricultural commodities in the various regions, including risk and uncertainty in the wheat industry, energy conservation, and more effective means of programming

rations for dairy cows, and food and agricultural policy. Through multi-state cooperative efforts, quality of subject matter and programs are being improved and the productivity of Extension professionals has been increased.

During the period 1976-1982, Extension resources committed to assisting farmers to meet EPA water quality regulations will increase sharply. While considerable effort is currently being devoted to environmental adjustments in livestock enterprises, work dealing with crop production, particularly as it relates to nonpoint source pollution will increase sharply in the years ahead. In addition to providing assistance to farmers in helping them to meet water quality requirements, we believe it will also be increasingly vital for Extension staffs to provide feedback to USDA and EPA, particularly in those situations in which farmers cannot meet requirements with present levels of technology. This should help EPA make essential decisions on conditions under which farmers might be given more time to make adjustments, or where rules might logically be changed to permit continued farming operations where pollution is minimal and the alternative would be to close down farming operations.

Major changes will likely take place in the control of agricultural pests between now and 1982. A large pilot program by Extension has been in operation for about five years in an effort to test various approaches to integrated pest management under field conditions. These are showing great promise in reducing farmer costs and pesticide usage in many cases. In FY 1976, statewide integrated cotton insect pest

management programs were initiated in all states where the boll weevil is a problem. We expect programs involving the integration of chemical, cultural and biological controls on insects, weeds, diseases, and nematodes to be expanded rapidly during the next several years. Farmers will pay most of the costs since they gain significantly from the adoption of such programs and Extension will continue to provide the necessary professional inputs to support the program.

An expanded farm safety program is currently underway and significant improvement should be made in the reduction of farm deaths and accidents during the next few years.

Home Economics

The Extension Home Economics staff nationally will work closely with State Cooperative Extension Services, research, and others in providing relevant knowledge, skills and applications to assist families to use their available resources in adapting to changing conditions--economic, social, technological and political.

State Extension Services will be encouraged to place emphasis on the following high priority programs:

1. Food and Nutrition - The highest priority and percentage of professional Extension home economics time will continue to be devoted to food and nutrition education. (More than a third of all professional home economics time is now directed to food and nutrition education, with two-thirds of this time spent with the low income.) Extension home economists work to develop greater understanding of the role of food and agriculture in improving

the nation's health, economic well being and world position among nations. Education includes home food supply and preservation, family nutrition and meal planning, the economics of food pricing, managing the food dollar, and food safety and sanitation.

2. Housing and Home Environment - which includes furnishing and equipment, costs the average family about one-third of its annual income. Educational programs are needed to assist families to learn how to acquire adequate and satisfying housing with as much comfort, convenience, and service from the use of their resources as possible. Increased emphasis will be given to expanding educational programs to assist families in rural areas where more than half of the poor quality housing exists. More emphasis will be given to conservation of energy and the increased demands for skills - home repairs, sewing, refinishing furniture, making draperies, and other skills.

3. Family Resource Management - encompasses subject matter of family or consumer economics and management, particularly as they relate to the use of material, human and environmental resources to reach family and personal goals. Family resource management incorporates management (home), economics (family), and consumer education (understanding of rights and responsibilities and competence in the marketplace by individuals). Family resource management will continue to be taught as part of each home economics component but with increased emphasis to understanding worldwide and national supply and demand, including policies which make adjustments necessary in management of family resources, especially fuel, energy, and other scarce resources.

4. Family Life Education - places special emphasis on strengthening family relationships, especially with the young family where increasing changes in ways of life create family pressures that must be well managed if the family is to remain stable and viable. There is a growing need for family life education, including child development, in rural America as research discloses that the dedication, satisfaction, and hence the productivity of workers depend greatly on human and family relationships that create strongly motivated personalities. Changing roles of men and women, almost one-half of the women in the U.S. in the labor force (a great proportion of these mothers of young children), and fewer child care facilities in rural than urban areas, indicate the high priority many state leaders of home economics placed in this area in a recent national survey done as part of a special project by Wisconsin.

5. Textiles and Clothing - has always been an important educational program for 4-H and adults. The effects of clothing on behavior, health, and success of individuals are becoming more fully appreciated. Rapid changes in fibers, fabrics, and construction processes have made performance and care requirements difficult to judge and education of increasing importance Textiles in home furnishings permit expression of individuality, creativity, and comfort in the home. As new textile developments, government regulations and standards, and changing fabrics and finishes proliferate while costs increase, clothing and textiles information will continue

to be recognized as a basic need of individuals. In addition, the need for skills in the construction and renovation of clothing has accelerated as costs of living increase.

6. Family Health and Safety for the rural family will continue to be an integral part of the Extension home economics program. Major priorities for family health and safety are to recognize preventive measures, both physical and emotional, at every stage of the life cycle. Special effort will be made to assist families in analyzing their needs, utilizing available services, and working with others to obtain facilities and services which are needed but not presently available to the families. Each of the other program areas make unique contributions to family health and safety. Also, certain areas of agriculture (use of pesticides and farm and home safety for instance) and community resource development (community facilities) make interdisciplinary programs effective. In addition, cooperation with governmental and health care groups is a planned part of health and safety programs.

Community Resource Development

In support of the mission to make rural areas better places to live and work, the Extension Service nationally will give added emphasis to providing State Cooperative Extension Services assistance with the following high priority problem areas during the next several years:

1. Job and Income Opportunities: With high underemployment and unemployment and relatively low wage rates in rural areas, most local communities are seeking opportunities to increase employment

by expanding existing, or attracting new businesses and industries. They are especially interested in those that provide relatively high paying jobs. Many of the potential beneficiaries are limited resource farmers who are seeking off-farm jobs to supplement their farm income. Research indicates that children of farm families and other rural residents often prefer to stay and work in their home community and many would if jobs were available. Extension assists communities by helping leaders understand how to organize and go about expanding job opportunities and how to analyze the costs and benefits of new business and industries.

2. Land Use and Other Public Policy Issues: Nearly every state legislature is considering some aspects of land use policy. People are concerned about losing their property rights on the one hand and being adversely affected by development decisions on which they have little influence. They want a better understanding of the issues involved, the impact of various land use policies on them and their communities and the impact of the policies on the agricultural industry and the use of agricultural lands. Extension will continue to help people gain this understanding and make sound policy decisions. Coping with urbanizing pressures, unorderly development, and scarce water and energy resources add to the complexity of community problems to which Extension will intensify its educational efforts.

3. Local Government Operations: The demand for more public services and facilities, rapidly changing technology, inflation and the necessity to respond to added regulations all add to the complexity

of local government operations and the difficulty of balancing local budgets. Many communities are asking Extension to help them consider opportunities to strengthen local government, to get more citizen participation in the governing processes, and to develop arrangements for providing services at the least cost. Many also want Extension assistance in examining their taxing policies and opportunities for a more equitable tax system. It is expected that this program component will receive greater emphasis in the next few years.

4. Community Services and Facilities, including housing and health services, will continue to receive Extension's community development assistance. A reasonable level of such services is sorely needed and desired in both growing and declining rural areas. These needs and desires have to be reconciled with costs, benefits, and enabling resources. One problem of particular concern is emergency health services in smaller towns and open country communities. Emergency assistance and access to treatment facilities are crucial. Increased support will be given to work in this area.

5. Community Organization and Leadership Development - Extension will continue to play an important role in nonmetropolitan America to strengthen community organizations and to develop leadership. Getting people together to consider community problems or opportunities and to discuss alternatives is a vital first step in community development. This takes effective leadership and Extension provides community leadership training and experiences in over 3,000 counties annually.

4-H Youth Development

It is recognized that State Cooperative Extension Services have 4-H programs designed to meet state audience and program needs in addition to the primary ES-USDA missions for youth outside of cities with populations of 50,000 and over. In order to comply with current USDA regulations designed to meet the intent of Congress, both ES and State Cooperative Extension Services are required to utilize some resources on education for youth in urban centers. During the period 1978-1982, particular attention will be given to youth in rural areas, including towns under 10,000 population while at the same time maintaining the current high level of participation of farm youth.

The Extension Service nationally will give added emphasis to providing State Cooperative Extension Services assistance with the following high priority problem areas during the next several years:

1. It is anticipted that a significant proportion of youth and the families of which they are a part will continue to have a strong interest in the agriculturally related science and technology 4-H subject/project areas. This interest tends to be similar for youth living on farms, in small towns and open country areas, and for youth living in larger urban and suburban areas. 4-H ecology and natural resources project areas will continue to be emphasized among youth.
2. Day-to-day dealing with individual and family resources and practical skills in homemaking continue to be popular 4-H subject/project areas, both among youth and their parents. Youth at all

economic levels need information in this area, and it is of high priority among low-income groups. Nutrition education, likewise, is important for youth in all sectors of society and of high priority in meeting needs of low-income groups.

3. Leaders in the business sector, agriculture, consumer groups and public officials--all point to the general lack of understanding of economics on the part of the majority of the people of the United States. 4-H programs need to increase emphasis in this area.
4. Energy and the mechanical sciences and technologies are of growing interest among youth--particularly in view of expected long-term energy shortages.
5. Youth have a major stake in the quality of community life. 4-H programs across the country are giving increased attention to youth working with adults in community development, citizenship and leadership for community life.
6. During the coming decade, health decisions will continue to be of great importance to youth. National attention increasingly is being focused in this area. 4-H programs related to health need to be increased.
7. Youth unemployment is a serious problem in nearly all parts of the nation. Youth and their parents are requesting help from Extension on job and career opportunities, education and preparation necessary.
8. A fundamental part of Extension 4-H programs since their inception has been the personal development of youth. Living in a changing

world requires adaptability, a sense of values and abilities of youth to get along with family members, adults and their peers. Communication skills and building habits for use of leisure time also contribute in this area.

HB

415

Don Datoe

COMMENTS ON HB 415
RELATING TO DECENTRALIZATION OF U OF A

There is quite a possibility for confusion and a lack of clarity in lines of responsibility in the language in Section 1.

In lines 13-16 the language indicates that the Chancellor would operate "under the control of and in accordance with rules established by the Board of Regents and the president of the University" (underlining added). However, lines 17-18 state that the Chancellor is directly responsible to the Regents. It does not appear logical to have the Chancellor responsible directly to the Regents and yet under the supervision and control of the Regents and the President. The President would have difficulty exercising supervision and control over a Chancellor not directly responsible to him.

In Section 2(1) again the rules and policies to be implemented are those of the Regents and the President.

The dichotomy could be corrected by striking the words "and directly responsible to" in lines 17 and 18.

In order to avoid possible confusion in Section 2 and to make clear that the functions listed in (2)-(6) are to be carried out under rules and policies of the Regents and the President, the first paragraph of Section 2 should be re-written as follows: "Under policies established by the Board of Regents and administrative rules and procedures adopted by the Board of Regents and under the supervision and direction of the president, the chancellor of each unit of the University established in Sec. 10(b) of this chapter shall, in relation to the unit of the University under his supervision,..."

Eliminate (1)

Renumber (2)-(6) to (1)-(5)

If one wanted to be more precise and to differentiate clearly between policies, which are normally established by the governing board, and administrative rules and procedures for implementing these policies, which are normally promulgated by the president and approved by the board, the language in Sec. 1, lines 13-18 might be changed as follows:

> "Subject to the policies of the Board of Regents and administrative rules and procedures promulgated by the president and approved by the Board, and under the supervision and direction of the president, the operation and affairs of each unit of the University, with the exception of the Community College unit, shall be supervised locally by a chancellor appointed by the Board of Regents."

MINUTES OF HOUSE HESS COMMITTEE MEETING

April 25, 1977

The meeting was called to order by Chairman Parr at 3:05 p.m. Members present: Mr. Parr, Mrs. Buchholdt, Mr. Phillips, Dr. Beirne, Mr. Cotten with Mr. Nakak coming in later.

Absent: Ose, Bennett, Chatterton.

Chairman Parr stated HB 410, 415 & 493 were on the agenda and asked Representative McKinnon, prime sponsor of HB 410 to testify. Mr. McKinnon said the problem as he sees it is the differences of the purposes and goals between a Community College and the University of Alaska have gone unrecognized which he felt was due largely because the Board of Regents are insulated from the philosophy of what a community college should do. He felt Community Colleges weren't consistent with a university's program. He felt regardless of any reorganization that could take place in the University system, it still wouldn't change the fact the the central administration won't act as a buffer between the Regents and the Community College. Stated he felt this bill would create a separate governing body for the Community Colleges. He passed out a sheet that showed the organizational structure as it would be set up under HB 410.

HB 410,
415
493
McKinnon

There was discussion regarding the courses that would be offered in the 2 year program, the transferability aspect, whether community colleges would be allowed to offer anything above the 1st 2 years.

Next to testify was Mr. Kerry Romesburg, Director of the Commission of Postsecondary education. Said with respect with HB 410, last year the Commission did conduct hearings around the state with regard to community college structure in Alaska and did formulate recommendations which the committee members had. He said they did make 7 recommendations, 6 of which were to the Board of Regents and the 7 to Board of Regents and also offered for legislative concern. He said in the hearings around the State, there were a number of people who were unhappy with the current structure, administratively, a number of community college advisory councils who feel that the community colleges do not receive the kind of hearing and kind of statute that they wish they would receive through the existing structure. Said one thing mentioned specifically was the community college split. He said there were a number of persons who did advocate 2 separate systems but the majority did not., felt the 2 systems should remain the same. Said there were 2 principal reasons mentioned for not splitting the system. One, transferability and the other accreditation. He did say he didn't think the accreditation reason was a valid reason, but said the issue of transferability bothered him.

Romesburg

Mr. Romesburg went on to say that Wyoming has almost an identical type of structure to what we are talking about. (He called attention to the administrative structures that he had passed out to the committee members). Said in Arizona there are 2 systems with no coordination above them. He said transferability was not a problem in Arizona, because they established transferability guides.

With regard to HB 415, Mr. Romesburg said that particular structure comes closer to the type of thing the Commission was recommending in that it does establish a chancellor for community colleges within the present university structure and under the Board of Regents. Said the issues not mentioned in the bill but what he was interested in hearing comments on were: what do you do in Anchorage, Juneau & Fairbanks with regard to the community college and senior college sitting side by side;

Mr. Romesburg said with regard to HB 493, establishing branches of the University at Anchorage. Said this bill essentially eliminates community colleges and the community college identity from the terminology of a community college. Said there are some states which have a basic university and branches, including 2 year branches. Said the problem he would have with this bill is the fact that the concept of community college is lost.

Mr. Romesburg said not one bill addressed exactly what the Commission recommended, parts of the recommendation were in all the bills. He did say the Commission felt the problems could be addressed by the Board of Regents without having to create a number of different boards or putting it into law.

There was discussion as to how much autonomy the community colleges should have, what courses should be taught, the local input, more input for academic programs,

Mr. Romesburg said at the hearings the people felt that the central person should have access directly to the Board of Regents and also that the Advisory Council should have direct access to the Board of Regents.

Meekins

Next to testify was Representative Meekins. He stated his bill was not new to the legislature, it is the same bill that Gruening introduced last year and co-sponsored this year. He said this bill is not a response to the current problem existing in the university, but said it is an idea that has been around for a long time but felt the problems they are currently having do reinforce it. He said he agreed with the Chairman' intention to not ush this matter through this session of the legislature and h there would be interim authority to review all of these ls because he knows they are quite complicated and felt there e problems in the bills that needed to be resolved. Did there was a good case for decentralizing.

Mr. Meekins said if you look at it from the other aspect, you have to ask why there is a central administration that administers all of the different areas of the university system. Said the 3 primary reasons are: need standardization and coordination among the different campuses and among the different program and there is an attempt to reduce duplication and also to minimize harmful competition between the Regents. He said he did not think these theoretical reasons were any good as applied to Alaska for a number of reasons. He said his bill does not call for total autonomy, just takes away the central administration but still leaves the 4 units proposed under the Board of Regents. He said he felt more important to Alaska than standardization and coordination that is given by the central administration is the responsiveness if the units were more autonomous. They would still report to the Board of Regents, there would be the coordination in terms of academic standards and policy considerations which are necessary which could all be done through the Board of Regents but felt more responsiveness to the local level. Mr. Meekins said in terms of duplication this is the argument given him in opposition to decentralization. They say that every region will have to do all the accounting procedures that the central administration does. He said Anchorage already does those accounting procedures and then send them to Fairbanks and the central administration does them again so he feels the duplication in the system is in the current system.

Mr. Meekins agreed that a great deal of work needs to be done and hoped some interim authority would take a look at the bills. Does believe could benefit and spend a lot less money if we would decentralize and give the authority to the regional level.

Next there was discussion regarding the budgets, whether it would still go through the Regents.

Ostrosky

Next to testify was Katherynn Ostrosky former member of this committee and Chairman of the Interim Higher Education Subcommittee during the last legislature and appeared as a representative of the Alaska Community College Federation of Teachers on behalf of their support and interest for HB 410. She stated HB 410 is the most recent effort to respond to the growth of the community colleges and is offered as the third Community College Act in the history of Alaska. and at this point she gave a historical perspective on the two previous Community College Acts. She believes the problems facing the community colleges is a statewide issues, not a local or regional issue. Said it affects the entire statewide student population from Nome to Ketchikan.

Marie Darlin spoke from the sidelines and said their main concern was that there be some attention given to these bills during the interim.

Mrs. Ostrosky said she felt there had been a real resistence to real basic reform rather than a response to the reforms.

Mr. Parr said that there will be some hearings held once the intial opening of the semester has gotten over with and people settle down, somewhere in the general vicinity of the first of October and he said it was his intent to have hearings both in town and on the Campuses in Anchorage and Fairbanks.. Said they would have it in one of the smaller communities. Said they wanted to get input from people who are not in any way members of the university in addition to the University. Would have Juneau hearings in January.

The meeting adjourned at 4:20 p.m.

HB

429

1506 Denali Way
Fairbanks, AK 99701
April 10, 1977

Representative Charlie Parr
Alaska State House
Pouch V, State Capitol
Juneau, AK 99811

Dear Representative Parr:

Re HB 429 An Act relating to disposal of school lands.

The State Board of Education is opposed to this bill.

This bill removes the Board as trustee of the school trust lands and also eliminates the requirement of Board appoval of all transactions affecting the school trust lands.

Until such time that another management arrangement is established to serve as a check and balance in the transactions affecting state lands and particularly the school trust lands, the State Board of Education feels that the best interests of the people of Alaska will not be served by returning the management of these lands to the same status that existed until just recently.

Surely we should learn from the Penny lease, the Teamster lease, and from the admissions of the Division of Lands personnel.

Sincerely,

Darwin

Darwin Heine

Your thoughtfulness in sending a copy of the bill is very much appreciated.

DH

April 10, 1977

Re News-Miner report April 9, 1977 of passage of CSSB159 similar to HB387 - - An Act relating to the lessing of state land.

THE STATE BOARD OF EDUCATION OPPOSES THESE BILLS.

No private owner of property would lease or rent land under the restrictions imposed by this bill.

Holding the rental amount at a fixed level for 25 years is unrealistic, ignores inflation, subverts the intent of the trust lands as revenue producers, and puts us right back into the "teamster lease" situation.

Example: A residential lot on school trust land is worth $3000. Under terms of the bill passed by the Senate, the annual rent for the 1st 25 years cannot exceed $300. (At this time the Board would be leasing at 8% - or $240 annual rent).

By the year 2002 (25 years) the lot will be worth at least $7500.** The bill limits the rental increase to an amount equal to 10% of the newly appraised value, or a 50% increase over the prior rent, whichever is lower. The maximum rate for the next ten years would then be $450, not $750. (If leased at 8% the new rate would be $320 per year).

Thus, while the dollar has depreciated over the 25 years, the state takes a double beating because it is forced to also reduce the rate from 10% to 6% (or 8% to 4¼%).

This is not equitable and not fair to the people of Alaska. The land belongs to all the people - at least the trust lands do. Why should a few enjoy such favored treatment?

Mandating by statute unrealistically low rents and not giving some flexibility to those managing the lands will result in the same abuses and problems that currently exist.

The State Board of Education reaffirms its position that legislation affecting the trust lands be deferred until the second session of the tenth legislature. This will give time for those representing the various trust lands to reveiew current statutes and regulations and make recommendations that will correct the inequities that exist.

** Attached information may help in justifying the $7500 estimate.

Darwin Heine, member
State Board of Education
Chairman, Subcommittee on Lands

Agricultural land in the 48 states (excluding Alaska and Hawaii).

5 years 1971 - 76 increased in value an average of 112%

Low - 44% in California
High- 207% in Iowa

1 year 1975 - 76 increased in value an average of 17%.

National Consumer Price Index with 1965 as the base = 100

1970 - - - - - - - - 124.8
1973 - - - - - - - - 145.1
1975 - - - - - - - - 174.2
1976 - - - - - - - - 182.6

1976 was 37.5 greater than 1973.

Anchorage Consumer Price Index

1973 - - - - - - 123.8
1976 - - - - - - 169.4

1976 shows 45.6% increase in 3years.

In 1947 the University of Alaska sold land along Chena Pump Road for $5.00 to $7.50 an acre. Now, 30 years later,what is it worth?

March 1977 - 3½ acres on Farmer's Loop for $21,000. Poor soil conditions require self-refrigerated steel piling for building.

February 1977 - - Fed. Home Loan Bank average effective conventional mortgage rate for the month 8.98%

HB
430

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF NATURAL RESOURCES

OFFICE OF THE COMMISSIONER

323 E. 4TH AVENUE – ANCHORAGE 99501

February 23, 1977

Lease State Lands School

The Honorable Kay Poland, Chairman
Senate Resources Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Kay:

Thank you for forwarding Mr. Robert P. Isaac's letter concerning the State Board of Education's responsibility in connection with the leasing and other management of school grant lands.

Mr. Isaac raises a very valid point; should the role of the State Board of Education be expanded to include that of trustee of some one hundred thousand plus acres of school grant lands, or should the Board's role be a more traditional one of concentrating on their responsibilities of insuring quality education? I believe the issue may be argued cogently from both sides. Perhaps some history might be appropriate.

As Mr. Isaac points out, prior to last year the Board of Education was required to approve the lease or other disposition of school lands. Until that time, the Division of Lands was completely responsible for management of school lands, subject to board approval and, to the extent that any trust responsibility existed, the Division exercised that responsibility.

During the past two years, largely through the interest and determined efforts of the Alaska Public Interest Research Group (AkPIRG), two large school leases (the "Teamster Lease" and the "Penland Lease") were determined to have been illegally executed, and settlements in favor of the school board approaching two million dollars were secured by the Division of Lands. As a result of these revelations of past negligence with respect to the leasing of school lands, and again largely as a result of lobbying by AkPIRG, the Legislature established the Board of Education as trustee to insure that such improprieties would not occur in the future.

The answer to Mr. Isaac's question is therefore not a simple one. I concur with Mr. Isaac's contention that the time and resources of the Board of Education should probably be oriented to their educational function and the management of the school trust land should be handled by another entity. The question is, which entity?

$235,000.00

The Division of Lands is certainly the most obvious agency. However, I can attest that the Director of the Division of Lands, being responsible for the management of the State's general selection grant of in excess of one hundred million acres, plus the responsibilities for the University and Mental Health Trusts as well as the School Lands Trust, must occasionally make decisions where he has a conflict of interest between these responsibilities. While in my experience these have not been of significant consequence to date, I believe that they will increase in both frequency and magnitude.

The School Land's Trust is not alone in the problem raised by Mr. Isaac. The University Board of Trustees is in a similar position. Additionally, the Mental Health Trust does not have any assigned formal trustee responsibilities, although a three person board was established by the Legislature last year to review proposed actions.

In order to adequately address this question of the management and trustee relationship of all three land trusts, I believe the entire matter must be looked at as a whole. Through conversations and correspondence with both the School Board and the University Board of Trustees, it appears that they also concur that this is an appropriate time to address this question. To begin this process the Department of Natural Resources has been negotiating with the Bureau of Land Management in Washington, D.C. to procure the full-time services of a particular BLM employee through the Intergovernmental Personnel Act to be assigned to the Division of Lands for a period of two years to work on this question of land trust administration, policy and management. We are anticipating his arrival in April of this year and, with the cooperation of the three trusts, we expect to present to the second session of this Legislature a comprehensive review of the matter including any necessary new or amendatory legislation.

In the interim I believe that it is in the best interests of the School Trust for the Board to continue to serve as trustee in matters of leasing or other disposition of school lands. I am encouraged at the interest expressed by Mr. Isaac and hope that he will contribute his good ideas as we review the land trust issue during the coming year.

Thank you for asking my comments on this matter and please let me know if I can provide any further information.

Sincerely,

Mike

Michael C.T. Smith
Assistant Commissioner

cc: Honorable Alvin Osterback, Chairman, House Resources Committee
Honorable Marshall Lind, Commissioner, Department of Education
Honorable Katherine Hurley, President, State Board of Education
Mr. Al George, University of Alaska Land Development Office

P. O. Box 223
Douglas, Alaska 99824

February 3, 1977

The Honorable Kay Poland
Chmn., Senate Resources Committee
Alaska State Legislature
Juneau, Alaska

Dear Senator Poland:

During the last few weeks, I have been developing an administrative manual for the State Board of Education. (I am a retired, former employee of the Department of Education for 25 years.) During the course of the project, I reviewed the various statutes applying to the Board and I noticed that legislation enacted a year ago expanded on the Board's responsibilities in connection with the leasing of school lands.

Prior to last year, the Board was required to approve the lease or other disposition of school lands. Their responsibilities and prerogatives have now been increased to the point where the Board is now the trustee for school lands and has the authority to employ special legal counsel and technical assistance to administer this program.

In my opinion, this is a misapplication of the Board of Education's function, and the Board's involvement in the management of school lands should be repealed.

School lands, like other categories of state lands, should be administered by the Division of Lands, Department of Natural Resources, the agency especially created for land management.

Actually, there is no connection between the Department of Education (Board of Education) and school lands. Up to statehood, certain surveyed sections of lands in each township were designated school lands (Sections 16-36, of each township). When such lands were leased or sold, the funds were placed in the "permanent school fund" and invested. The income (interest) from the permanent fund then goes to the State General Fund. Relatively speaking, the income from the permanent fund is small and is only indirectly involved in financing educational programs.

It is my understanding there has been in the past some criticism of the Division of Land,s handling of school leases. If

there are problems concerning the leasing of school lands, they should be resolved by strengthening procedures in the Division of Lands, not by involving another agency in lands administration.

In order to fulfill its trusteeship responsibilities, the Board of Education will be required to employ additional personnel to administer the program.

I submit that the Board of Education should not be in the land leasing business, that it detracts from their primary educational function, and furthermore, could result in a needless expense.

With the above in mind, I respectfully request the Resources Committee to initiate legislation which would repeal the Board of Education's involvement in the leasing of school lands.

Yours truly,

Robert P. Isaac

cc: House Resources Committee
State Department of Education
State Department of Natural Resources

(14) School Lands - Title 38

Section 38.05.030(e). The sale, lease or other disposal of school lands under the jurisdiction of the department shall be made by the commissioner in accordance with the provisions of this chapter. However, disposal of school lands under this subsection, other than disposal by lease for a term of years, shall be made only for sites for school facilities or for public park and public recreation purposes. School lands may be exchanged for (1) state lands, (2) vacant, unappropriated and unreserved public lands and (3) lands owned by a city, borough or other public entity. In the case of unequal values, cash may be used to equalize land values. When the department determines that it is in the best interest of the state to dispose of the school lands located within Sections 16 and 36 in an organized borough or city of any class, the borough or city is authorized, and has preference for six months after notice, to acquire the land at the appraised value by purchase or exchange of land acceptable to the department. No sale, lease, exchange or other disposal of school lands may be made without the approval of the state Board of Education. The state Board of Edudation shall act as a trustee of school lands. The board may retain private counsel or other professional assistance when necessary to carry out its duties as a trustee.

Said Joel Bennett &
Bob Isaac are to be
Contacted on this - Also
there is an alternative
bird that hasn't been
introduced but might
want to be used

Ann

Joe Bundy 2/7/77

P. O. Box 223
Douglas, Alaska 99824

February 3, 1977

The Honorable Alvin Osterback
Chmn., House Resources Committee
Alaska State Legislature
Juneau, Alaska

Dear Representative Osterback:

During the last few weeks, I have been developing an administrative manual for the State Board of Education. (I am a retired, former employee of the Department o Education for 25 years.) During the course of the project, I reviewed the various statutes applying to the Board and I noticed that legislation enacted a year ago expanded on the Board's responsibilities in connection with the leasing of school lands.

Prior to last year, the Board was required to approve the lease or other disposition of school lands. Their responsibilities and prerogatives have now been increased to the point where the Board is now the trustee for school lands and has the authority to employ special legal counsel and technical assistance to administer this program.

In my opinion, this is a misapplication of the Board of Education's function, and the Board's involvement in the management of school lands should be repealed.

School lands, like other categories of state lands, should be administered by the Division of Lands, Department of Natural Resources, the agency especially created for land management.

Actually, there is no connection between the Department of Education (Board of Education) and school lands. Up to statehood, certain surveyed sections of lands in each township were designated school lands (Sections 16-36, of each township). When such lands were leased or sold, the funds were placed in the "permanent school fund" and invested. The income (interest) from the permanent fund then goes to the State General Fund. Relatively speaking, the income from the permanent fund is small and is only indirectly involved in financing educational programs.

It is my understanding there has been some criticism of the Division of Land's handling of school leases in the past. If

there are problems concerning the leasing of school lands, they should be resolved by strengthening procedures in the Division of Lands, not by involving another agency in lands administration.

In order to fulfill its trusteeship responsibilities, the Board of Education will be required to employ additional personnel to administer the program.

I submit that the Board of Education should not be in the land leasing business, that it detracts from their primary educational function, and furthermore, could result in a needless expense.

With the above in mind, I respectfully request the Resources Committee to initiate legislation which would repeal the Board of Education's involvement in the leasing of school lands.

Yours truly,

Robert P. Isaac

cc: Senate Resources Committee
State Department of Education
State Department of Natural Resources

(14) School Lands - Title 38

Section 38.05.030(e). The sale, lease or other disposal of school lands under the jurisdiction of the department shall be made by the commissioner in accordance with the provisions of this chapter. However, disposal of school lands under this subsection, other than disposal by lease for a term of years, shall be made only for sites for school facilities or for public park and public recreation purposes. School lands may be exchanged for (1) state lands, (2) vacant, unappropriated and unreserved public lands and (3) lands owned by a city, borough or other public entity. In the case of unequal values, cash may be used to equalize land values. When the department determines that it is in the best interest of the state to dispose of the school lands located within Sections 16 and 36 in an organized borough or city of any class, the borough or city is authorized, and has preference for six months after notice, to acquire the land at the appraised value by purchase or exchange of land acceptable to the department. No sale, lease, exchange or other disposal of school lands may be made without the approval of the state Board of Education. The state Board of Edudation shall act as a trustee of school lands. The board may retain private counsel or other professional assistance when necessary to carry out its duties as a trustee.

STATE OF ALASKA
THE LEGISLATURE
LEGISLATIVE AFFAIRS AGENCY

POUCH Y · STATE CAPITOL
JUNEAU, ALASKA 99811
907·465·3800

M E M O R A N D U M

April 1, 1977

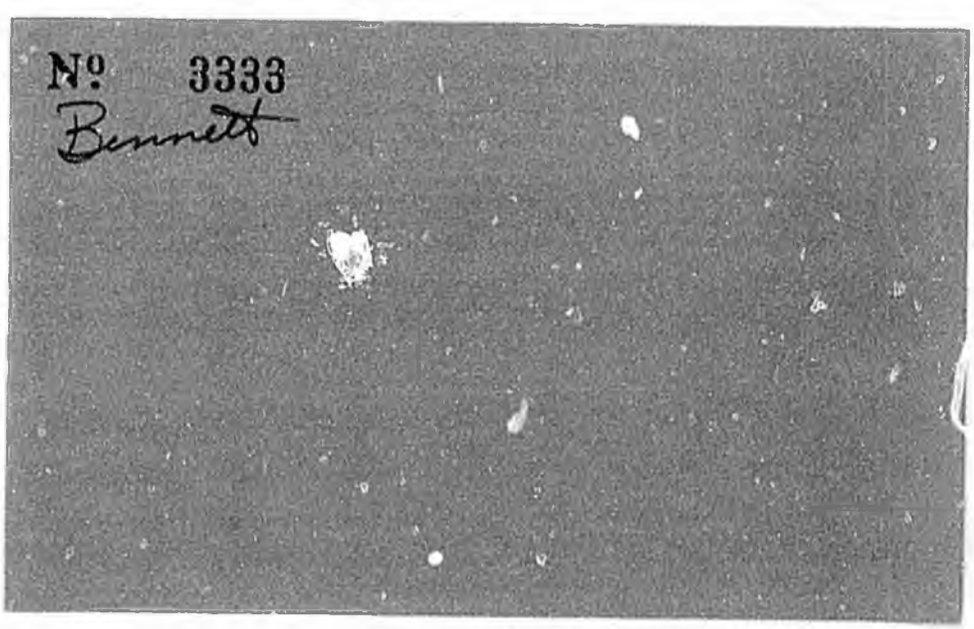
SUBJECT: Enclosed two bills

TO: Representative Alvin Osterback

FROM: Joel Bennett, Legislative Counsel

Enclosed are two versions of a bill to accomplish what Robert P. Isaac recommended in his letter of February 3, 1977. The one by you by request without the addition of new language actually does what he wants. The other, with new language, is a compromise, giving the Board of Education some input into the disposal of school lands. You should certainly discuss it in committee, along with the one you introduce.

JB:lmk
Enclosures



P. O. Box 223
Douglas, Alaska 99824

February 3, 1977

The Honorable Alvin Osterback
Chmn., House Resources Committee
Alaska State Legislature
Juneau, Alaska

Dear Representative Osterback:

During the last few weeks, I have been developing an administrative manual for the State Board of Education. (I am a retired, former employee of the Department of Education for 25 years.) During the course of the project, I reviewed the various statutes applying to the Board and I noticed that legislation enacted a year ago expanded on the Board's responsibilities in connection with the leasing of school lands.

Prior to last year, the Board was required to approve the lease or other disposition of school lands. Their responsibilities and prerogatives have now been increased to the point where the Board is now the trustee for school lands and has the authority to employ special legal counsel and technical assistance to administer this program.

In my opinion, this is a misapplication of the Board of Education's function, and the Board's involvement in the management of school lands should be repealed.

School lands, like other categories of state lands, should be administered by the Division of Lands, Department of Natural Resources, the agency especially created for land management.

Actually, there is no connection between the Department of Education (Board of Education) and school lands. Up to statehood, certain surveyed sections of lands in each township were designated school lands (Sections 16-36, of each township). When such lands were leased or sold, the funds were placed in the "permanent school fund" and invested. The income (interest) from the permanent fund then goes to the State General Fund. Relatively speaking, the income from the permanent fund is small and is only indirectly involved in financing educational programs.

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I submit that the Board of Education should not be in the land leasing business, that it detracts from their primary educational function, and furthermore, could result in a needless expense.

With the above in mind, I respectfully request the Resources Committee to initiate legislation which would repeal the Board of Education's involvement in the leasing of school lands.

Yours truly,

Robert P. Isaac

cc: Senate Resources Committee
State Department of Education
State Department of Natural Resources

(14) School Lands - Title 38

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HB
431

Diane brought this -
said Mines is who we
showed Contact to testify
on these 3 bills //
said Osterbock introduced
these on his request -

REPRESENTATIVE
ALVIN OSTERBACK
BOX 71
SAND POINT, ALASKA 99661
(907) 383-2363

CHAIRMAN
HOUSE
RESOURCES COMMITTE

Alaska State Legislature

House of Representatives

WHILE IN JUNEAU
POUCH V
JUNEAU, ALASKA
99811

465-3715
465-3781

29 March 1977

DISTRICT 15

ADAK
AKHIOK
AKUTAN
ALITAK
ATKA
BELKOFSKI
CHIGNIK
CHIGNIK LAGOON
CHIGNIK LAKE
COLD BAY
FALSE PASS
IVANOF BAY
KARLUK
KING COVE
LARSEN BAY
NELSON LAGOON
NIKOLSKI
OLD HARBOR
PERRYVILLE
PORT LIONS
SAND POINT
SQUAW HARBOR
ST. GEORGE
ST. PAUL
UGANIK BAY
UNALASKA

Jim Milnes
811 West 25th Street
Anchorage, AK 99503

Dear Jim,

I had the attached bill drawn up. Please note the memorandum that the drafter of the bill sent me with it.

As I understand it, the language had to be changed to make the bill constitutional and consistent with the intent of the law.

Before I drop the bill into the House, please let me know if this is acceptable to you.

Sincerely,

Alvin Osterback

Rep. Al Osterback, Chairman
House Resources Committee

AO:jn

STATE OF ALASKA
THE LEGISLATURE

POUCH Y · STATE CAPITOL
JUNEAU, ALASKA 99811
907 465-3800

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM March 22, 1977

SUBJECT: W. O. #3804

TO: Representative Alvin Osterback or Diann Nelson

FROM: Ken Vassar, Staff Attorney KV

This is just a note to explain a couple of changes I have made in the language you submitted with your bill request. First, as to AS 14.20.020(b), rather than repealing and re-enacting, I have used the method of amending the statute. The reason for this is that the repealed and re-enacted version you gave me would have eliminated two exceptions to the teacher certification requirements which you indicated over the phone that you did not really want to eliminate. Those two exceptions are for teachers who were employed by the public school system in 1962 and who are still teaching and for emergency certifications when there is a teacher shortage. As you can see, the amended version of the statute accomplishes the changes you seek while at the same time saving the two exceptions.

The second change I have made is the elimination, pursuant to Diann's agreement over the phone, of the amendment to AS 14.-20.020(c). This amendment would have required that regulations made by the board be in clear language and applied "even-handedly for all". As I explained over the phone, these are implied requirements for any regulation issued by a department of the state, and it is not necessary to explicitly state it in a bill. If your constituents feel that a regulation is vague or inequitably applied, they should seek to have it struck down in court. That would seem to be the more directly satisfactory means of solving their problem.

KV:lmk
Attachment

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY

M E M O R A N D U M

April 1, 1977

SUBJECT: Work Orders #3802, 3803 and 3804

TO: Representative Alvin Osterback or
Diann Nelson

FROM: Ken Vassar, Staff Attorney KV

You have requested a memo analyzing the effect of three bills I drafted for you relating to education.

Work Order #3802, a bill for an act relating to the use of the terms "university" and "college" amends AS 14.48.-020(5). That section prohibits any person from using the term "university" or "college" without authorization from the Alaska Commission on Postsecondary Education. The bill proposed would provide an exception to that rule for schools accredited or granted pre-accreditation status by an officially recognized accreditation organization. An accrediting organization is officially recognized by the United States Commissioner of Education. The bill would also create an exception for schools listed in the most recent edition of the Education Directory: Colleges and Universities of the National Center for Educational Statistics. The National Center is a part of the Office of Education within the Division of Education within the United States Department of Health, Education and Welfare. Its directory lists accredited schools and schools operated by the states or approved by state departments of education.

Work Order #3803, a bill for an act relating to the Alaska Commission on Postsecondary Education (ACPE), has three effects. First, it amends AS 14.40.903(a)(2). That section provides for representation of private education by allowing one member of the ACPE to be chosen by the Boards of Trustees of AMU and Sheldon Jackson College. The amended version would increase the representation to four members chosen one each by the Boards of Trustees of AMU, Unapiat University of the Arctic, Tanana Chiefs Land Claims College, and Sheldon Jackson.

Second, it would add a new section (909) to AS 14.40 which

would prohibit APCE members from postsecondary teaching or lecturing except by contract with existing postsecondary institutions.

Third, it would add a final sentence to AS 14.40.913(b) which would prohibit the Department of Education from infringing upon the functions of the ACPE.

Finally, Work Order #3804, a bill for an act relating to teacher certification, would amend AS 14.20.020(b). The only effect is to require, with two exceptions listed in the section, that teachers by graduated from an institution meeting the same requirements enumerated in Work Order #3802 before being eligible for certification. The new standards replace a requirement that the institution be accredited by "a recognized regional accrediting association or approved by the commissioner".

If you have any further questions about these bills, please do not hesitate to let me know.

KV:lmk

HB

441

BUCK EMORY — CITY BOROUGH

586-3300

BINDING ARBITRATION

STATE STATUTES ON BINDING ARBITRATION

MICH 600.5001 — BIND ARBIT

MASS 251-1

CONN 563 31-118

New contracts → Employee relations

Binding arbitration

1. Up until 1974 - Military paid as arrearage in addl. EE contrib × Entering salary × yrs of mil.

2. 74 - 76 - Military service shall be paid for on same basis as LEOP EE & Emp + State × Entering Sal × yrs.

3. 76 - charging like arrgge

HB 332

6% of salary of VESTED YEAR (FIVE YEARS

AFTER STARTED

public employee will pay on when law came into effect (ie 1976

teachers 1951 - etc - beg year

Probab more in administrative expense 8 - 9 mos

HB 343 [illegible]

→ HB 332

30 day provision

ANY FORM OF NON MEMBERSHIP SERVICE

Introduced: 4/6/77
Referred: Health, Education & Social Services and Finance

IN THE HOUSE BY MALONE

HOUSE BILL NO. 441

IN THE LEGISLATURE OF THE STATE OF ALASKA

TENTH LEGISLATURE - FIRST SESSION

retired 1/5 not '76 -

A BILL

For an Act entitled: "An Act relating to teachers' retirement."

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

* Section 1. A teacher who retired and obtained benefits under AS 14.25.100(d) as that section existed before June 30, 1976, may elect to have the cost of his military service credit computed under either that section or AS 14.25.100(a) as amended by sec. 5, ch. 155, SLA 1976, and shall be entitled to refund of the excess paid if the amount paid for service credit exceeds the amount which would have been due under the method elected.

BIA OUTSIDE

1974 MILITARY paid as arrearage

only a retired teacher !

What about active

DO FOR ALL

our feeling — better left alone

1) NOT COERCING THAT MUCH WITH BENEFITS

2) ACTIVES WILL THEN WANT CHANGE STATUTES

HB 441 – Re Conversion Bobbales

1) OR UNTIL 1974 MILITARY SERVICE – Paid as arrearages
EE contribution x entering salary x years of mil

2. from 74-76 Military service shall be paid for on same basis as LWOP.
EE % Emp + State % entr salary x yrs

3. 76 charging like arrearage

IT returns to the way the law was ~~then~~ prior '74

Our feelings:

Better left alone

1) you are not helping that many
there is 200 or more active

2) Actives would probably want a change in statutes.

3) administratively it would be difficult

person who owes $
Could have had labor
out of retirement
would earn less

HB
450

STATE OF ALASKA
DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, GOVERNOR
POUCH H 01 – JUNEAU 99811

Document# House HESS #6

April 28, 1977

The Honorable Charles H. Parr
Chairman, House HESS Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr:

In response to a request from your Office, I have attached a fiscal note for House Bill 464, "an Act creating a separate Department of Health," and a position paper for House Bill 450, "an Act relating to the regionalization of the Department of Health and Social Services." The Department encountered difficulty in preparing a fiscal note for HB 450 in the absence of definitive language regarding an an administrative regional office. The position paper for HB 450 explains this difficulty and the Department's perception of the issue in some detail.

If we can be of further assistance regarding these legislative proposals or other issues of concern to your committee, please contact us.

Sincerely,

Catherine M. Lloyd

Francis S. L. Williamson
Commissioner

POSITION PAPER/Department of Health and Social Servic

HOUSE BILL 450

"An Act relating to the regionalization of the Department of Health and Social Services; and providing for an effective date."

House Bill 450 mandates the Department of Health and Social Services to establish administrative regions in eleven specific elections districts throughout the state. The functions of the Department will be performed by a regional office within each administrative region.

As the Department of Health and Social Services moves toward implementing its goals of service integration and the decentralization of service delivery, the concept of regionalization becomes a reality. Regional offices have been established by the Divisions of Mental Health, Social Services, Public Health and Public Assistance. The Division of Administrative Services has regional support services in Anchorage and Fairbanks and a Deputy Commissioner for Field Operations is headquartered in Anchorage.

The question is the degree to which delegated authority is regionalized and the compatibility of the regionalization design with health and social service planning and service delivery agencies, both state and private, within Alaska. In addition, communication and travel accessibility must be a prime consideration in an area as large and sparsely populated as Alaska. The relative permanency of a districting scheme must also be a factor if organizational and service delivery plans are to be regionalized.

POSITION PAPER/Department of Health and Social Servic

The Alaska State Health Plan and the Community Mental Health Plan divide the state into three planning districts with 22 sub-units contained therein. The areas take into consideration the three Health Service Areas designated in Alaska for regionalized health planning, project review and research by the Health Planning and Resource Development Act of 1974 (P.L. 93-641). Compatibility is also assured between Native Regional Corporations. As the twelve Native Regions are federally recognized and currently conduct both planning and service delivery, it is logical to assume that these regional boundaries will remain constant. In addition, these boundaries do not vary significantly from many other districting arrangements utilized by state agencies. This approach to regionalization permits effective mutual planning with the Alaska Native Health Service and the Alaska Federation of Natives and facilitates coordinated planning with the Health Systems Agencies whose boundaries follow the Native Health Corporation boundaries. The establishment of Department of Health and Social Services administrative regions in the state which may be inconsistent with these considerations is inadvisable, both from a performance and from a cost-effective basis.

Once a districting scheme is designed, the degree to which delegated authority is regionalized must be considered. The objective is to assess the needs of each regional area as comprehensively as possible and to establish services to meet those needs as effectively as possible. In meeting the goal of decentralization, the primary level of direct service delivery is the community agency. Technical and administrative support are provided as close to the community level as economic considerations will permit.

POSITION PAPER/Department of Health and Social Service

House Bill 450 would establish administrative regional offices in eleven Alaskan communities varying greatly in size and in health and social service needs. Obviously, the Department could not establish the same type of administrative organization in Nome or Sand Point as in Anchorage or Fairbanks. Until such time as a clearer definition of what constitutes an administrative regional office is provided the fiscal impact of this particular piece of legislation is impossible to assess.

In conclusion, the Department supports the concept of regionalization underlying House Bill 450. The Department would recommend amending the methodology supporting the location of specific regional offices to permit a districting scheme in which due consideration was given established planning and service delivery patterns, administrative and population centers, Native Corporation boundaries, election districts, etc. Once the districting scheme is established, a determination of what constitutes a "regional administrative office" must be made. Perhaps a system of sub-regions or units could also be devised in which lesser administrative authority was delegated from the respective regional administrative office. The Department would welcome the opportunity to work with the Legislature to develop a comprehensive design to accomplish such a regionalization plan in the best interests of all Alaskans.

Recommended by: D. Sharon Osborne
Coordinator, Office of Planning and Research

25 April 1977
Date

Approved by: Francis St. Williamson
Commissioner, Department of Health and Social Services

Date

MINUTES OF HOUSE HESS COMMITTEE

May 4, 1977

The meeting was called to order by Chairman Parr at 3:05 p.m. Members present: Mr. Parr, Mr. Chatterton, Mr. Phillips, Dr. Beirne, Mr. Nakak. Mr. Ose and Mr. Bennett came in later.

Absent: Mr. Cotten & Mrs. Buchholdt.

HB 464

First on the agenda was HB 464. Mr. McKinnon asked if he could have a witness testify first, the witness being from out-of-town. Mr. McKinnon said the bill will separate the Department of Health & Social Services into 2 departments. Said Dr. Tom Georges was from Pennsylvania and in Pennsylvania they have 2 separate cabinet Depts and Dr. Georges has served as the head of both of the departments.

Georges

Dr. Tom Georges said he had had the opportunity for the last 10 days to travel around various parts of Alaska and see the health care services that are provided. He said he has had opportunity to talk to some of the health people and they have expressed some of the health problems as they see them. He stated in his opinion the health functions of the state are best carried out by a health officer who has direct responsibility to the governor and has responsibility for the services provided. Dr. Georges answered questions asked by members of the committee and spoke to some of the problems they are having in some of the communities he visited. Questions were asked of Dr. Georges as to the advantages and disadvantages of having the 2 departments, the economics involved, the size of the 2 departments in Pennsylvania, how the Board of Health operates, how many states have the 2 separate departments and how many are 1 department. Dr. Georges said 14 states have moved to some form of combined department. The remaining states have separate departments. He stated in talking to employees in public health, they feel they can do a better job if they are in separate departments.

There was discussion as to which department should have alcoholism, what type of person should head the department of health which Dr. Georges felt a physician had certain advantages others don't have and also should have someone that enjoys administration.

Dr. Georges said 10 or 15 states have a Board and said he would rather work with a Board than without one.

McKinnon

Representative McKinnon then testified on his bill stating he felt there had been a lot of disadvantages the way the department operates now and thought it would be a lot better if the 2 systems were separated. Rep. McKinnon said there are 19 states with some sort of umbrella agency, 27 states with entirely separate departments of Health and 3 where the Dept.

of Health is combined with the Dept. of Environmental Protection. Questions were asked of Mr. McKinnon as to how many people would be needed to operate the new department.

Jund

Next to testify was Lois Jund, Deputy Director of Programs from the Department of Health & Social Services. Ms. Jund said as of 1974 there were 26 state comprehensive service agencies and 12 human services agencies. She said she thought this bill had certain pros you do not get in a human services agency. She said she thought it was more cost effective to have a human services agency. She said the Department was not for this bill and does feel a human service agency can work. After much discussion, Chairman Parr said they would not act on the bill today.

HB 450
Anderson

HB 450 was next and Representative Anderson testified on his bill. Said he did not expect the committee to take any action on the bill this year and he intends to do more study on the matter between now and the next session. He said the bill was in response to many complaints that have been made throughout the state, especially in Rural Alaska. He read a statement from the Citizen's Participation Committee meeting held in Anchorage in December. He said the thrust of the bill was to try to get the Department of Health & Social Services and its activities expanded out into the rural communities. Chairman Parr showed the committee a map that had been made up showing the different regions.

Lampman

Mrs. Marion Lampman from the Alaska Hospital Association spoke from the silenes regard HB 464. Said the Hospital Association has been against the separation of the Department. Said the movement in the other states has been towards consolidation. She gave her suggestions as to how she thought the problems could be helped. Said the Association had had a good working relationship with Lois Jund and Kathy Lloyd in the Department.

The meeting adjourned at 4:30 p.m.

HB
464

STATE OF ALASKA
DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, GOVERNOR
POUCH H 01 – JUNEAU 99811

Document# House HESS #6

April 28, 1977

The Honorable Charles H. Parr
Chairman, House HESS Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr:

In response to a request from your Office, I have attached a fiscal note for House Bill 464, "an Act creating a separate Department of Health," and a position paper for House Bill 450, "an Act relating to the regionalization of the Department of Health and Social Services." The Department encountered difficulty in preparing a fiscal note for HB 450 in the absence of definitive language regarding an an administrative regional office. The position paper for HB 450 explains this difficulty and the Department's perception of the issue in some detail.

If we can be of further assistance regarding these legislative proposals or other issues of concern to your committee, please contact us.

Sincerely,

Catherine M. Lloyd

Francis S. L. Williamson
Commissioner

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST House Bill #464
Bill/Resolution No. _____
Title "An Act Creating the Department of Health"
Requested by _____ Date April 28, 1977

II. FISCAL DETAIL
Agency Affected Department of Health and Social Services
Program Category Affected All programs within the Department
Budget Request Unit(s) Affected All BRU's within the Department

EXPENDITURES (Thousands of Dollars)

**

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC						
TOTAL						

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

** The above fiscal note budgetary breakout is not compatible for the budget analysis required by this bill. Please refer to the attached pages for appropriate budgetary information.

IV. DATE April 28, 1977 PREPARED BY Christopher Kelley
AGENCY Office of Management & Budget
PHONE 465-3568

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

Marsha Hebard, Budget Analyst III
Budget Planning Unit x3094

33 001 (Rev. 10/76)

Fiscal Note for HB No. 464

Below are the estimated funding levels needed for the maintenance of a Department of Health and a Department of Social Services as discussed in HB No. 464. These figures were gathered by grouping the Department of Health and Social Service's BRU components relating to health and social services. The dollar estimates were derived from the Governor's FY 78 Budget Request. Certain BRU's had to be "split-out" as they serve both Health and Social Service categories. Explanations of these specific calculations can be found next to the appropriate figures.

It must be stressed that these figures are approximations and are subject to change pending more detailed budgetary evaluation.

Total Costs for Department of Health	Total Costs for Department of Social Services
$64,333.6	$62,866.4

Department of Health

Commissioner's Office	256.4	(50% of Current FY 78 BRU)
Commissioner Deputy Commissioner Secretary III Secretary II Special Assistant		
Planning and Research	1,282.1	(2/3 of total BRU 1/3 remaining in Social Services)
Administrative Services	818.4	(50% of total BRU)
Quality Control	407.6	(50% of total BRU)
Division of Public Health		
Public Health Administration	1,105.3	
Administrative Support for Public Assistance	550.6	(2/3 of total BRU 1/3 remaining in Social Services)
Medicaid	22,207.4	
G.R. Med.	4,010.9	

Health Information Systems	340.8	
Vital Statistics	323.7	
Special Education Grants	62.8	
Emergency Medical Services	723.8	
Public Health Nursing	4,251.6	
Communicable Disease Control	1,199.3	
Environmental Health	1,228.1	
Family Health	2,985.6	
Laboratories	1,269.6	
Certification/Licensing	270.9	
Division of Mental Health		
Administrative Support-M.H.	808.7	
Alaska Psychiatric Institute	6,311.2	
Psychiatric Security Unit	466.5	
Harborview	5,089.1	
Contract Institutions	1,944.8	
State Operated Mental Health Clinics	615.1	
Community Operated Mental Health Clinics	1,572.8	
Office of Alcohol and Drug Abuse	4,217.6	(Alcohol-Drug Abuse BRU's combined)
Board of Health	12.9	(refer to next page for budget analysis)
Total	$64,333.6	

Budget Analysis of Board of Health Costs

The following is a budgetary break-out of the estimated $12,898.00 needed to maintain the Board of Health as discussed in HB No. 464.

$158.28/plane fare round trip + $200 @ 50/day/4 days = $358.28

$358.28 X 9 members = $3,225 X 4 meetings = $12,898

Total Board of Health Costs	$12,898

The travel expenses were developed to include round trip air fare costs from Juneau to Anchorage. It is assumed that meetings will be held in areas other than Juneau and Anchorage, however, these costs are estimated as an average bearing in mind absenteeism rates and the location of various members of the board.

DEPARTMENT OF SOCIAL SERVICES

Commissioner's Office	256.4	(50% of current FY'78 BRU)
Commissioner		
Deputy Commissioner		
Secretary III		
Secretary II		
Special Assistant		
Planning & Research	641.0	(1/3 of total BRU-2/3 remaining in Healt
Administrative Services	818.4	(50% of total BRU)
Quality Control	407.6	(50% of total BRU)
Division of Social Services		
Administrative Support	2,539.6	
Program Services	5,810.3	
Social Services	4,611.8	
WIN/AFDC	603.6	
Division of Public Assistance		
Administrative Support	275.3	(1/3 of total BRU-2/3 remaining in Healt
Eligibility Determination	3,142.6	
Assistance Payments	18,276.3	
Divisions of Corrections		
Administrative Support	1,110.9	
Adult Confinement	12,218.6	
Juvenile Confinement	5,801.7	
Probation and Parole	2,914.0	
Separate Offices		
Parole Board	146.2	
Violent Crime Compensation Board	323.6	
Child Support Enforcement Agency	786.4	
Office on Aging	2,182.1	
TOTAL	$62,866.4	

MINUTES OF HOUSE HESS COMMITTEE

May 4, 1977

The meeting was called to order by Chairman Parr at 3:05 p.m. Members present: Mr. Parr, Mr. Chatterton, Mr. Phillips, Dr. Beirne, Mr. Nakak. Mr. Ose and Mr. Bennett came in later.

Absent: Mr. Cotten & Mrs. Buchholdt.

First on the agenda was HB 464. Mr. McKinnon asked if he could have a witness testify first, the witness being from out-of-town. Mr. McKinnon said the bill will separate the Department of Health & Social Services into 2 departments. Said Dr. Tom Georges was from Pennsylvania and in Pennsylvania they have 2 separate cabinet levels and Dr. Georges has served as the head of both of the departments.

HB 464

Dr. Tom Georges said he had had the opportunity for the last 10 days to travel around various parts of Alaska and see the health care services that are provided. He said he has had opportunity to talk to some of the health people and they have expressed some of the health problems as they see them. He stated in his opinion the health functions of the state are best carried out by a health officer who has direct responsibility to the governor and has responsibility for the services provided. Dr. Georges answered questions asked by members of the committee and spoke to some of the problems they are having in some of the communities he visited. Questions were asked of Dr. Georges as to the advantages and disadvantages of having the 2 departments, the economics involved, the size of the 2 departments in Pennsylvania, how the Board of Health operates, how many states have the 2 separate departments and how many are 1 department. Dr. Georges said 14 states have moved to some form of combined department. The remaining states have separate departments. He stated in talking to employees in public health, they feel they can do a better job if they are in separate departments.

Georges

There was discussion as to which department should have alcoholism, what type of person should head the department of health which Dr. Georges felt a physician had certain advantages others don't have and also should have someone that enjoys administration.

Dr. Georges said 10 or 15 states have a Board and said he would rather work with a Board than without one.

Representative McKinnon then testified on his bill stating he felt there had been a lot of disadvantages the way the department operates now and thought it would be a lot better if the 2 systems were separated. Rep. McKinnon said there are 19 states with some sort of umbrella agency, 27 states with entirely separate departments of Health and 3 where the Dept.

McKinnon

of Health is combined with the Dept. of Environmental Protection. Questions were asked of Mr. McKinnon as to how many people would be needed to operate the new department.

Jund

Next to testify was Lois Jund, Deputy Director of Programs from the Department of Health & Social Services. Ms. Jund said as of 1974 there were 26 state comprehensive service agencies and 12 human services agencies. She said she thought this bill had certain pros you do not get in a human services agency. She said she thought it was more cost effective to have a human services agency. She said the Department was not for this bill and does feel a human service agency can work. After much discussion, Chairman Parr said they would not act on the bill today.

HB 450
Anderson

HB 450 was next and Representative Anderson testified on his bill. Said he did not expect the committee to take any action on the bill this year and he intends to do more study on the matter between now and the next session. He said the bill was in response to many complaints that have been made throughout the state, especially in Rural Alaska. He read a statement from the Citizen's Participation Committee meeting held in Anchorage in December. He said the thrust of the bill was to try to get the Department of Health & Social Services and its activities expanded out into the rural communities. Chairman Parr showed the committee a map that had been made up showing the different regions.

Lampman

Mrs. Marion Lampman from the Alaska Hospital Association spoke from the silenes regard HB 464. Said the Hospital Association has been against the separation of the Department. Said the movement in the other state has been towards consolidation. She gave her suggestions as to how she thought the problems could be helped. Said the Association had had a good working relationship with Lois Jund and Kathy Lloyd in the Department.

The meeting adjourned at 4:30 p.m.

HB
481

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HB 481

Title An Act establishing the Convention Center Task Force

Requested by House State Affairs Committee Date 4/22/77

II. FISCAL DETAIL

Agency Affected Commerce & Economic Development

Program Category Affected Development

Budget Request Unit(s) Affected Division of Tourism

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL		6.0	6.0			
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		6.0	6.0			

FUNDING (Thousands of Dollars)

GENERAL FUND		6.0	6.0			
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS NONE

FULL TIME						
PART TIME						
TEMPORARY						

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

Assumes 5 members meeting twice a month for approximately 24 months at a per diem rate of $50/day. Members are assumed to be from the Anchorage area; therefore no travel pay is anticipated.

Administrative functions for the gathering and compilation of information can be absorbed by the Division of Tourism.

IV. DATE 4/22/77 PREPARED BY [signature]

AGENCY Division of Tourism

PHONE 465-2005

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

33-G01 (Rev. 10/76)

"An Act establishing the Convention Center Task Force."

4-15-77

COMMITTEE REPORT

FINANCE

HOUSE

April 23, 1977 Date

Mr. Speaker:

The Committee on STATE AFFAIRS has had HB 481 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

☐ AND attaches a report of its intent

☐ (other) _____

MEMBERS SIGNING THE MAJORITY REPORT:

L. D. Strahle - DO Pass

- D. P.

Ken McKitrick - DO Pass

- D. Pass

MEMBERS NOT CONCURRING IN THE MAJORITY REPORT:

_____ recommends: _____

_____ recommends: _____

_____ recommends: _____

L. D. Strahle
Chairman

H 60

AMENDMENT

OFFERED IN THE HOUSE: BY: _____

TO: _____ HOUSE BILL No. HB-481

SENATE BILL No. _____

PAGE: 2 LINE: 3

After boards and commissions, add: No travel outside the State is authorized under this section.

08-H2LI

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

OFFICE OF THE COMMISSIONER / *POUCH D – JUNEAU 99811*

April 22, 1977

The Honorable W. E. Bradley, Chairman
House State Affairs Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Mr. Chairman:

Representative Buchholdt has requested that we comment on HB 481, establishing the Convention Center Task Force.

We are in opposition to the bill because there is now in existence in Anchorage the Mayor's Advisory Commission on the Anchorage Center. This eleven-member commission has been appointed to explore the feasibility, need, cost and desired location for an Anchorage Center to meet the sports, civic and convention needs of the municipality. Their report and recommendations are due July 1, 1977.

Yours truly,

H. Phillip Hubbard
Commissioner

4-25-77

The Mayor's advisory commission on the Convention Bureau in Anchorage was created in 1975 and also Funded.

1975 -	$100,000.00	
1976 -	150,000.00	2 budgets
1977 -	220,000.00	

The bureau is to be non-profit.

Rick Mystrom, chairman of the advisory commission advised this office that they are finished with 2 phazes of a 4 phze report. This interim report will be presented to the Mayor for confirmation on May 3rd.

1. need - 2. requirements - 3. site - 4. [redacted].....

The final report due July 1. 77..

Respectfully submitted,

A. Morris

HB
492

HB 492 file

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6440
JUNEAU, ALASKA 99801

#

1978 MAY 9 PM 8 22

12065 NL FAIRBANKS ALASKA 131 05-09 145P ADT

PMS REP CHARLES PARR

JUN

AS WE APPROACH VERY CRITICAL TIME IN THE LEGISLATURE WITH RESPECT TO BINDING ARBITRATION IN THE PUBLIC SECTOR, WE AGAIN URGE YOU TO OPPOSE BINDING ARBITRATION-BY TEACHERS UNIONS. YOU REPRESENT AN AREA WHICH SPOKE LOUDLY AND CLEARLY IN THE DEVELOPMENT OF SENATE BILL 35 CONCERNING LOCAL CONTROL. DONT ALLOW THE LOCAL CONTROL TO BE SHIFTED TO A THIRD, UNINTERESTED PARTY. YOUR LOCAL ELECTED REPRESENTATIVES ARE THE PEOPLE WHO ARE RESPONSIBLE FOR THE OPERATION OF YOUR SCHOOL DISTRICTS, INCLUDING THE FINANCIAL ASPECTS. TEACHER ORGANIZATIONS HAVE CERTAINLY SCORED LARGE FINANCIAL GAINS OVER THE LAST TEN YEARS UNDER THE EXISTING LAW AND THE ABSENCE OF STRIKE BY PUBLIC WMPLOYEES WOULD SEEM TO INDICATE THAT THE PROCESS IS WORKING. WE AGAIN URGE YOUR OPPOSITION TO ANY LEGISLATION EMBODYING THIS CONCEPT.

CARL A PETERSON SUPT OF SCHOOLS ALASKA GATEWAY SCHOOL DISTRICT

NEA - ALASKA

(ALASKA EDUCATION ASSOCIATION)

AFFILIATED WITH THE NATIONAL EDUCATION ASSOCIATION

HB 492 file

Robert Van Houte
Executive Secretary
Juneau Office

Robert C. Cooksey
Deputy Executive Secretary
Juneau Office

Charles L. O'Connell
Deputy Executive Secretary
Anchorage Office

Dianne Anderson
Field Staff
Anchorage Office

James D. Alter
Field Staff
Anchorage Office

Mary Ann Eininger
Deputy Executive Secretary
Fairbanks Office

JUNEAU OFFICE
207 SEWARD BUILDING
JUNEAU, ALASKA 99801
PHONE: (907) 586-3090

ANCHORAGE REGIONAL OFFICE
1515 EAST TUDOR ROAD
ANCHORAGE, ALASKA 99507
PHONE: (907) 279-8544

FAIRBANKS REGIONAL OFFICE
954 COWLES, SUITE 143
FAIRBANKS, ALASKA 99701
PHONE: (907) 452-2297

PROPOSED BINDING ARBITRATION LEGISLATION

Major Features

Page 1. Lines 8 to 21

Provides schedule for arbitration to begin. Provides item by item last best offer on items at impasse with final package selection by the arbitrator. The arbitrator's decision is final and binding.

Page 1. Lines 22 to 29

Provides for selection of arbitrator either by mutual agreement or by the American Arbitration Association of an Alaskan Arbitrator.

Page 2. Lines 1 to 4

Limits the award power of the arbitrator so that there is no required local tax rate increase or any required increase in state funding to an REAA.

Page 2. Lines 5 to 29 and
Page 3. Lines 1 to 26

Provides for elections in municipalities and REAA's on the acceptance of binding arbitration, provides for a petition process to get the question on the ballot, either initially or to change the status at a subsequent election.

Page 3. Lines 21 to 27

Provides that if binding arbitration has been selected, teachers may not engage in a strike. If binding arbitration has been rejected, the teachers may strike.

Page 3. Lines 29 to line 4, Page 4.

Changes the current law and provides that the initial negotiation session and all binding arbitration sessions are to be open to the public.

Page 4. Line 5

Repeals the provision that the Governor may appoint advisory arbitrators. (No longer needed if this bill is enacted.)

Page 4. Lines 6 to 29 and
Page 5. Lines 1 to 24

Provides for elections in all school districts and REAA's at the next regular school election on the issue of binding arbitration and provides the ballot language.

Page 5. Line 5

Provides that this act takes effect July 1, 1978.

HB 492 file

UNALASKA CITY SCHOOL

UNALASKA, ALASKA
99685

WILLIAM R. GREGORY
SUPERINTENDENT

(907) 581-1222

April 26, 1978

Mr. Delmar Olsen
Unalaska, Alaska 99685

Dear Mr. Olsen;

Your employment as a teacher in the Unalaska City School District is being terminated as of May 31, 1978. All the District's first year teachers are receiving this notification of non-retention.

This action is necessary because Alaska Statute 14.20.145 provides that unelss a non-tenured teacher receives such notification of non-retention by the last day of the school year, he or she is automatically reemployed for the ensuing year. Further, the negotiated agreement between the Unalaska Education Association and the Board provides that teachers completing their first year in this district shall be given such notice by May 1.

Since the negotiations process has not resulted in agreement between the Association and the Board, and it is impossible to establish what next year's personnel costs might be, the board and administration cannot at this time determine the number of teachers the 1978-79 budget will fund. Therefore this action has been deemed necessary.

From a very practical standpoint, most and perhaps all of the non-tenured teachers released by this action will subsequently be offered employment for the 1978-79 school year, but a decision on this cannot be made until 1978-79 personnel costs are known the the board.

Depending upon the total cost of whatever negotiated settlement is reached, the budget for 1978-79 may fund fewer teacher positions than the 1977-78 budget. Since the board has not yet addressed the question of what 1978-79 programs may have to be curtailed (in the event the number of staff positions must be reduced) it cannot at this time determine next year's staffing needs with sufficient precision to allow all of the district's 1977-78 teachers to be automatically continued into the 1978-79 school year.

We truly regret the uncertainty that this action will bring to all of us and pledge that the board and administration will make every effort to resolve these matters at the earliest possible date.

Sincerely,

William R Gregory

William R. Gregory
Superintendent

WRG:gg

ALASKA GATEWAY SCHOOL DISTRICT

P.O. Box 226
Tok, Alaska 99780

Charles Parr, Chairman
House HESS Committee
Pouch V
Juneau, AK 99811

May 17, 1978

Dear Representative Parr:

In considering upcoming legislation on binding arbitration, please keep in mind that school boards are elected to represent the public's best interest in the management of their schools. Boards must consider not only teachers' financial needs but also the schools' financial needs. Aside from finances, an unwise decision by an arbitrator in the area of management could have a directly negative effect on the quality of the education we are trying to offer.

As a board member, I feel that imposing binding arbitration on public sector bargaining would erode school board responsibility to the point of uselessness. We realize the ultimate importance of teachers to our educational program and recognize their personal needs as members of our community, but we also feel a strong responsibility to our students. Please let us retain that responsibility. I would ask you to oppose binding arbitration in any form.

Sincerely,

Sharon K. Young

Sharon K. Young
President of the
Regional School Board

SKY/pc

HB
493

MINUTES OF HOUSE HESS COMMITTEE MEETING

April 25, 1977

The meeting was called to order by Chairman Parr at 3:05 p.m. Members present: Mr. Parr, Mrs Buchholdt, Mr. Phillips, Dr. Beirne, Mr. Cotten with Mr. Nakak coming in later.

Absent: Ose, Bennett, Chatterton.

Chairman Parr stated HB 410, 415 & 493 were on the agenda and asked Representative McKinnon, prime sponsor of HB 410 to testify. Mr. McKinnon said the problem as he sees it is the differences of the purposes and goals between a Community College and the University of Alaska have gone unrecognized which he felt was due largely because the Board of Regents are insulated from the philosophy of what a community college should do. He felt Community Colleges weren't consistent with a university's program. He felt regardless of any reorganization that could take place in the University system, it still wouldn't change the fact the the central administration won't act as a buffer between the Regents and the Community College. Stated he felt this bill would create a separate governing body for the Community Colleges. He passed out a sheet that showed the organizational structure as it would be set up under HB 410.

HB 410,
415
493
McKinnon

There was discussion regarding the courses that would be offered in the 2 year program, the transferability aspect, whether community colleges would be allowed to offer anything above the 1st 2 years.

Next to testify was Mr. Kerry Romesburg, Director of the Commission of Postsecondary education. Said with respect with HB 410, last year the Commission did conduct hearings around the state with regard to community college structure in Alaska and did formulate recommendations which the committee members had. He said they did make 7 recommendations, 6 of which were to the Board of Regents and the 7 to Board of Regents and also offered for legislative concern. He said in the hearings around the State, there were a number of people who were unhappy with the current structure, administratively, a number of community college advisory councils who feel that the community colleges do not receive the kind of hearing and kind of statute that they wish they would receive through the existing structure. Said one thing mentioned specifically was the community college split. He said there were a number of persons who did advocate 2 separate systems but the majority did not., felt the 2 systems should remain the same. Said there were 2 principal reasons mentioned for not splitting the system. One, transferability and the other accreditation. He did say he didn't think the accreditation reason was a valid reason, but said the issue of transferability bothered him.

Romesburg

Mr. Romesburg went on to say that Wyoming has almost an identical type of structure to what we are talking about. (He called attention to the administrative structures that he had passed out to the committee members). Said in Arizona there are 2 systems with no coordination above them. He said transferability was not a problem in Arizona, because they established transferability guides.

With regard to HB 415, Mr. Romesburg said that particular structure comes closer to the type of thing the Commission was recommending in that it does establish a chancellor for community colleges within the present university structure and under the Board of Regents. Said the issues not mentioned in the bill but what he was interested in hearing comments on were: what do you do in Anchorage, Juneau & Fairbanks with regard to the community college and senior college sitting side by side;

Mr. Romesburg said with regard to HB 493, establishing branches of the University at Anchorage. Said this bill essentially eliminates community colleges and the community college identity from the terminology of a community college. Said there are some states which have a basic university and branches, including 2 year branches. Said the problem he would have with this bill is the fact that the concept of community college is lost.

Mr. Romesburg said not one bill addressed exactly what the Commission recommended, parts of the recommendation were in all the bills. He did say the Commission felt the problems could be addressed by the Board of Regents without having to create a number of different boards or putting it into law.

There was discussion as to how much autonomy the community colleges should have, what courses should be taught, the local input, more input for academic programs,

Mr. Romesburg said at the hearings the people felt that the central person should have access directly to the Board of Regents and also that the Advisory Council should have direct access to the Board of Regents.

Meekins

Next to testify was Representative Meekins. He stated his bill was not new to the legislature, it is the same bill that Gruening introduced last year and co-sponsored this year. He said this bill is not a response to the current problem existing in the university, but said it is an idea that has been around for a long time but felt the problems they are currently having do reinforce it. He said he agreed with the Chairman' intention to not rush this matter through this session of the legislature and hoped there would be interim authority to review all of these bills because he knows they are quite complicated and felt there were problems in the bills that needed to be resolved. Did feel there was a good case for decentralizing.

Mr. Meekins said if you look at it from the other aspect, you have to ask why there is a central administration that administers all of the different areas of the university system. Said the 3 primary reasons are: need standardization and coordination among the different campuses and among the different program and there is an attempt to reduce duplication and also to minimize harmful competition between the Regents. He said he did not think these theoretical reasons were any good as applied to Alaska for a number of reasons. He said his bill does not call for total autonomy, just takes away the central administration but still leaves the 4 units proposed under the Board of Regents. He said he felt more important to Alaska than standardization and coordination that is given by the central administration is the responsiveness if the units were more autonomous. They would still report to the Board of Regents, there would be the coordination in terms of academic standards and policy considerations which are necessary which could all be done through the Board of Regents but felt more responsiveness to the local level. Mr. Meekins said in terms of duplication this is the argument given him in opposition to decentralization. They say that every region will have to do all the accounting procedures that the central administration does. He said Anchorage already does those accounting procedures and then send them to Fairbanks and the central administration does them again so he feels the duplication in the system is in the current system.

Mr. Meekins agreed that a great deal of work needs to be done and hoped some interim authority would take a look at the bills. Does believe could benefit and spend a lot less money if we would decentralize and give the authority to the regional level.

Next there was discussion regarding the budgets, whether it would still go through the Regents.

Ostrosky

Next to testify was Katherynn Ostrosky former member of this committee and Chairman of the Interim Higher Education Subcommittee during the last legislature and appeared as a representative of the Alaska Community College Federation of Teachers on behalf of their support and interest for HB 410. She stated HB 410 is the most recent effort to respond to the growth of the community colleges and is offered as the third Community College Act in the history of Alaska. and at this point she gave a historical perspective on the two previous Community College Acts. She believes the problems facing the community colleges is a statewide issues, not a local or regional issue. Said it affects the entire statewide student population from Nome to Ketchikan.

Marie Darlin spoke from the sidelines and said their main concern was that there be some attention given to these bills during the interim.

Mrs. Ostrosky said she felt there had been a real resistence to real basic reform rather than a response to the reforms.

Mr. Parr said that there will be some hearings held once the intial opening of the semester has gotten over with and people settle down, somewhere in the general vicinity of the first of October and he said it was his intent to have hearings both in town and on the Campuses in Anchorage and Fairbanks.. Said they would have it in one of the smaller communities. Said they wanted to get input from people who are not in any way members of the university in addition to the University. Would have Juneau hearings in January.

The meeting adjourned at 4:20 p.m.

UA Bills — Anch — 9-5-77
7-10 PM

Peter Ring — Pres Anch Campus Assembly
- Move cautiously — give Pres a chance, year or so
- HB 415 focuses too much auth in chancellor, e.g. 015 (2) faculty input
- AK Const — UA the univ —
- HB 493 — questions approval by Leg, brings higher ed into political arena
- need separate identities for ACC + UAA
- not in favor of split. Under it Anch CC would dominate all the smaller comm coll.

Sol Gerstenfeld —
- establish priorities through pocketbook
- objects to student fee going toward basketball and stadium instead of special ed (49-142)
- vending machines serviced by students and profits go to student fund (why not?)

Stuart Bigler — Regional Director for National Weather Service on Citizens Advisory Comm — 4 years
- speaking for himself
- projection 42,000 students by 1981
- people more important than orgn structure
- favors keeping UA all together
- split would cost more — 2 boards, etc
- give new structure year to prove itself
- not move hq to capital
- opposes policy boards
- key personnel problems
① differences in salaries — kill public employees relations act
② retention of qualified fac at smaller comm coll — lack of ~~faculty~~ housing
③ increase proportion of full-time fac

Stuart Bigler – continued
– advice of board has been taken seriously, esp by local admin.
– 1962 act –

Jim Brosamer (3) – VP UAA for assn –
– may see HB 415 implemented w/o legislation
– wants time to solve problem

Kathryn Ostrosky –
– supports HB 410 –
–

Beverly Larva – computer analyst, son senior at West High
– wants good 4-yr school, grad school, poss PhD
– likes HB 415 best
–

HB 410, 415, 493 Kodiak ~~Sp~~ Oct 8, 1977

Dr John Shank - Chairman Policy Dev Council - (writing) - wait + see

Carolyn Floyd - Kodiak Campus President -
- small rural colleges need resources of UA system
- lose two years under reorg of HB 410
- wait + see - full year
- project 10% increase next year or so (in students) first enrollment in fall 500, now 600
- thinks adv
- could run 4 courses (upper-division) - local people available to teach -
- could keep student body in ed + bus adm

Margaret Hall - Board of Regents
- wait and see - one year
- agrees with Mrs Floyd
- ed pol comm of Regents considering pool of teachers for statewide assistance to comm coll -
- long-range planning beginning
- ADP needs revision
- have received few comm from comm coll adv boards

Engr

Frank Peterson - just under two years on Comm Coll Adv Council, Pres Kodiak Area Native Assn (3 years)
- too early to split off comm coll, esp. considering small pop.
- Native Assn workshops, have gotten credit from Kodiak C.C. - good cooperation
- Neighborhood Youth Prog (Dre, Wash)
- UA should have first option to provide instruction on mil bases -
- desirable have closer working relationship between comm coll council + Regents

Frank Peterson (continued)

— students now going to Seward Skill Center, should have courses here.

— in villages job opportunities are fishing, teaching, piloting

— 15 members of policy council

Frances Cater — inst at Kodiak CC — 5 yrs, on 6th — English, ed, 5 humanities =

— two conflicting phil of ed, univ vs comm coll.

— Comm coll — voc ed, spec int, academic

— " " has been stepchild

— Board of Regents paying more attention than in past, forced upon them (e.g. failure bond issue)

— Policy council turned down fac, student membership

— fisheries program not going — need of fishermen is practical research, not practical instruction. Fisheries institute well-attended

Arlene Brown — teacher ~~35 years~~ 7 yrs in Ak —

— primary concern is post-college courses on Kodiak Is.

— plan of courses — hoped to take 21 credits in next year — 500-600 level

— elem ed courses, on reading, math, etc

—

Joan Widom — recently moved to Kodiak fr Dillingham

— in winter not much to do in town, extension center offered something to do, got people out of house

— if not there, doesn't know what would take its place

— Yupik, painting, history, taught by local people

—

HB 410, 415, 493 - Solstna
Oct 29, 1977

Dr. John Wilsey —
- Kenai CC healthy. Places 100% of graduates
- Repeat testimony to Post-Sec Comm last year:
  1. Governance system to be kept
  2. One office run all comm coll
  3. More power to local comm (Boards of Govrnors
  4. Regents' makeup reflect both 4-yr + CC

- Main need - flexibility of action for ea CC, make own decisions quickly. Asking to be treated as equals
- HB 410 to cost more - maybe some future date
- HB 493 — sees as setting up 4-yr college in each state
- may need leg act to ensure articulation and equation of courses. Block acceptance of assoc degrees, standardized numbering and scope, certification Administrators and instructors
- need good definitions. Student accounting and records standardized
- need latitude for local tax base help
- procedures for eval of performance
- local board have control of capital impr
- require uniformity if two separate systems
-

George Day — Pres KPCC —
- KPCC fine school
- would like more control, ready for it HB 493 close
- favors being in UA system
- UA needs time — about year
- in part not ~~enough~~ too much attention from UA Admin

Walt Ward — Asst Supt Schools, member Policy Bd & Post-Sec Comm -
- Split won't nec solve problems
- Union favors split, cost State more money
- UA needs two years to get house in order
- wife grad in May, got diploma last week
- KPCC coord w/ public schools & Seward Skill Center

Shirley Cratty — pers officer sch dist
- 70 teachers received teaching certs, 40 were delayed by UA
- 50 teachers ready to move up on salary scale (by Oct 20) & must have transcripts
- Hugh - auth of campus pres to give transcripts

Dennis Stephe — full-time inst 5 yrs, part-time 3 years before that. Proud of KPCC
- always getting short end of stick
- petroleum tech program never been adequately funded.

Marion Hilan - member KPCC Adv Bd -
- not like to see Leg tear Univ apart
- give UA year to get in shape (5 yrs?)
- eventually have 4-year school in Kenai
- seems not getting fair share of budget

Hazel Heath - KPCC adv board member
- Adv Policy Council's power should (Hoover) be uniform throughout state
- need better communication, recognition
- give UA year

Dennis Thompson – KPCC member, Post-Tee Comm
- HB 415 – why UAT a major component?
- HB 410 – oppose (accreditation, etc)
- HB 493 – might improve record-keeping
- official from 1st Federal told Chamber of Commerce most stable, fastest growing area in state

Tom ~~Wagoner~~ Wagner – Asst to Pres KPCC last year
- HB 410 calls for fac member on Board of Governors – conflict of interest?
D – Humphrey a fiscal conservative – will set down guidelines, fire those who don't follow
- Humphrey said will get registrar, etc
- " effects won't take six months to show
- Give year to get into shape – keeping scrutinizing

10 ◀ 10

HB 410, 415, 493

Arch

John Havelock –

– Agrees to a point in giving new president a chance, but president not policy-maker.

– Justification for leg involvement w/ UA org, leftover business since statehood.

– Higher Ed interrelated, ergo autonomy must be limited. Need central authority, to resolve disputes between units; also to operate in legislative capacity.

– budgets from larger units (UAA, UAF, ACC, TVCC) should go directly to legislature.

– not sensible to lump small comm coll together with ACC –

– don't leave Univ Assembly out of picture

– Heard regent say: couldn't resolve UAA-ACC problem w/o leg action

– concerned about over-emphasis on geographic unit autonomy, sectionalism. Some matters best handled on statewide basis.

–

Beverly Isenson –

Latitude of admin in hiring restricted in last year.

Sharon Gagnon – Chairwoman Citizens Advisory Group.

– written position coming

– (1) want planning. (2) Arch ready for 4-year univ plus comp comm college –

– (3) esp concerned about hiring new faculty – need increase proportion of full-time faculty.

– not favor competing w/ Feds for research in geology, anthro, etc.

– wants 4-year univ to follow student demand.

– doesn't feel input futile, doesn't always get results –

Sharon Gagnon –
– sees some coord between UAA & ACC going on

Mason West –
– favors HB 410 –
– no master plan in UA to facilitate management of resources, no facilities plan.
– no job descriptions –
– not opposed to 4-year univ in Anch –
– comm coll contract is only plan in system
– sees no way out except with own gov board
relationship CC – 2 yr AA, ~~BS~~ mil bases, voc ed, requested programs
4yr Coll – 4yr + Research, grad study
– cooperation needed – extension centers

James Rogers – faculty – in 6th yr, 2 yrs + Fbks, 3 Anch
– ADP has much which can be utilized
– Humphrey has asked UAA for 5-year plan
– favors HB 410 – stifled ambitious groups –
– " HB 415 also – difficulty in establishing statewide policies
– maint budget doesn't take care of developing institution
– ~~Univ~~ Univ shouldn't determine content of 2-yr program

Steve Haycox – 7 years on fac – 2 yrs at ACC, 5 at UAA
– fac role in degree requirements, courses, etc
– ① give regents a new pres title, ② comm college chancellor jurisdiction over lower div courses, Anch chancellor over BA + BS programs – conflict ③ UAA develop as 4-yr
– History course for comm coll different from History

Steve Haycox (cont)

at 4-yr school. Standards of performance should be different. Fac qual different – Univ commitment greater and training greater. Not inferiority & superiority – but difference.

- Support HB 493 – but keep as comm colleges
- Kenai, e.g., has to pay for Anch, e.g., professor to come down to teach course. Recommends that fund be set up to pay for such help.
- Anch library – Hammond veto of capital funds.

Jim Hotchkiss – for 7 yrs, was on library consortium
- HB 493 terrible. How accredited?
- HB 410 may some time have been worse bill, but doubts it. Knows Oregon sit, now battles for money in leg.
- give Regents chance to work out problems – YEAR
- UAA taking resp for teaching lower division – large – courses.
- Charge Anch & Fbks w/ outlying area inst, using special funds. Added advantage of fresh instruction.

Joe Connors – 8th year ACC – speech & communications
- students had to choose ACC or UAA at registration.
- some " told that ACC not accredited
- " " " " " courses might not count
- ACT recognize superior student, give advance placement

Ralph McGrath – past president ACCFT
- sees "UAA" as ploy to isolate ACC
- productivity – ACC high, UAA low
- expansion of UAA lower-level courses used money appropriated for increasing proportion of full-time fac

Ralph McGrath – continued

Undergrad appl form – UAA w/ prerequisites, take courses at all units; or ACC student only.

ACT scores considered unimportant –

Mike Turner – counselor ACC – 7 years

– mission of ACC (one) give students transferable credits

– ACC closed 90% of courses, UAA had been instructed not close any.

– ACC had quick reactions to community needs, reaction now slower and incomplete.

– nobody at UAA knew when ACT to be given

Diane Divens –

fear that HB 193 would do away with union

Clair Martin – Dean School of Nursing

– 208 nursing students after BS, 15% are RN's

– offering 189 courses, ca 200 grad nurses this year

– 1 yr – practical nurse, 2 yr – Assoc deg, 3 yr dipl

orgn – first essential is budget integrity

– 2nd " " chance for input from natl org

– 3d " " one which permits satellite prog.

sep comm coll program wouldn't be able to get accreditation – not cost effective

80% of nurses now practicing in state do not have BS.

Not feasible to keep all continuing ed in one location

RELATIVE APPROPRIATENESS OF 20 INSTITUTIONAL GOAL AREAS AS RANKED BY TRUSTEES (T), ADMINISTRATORS (A), AND FACULTY (F) AT SIX KINDS OF COLLEGES AND UNIVERSITIES

Ranking Scale: 1 = most appropriate . . . 20 = least appropriate
O indicates top-seven ranking

Goal Areas[1] (in arbitrary order)	Doctorate-Granting Universities						Comprehensive Universities						Liberal Arts Colleges			Two-Year Colleges		
	Public			Private			Public			Private								
	T	A	F	T	A	F	T	A	F	T	A	F	T	A	F	T	A	F
A. Academic Development	(2)	(1)	(1)	(4)	(1)	(1)	(4)	(1)	(2)	(1)	(2)	(2)	(2)	(1)	(3)	13	(7)	9
B. Intellectual Orientation	(6)	(3)	(2)	13	(2)	(2)	11	(3)	(4)	(4)	(1)	(3)	(5)	(3)	(2)	14	11	10
C. Individual Personal Development	12	11	10	(3)	(3)	10	13	9	12	(3)	(4)	(7)	(1)	(5)	(5)	(6)	8	(7)
D. Humanism/ Altruism	11	14	9	(2)	10	12	17	13	9	10	10	10	(4)	(4)	(6)	10	14	13
E. Cultural/ Aesthetic Awareness	14	13	11	12	12	9	15	12	14	16	11	13	12	(7)	10	16	15	15
F. Traditional Religiousness	20	20	20	11	20	20	20	20	20	19	20	20	11	16	19	18	18	16
G. Vocational Preparation	(5)	8	12	10	11	11	9	(7)	10	(5)	9	9	8	13	13	(1)	(2)	(1)
H. Advanced Training	20	20	20	8	(7)	(3)	16	15	13	12	14	15	20	20	20	20	20	20
I. Research	(4)	(2)	(3)	14	(5)	8	12	16	15	15	16	12	19	19	17	19	19	19
J. Meeting Local Needs	16	15	15	16	16	14	(2)	(6)	11	11	13	14	(6)	12	11	(3)	(1)	(2)
K. Public Service	15	10	14	19	15	16	(3)	14	8	9	15	16	15	17	15	8	13	11
L. Social Egalitarianism	17	18	19	17	19	19	19	17	17	20	19	19	16	18	18	(3)	(5)	(3)
M. Social Criticism/ Activism	19	19	17	20	17	17	18	19	16	18	18	17	17	15	16	15	17	16
N. Freedom	9	(7)	(5)	(7)	(6)	(6)	14	8	(3)	14	(5)	(5)	16	9	8	11	10	8
O. Democratic Governance	13	16	13	15	13	15	(7)	10	(7)	13	12	8	13	11	(7)	7	9	(6)
P. Community	(1)	(5)	(7)	(1)	(4)	(4)	(1)	(2)	(1)	(2)	(3)	(1)	(3)	(2)	(1)	(5)	(3)	(4)
Q. Intellectual/ Aesthetic Environment	(3)	(6)	(6)	9	8	(5)	(6)	(4)	(5)	(7)	(7)	(4)	(7)	(6)	(4)	12	12	14
R. Innovative Climate	8	12	8	(6)	9	(7)	8	(5)	(5)	8	(6)	(6)	10	8	9	9	(5)	(7)
S. Off-Campus Housing	18	17	18	18	18	18	10	18	19	17	17	18	14	14	14	17	16	16
T. Accountability/ Efficiency	(7)	9	16	(5)	14	15	(5)	11	13	(6)	8	11	9	10	12	(4)	(6)	12

For Preferred Goal Areas, Measures of Progress Most Generally Acceptable to Respondents

Goal Area	Measure
Academic Development	Student ability to apply knowledge
Intellectual Orientation	Continuing active intellectual involvement of former students in other than formal, advanced study
Individual Personal Development	Course offerings and institutional opportunities pertaining to the development of individual goals, values, and personal growth
Humanism/Altruism	Students and/or former students expressing concern for human welfare and well being
Vocational Preparation	Employer satisfaction with former students' vocational or professional training
Advanced Training	Scholarly works produced by graduate students and/or former graduate students considered suitable for publication
Research	Basic research publications or other results of scholarly effort produced by students or faculty members during the past year
Meeting Local Needs	Evaluations and perceptions of members of the community regarding the quality of institutional services available to them
Social Egalitarianism	Existence of special courses and programs to meet the needs of particular groups of students
Freedom	Institutional policies and procedures developed to protect the exercise of academic freedom by faculty and students
Democratic Governance	Attendance and participation by faculty in the faculty senate or similar body
Community	Faculty and staff perceptions and evaluations of internal morale
Intellectual/Aesthetic Environment	Student and/or faculty attendance at cultural activities sponsored by the institution
Innovative Climate	Impacts of modifications made in courses and programs

[1] The goal areas are those identified in Richard E. Peterson and Norman P. Uhl, *Institutional Goals Inventory: Comparative Data and Bibliography* (Princeton, N.J.: Educational Testing Service, 1973), copyright 1973, 1975 by ETS; reprinted by permission. The goal area identified in Dr. Romoser's study as "Innovative Climate" is identified in the ETS inventory as "Innovation."

STATE OF ALASKA
ALASKA COMMISSION ON POSTSECONDARY EDUCATION

JAY S. HAMMOND, GOVERNOR

907-465-2855
Pouch F — State Office Building
Juneau 99811

February 17, 1978

The Honorable Charles Parr
Alaska House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Charlie:

I too read the Chronicle article by Donald Freeman and wondered if he was referring to some change in the Pennsylvania system of which I was unaware. However, I did not follow up on it until I received your inquiry. It turns out that the Pennsylvania system has not undergone any recent change, so I pulled together some information on the structure which may be of interest to you.

Under Pennsylvania law there is a State Board of Education which has responsibility for all public education, however, the State Board is composed of two councils, a nine-member Council of Basic Education and a nine-member Council of Higher Education. This state department (the Council) has statutory authority for planning and coordination for Pennsylvania's colleges and universities. In addition, there is a Board of State Colleges, University Directors, a Board of Trustees of Pennsylvania State University, Boards of Trustees of the University of Pittsburgh, Temple and Lincoln Universities, and 14 separate boards of trustees for community colleges.

In the article Mr. Freeman says that no "system" exists, at least in terms of personnel. I am afraid this is a misleading statement. At the state level, i.e., within the Department of Education, the most recent directory lists the following positions: Commissioner of Higher Education, Deputy Commissioner, Assistant Commissioner, Special Assistant to the Commissioner, Special Assistant to the Deputy Commissioner, Administrative Officer, Director - Office of Equal Opportunity, Director - Office of Special Programs, Director - Office of Programs to Advance Veterans Education, Secretary to the Board of State College and University Directors, Coordinator for Two-Year Colleges, Coordinator of the Office of Coordinator for Community Colleges, Director - Bureau of Academic Programs, Assistant Commissioner - Office of Administrative Management, Division Chief - Division of Management Support, Division Chief - Division of Physical Plant and Construction, Division Chief - Division of

Law Enforcement, Division Chief - Division of Two-Year Programs, Division Chief - Division of Four-Year Programs, Division Chief - Division of Graduate and Professional Education, Director - Division of Teacher Education, and Director - Bureau of Planning. In addition, there are a large number of support staff.

The total staff size is reported as 135, 77 professional and 58 other staff (the Commissioner makes around $40,000 per year and other professionals average $31,000-$36,000). Clearly, this is a different situation from that described by Mr. Freeman.

Sincerely,

Kerry D. Romesburg
Executive Director

This plan is what we want and need. It is the right thing to do and the only thing that will work. It will help Fairbanks grow as well as Juneau, Anchorage, and everywhere else. Will you help us encourage the regents to adopt this (or quit) by contacting them, speaking out, and promoting legislation asking them to act?

HB
519

TESTIMONY ON HB 519 BY THOMAS BACON, CHAIRMAN
GOVERNOR'S COUNCIL FOR THE HANDICAPPED AND GIFTED
February 8, 1977 Juneau, Alaska

My name is Tom Bacon and I am the father of a multiply handicapped child. I am speaking today as the Chairman of the Governor's Council for the Handicapped and Gifted.

The bill before you today is the culmination of many hours of work by citizens of this State who want to ensure that the special needs of handicapped Alaskans are being met. The effort began in 1974 when the Alaska Coalition for Developmentally Disabled Persons, a group comprised of thirty-three consumer groups and private agencies, developed an in-depth position paper on needed changes in policy and legislation to meet the needs of the State's developmentally disabled population. At about the same time the Alaska Legislature created a Mental Health Code Revision Sub-committee out of which resulted two new bills dealing separately with mental health and developmental disabilities. Unfortunately the developmental disabilities bill did not reflect the principles outlined in the Coalition document and so the Council and other consumer groups testified against it.

In April of 1976 the Developmental Disabilities Planning Council decided to undertake the task of drafting comprehensive legislation. The Council developed a draft bill and in February of 1977 held public hearings on it in Juneau, Anchorage and Fairbanks. Revisions to the bill were made to reflect the comments received and the final draft, approved by the Council, was submitted to Governor Hammond who introduced the legislation in May, 1977.

HB 519 is intended to provide an integrated statutory means of bringing together federal, state, local and private resources to meet the needs of handicapped Alaskans and to assure the rights and dignity of these people. The bill is divided into three sections:

1. A section focussing attention on and reaffirming basic rights of persons with handicapping conditions. This section is based on a model rights statement prepared by the World Health Organization, and states that handicapped people have a right to education, training and habilitation; a right to appropriate health care; a right to economic security; a right not to be placed in a residential facility if such a placement is not necessary; a right to qualified guardians, and a right to protection from exploitation, abuse and degrading treatment.

2. A section establishing a council composed of service providers, handicapped persons or parents of handicapped persons, state agency representatives, and concerned citizens to advocate for the needs of handicapped persons before the executive and legislative branches of government and the public. This section formalizes in law the present Governor's Council for the Handicapped and Gifted (established by Administrative Order) and sets forth the Council's scope, membership, and responsibilities.

3. A section authorizing the Department of Health and Social Services, the Department of Education and, as appropriate, other Departments to provide a comprehensive system of services and facilities for persons with handicapping conditions. This section specifies the types of services to be offered and establishes principles and guidelines for the programs offered. In addition, this sections requires that:

   a. standards for services to handicapped persons, not covered by existing regulations, be developed within a specified time period;

   b. services be provided to handicapped persons based on their individual need;

   c. the mechanism outlined in the bill be utilized to ensure interdepartmental planning and coordination of existing and future services.

It is the third section of the bill which the Council considers to be most important. Handicapped persons need many kinds of services. These services should be community based and available throughout a handicapped person's lifetime. In the past the State has focussed its attention on providing only a few of these services. For instance, it was not long ago that virtually the only service the State provided for developmentally disabled persons was residential care. Though families may have only needed a specific type of assistance such as respite care, to help them raise their child at home, the only option available to them was to place their child in an institution.

I can attest to this from my own personal experience. My wife and I placed our child in a residential facility because we could not obtain assistance to bring somone into our home a few hours a day to help relieve us of the responsibilities of caring for our severely handicapped child.

As a result of pressure brought by concerned Alaskans, the legislature has slowly expanded the State's authority to provide services to handicapped persons. However there are still badly needed services for which no clear authorization exists. The sections giving the State authority to provide services are scattered throughout present statutes, and must be liberally interpreted in order to justify funding of certain programs.

The lack of statutory authority to provide an array of community based services is most clearly illustrated by the sections of the statutes dealing with services for mentally retarded persons. Under existing statutes, mentally retarded persons fall under the definition of mentally ill persons. The Department of Health and Social Services receives its authority to fund residential and community based services for developmentally disabled persons from Section 47.30.10 which authorizes the Department to "designate, operate and maintain hospitals and other health facilities equipped and qualified to provide in-patient and out-patient care and treatment for the mentally ill". Nowhere, in existing statute, is clear authority given to provide services to persons with the developmental disabilities of autism, cerebral palsy, epilepsy, or other neurological impairments.

It is now commonly recognized that services to developmentally disabled persons are best provided in a non-medical setting. Respite care, day care, rehabilitation, training and follow along services for developmentally disabled persons do not strictly fall under the category of out-patient services provided in a health facility, yet this section of the statutes is currently being used as authority to fund such programs. Even a large portion of the residential services funded by the State are being provided in non-hospital settings.

The Council feels that authority to provide a wide range of services, not just for mentally retarded persons but for people with epilepsy, cerebral palsy, autism and other handicaps, needs to be clearly spelled out in one section of the statutes. This need is particularly critical if mentally retardation is to be excluded from the definition of mental illness as proposed in HB 472.

HB 519 was introduced into the legislature in May of 1977. In July of 1977 Governor Hammond merged the Developmental Disabilities Planning Council with the Special Education Advisory Council to form the Governor's Council for the Handicapped and Gifted. The merger was done in accordance with a recommendation by the Governor's Management Efficiency and Review Committee. Both Councils were a bit apprehensive about the merger at first, but it has turned out very well and the new Council is extremely active.

The merger of the two Councils necessitates that changes be made in HB 519. The Council has drafted such changes and would like to introduce them at this time.

As can be seen most of the changes involve Article 2 of the bill where the composition and responsibilities of the Council have been modified to include the responsibilities of the former Special Education Advisory Council. The recommended changes would allow the Council to meet the requirements for a special education advisory group mandated by P.L. 94-142, the Education for All Handicapped Children Act.

In addition to these modifications, the Council would like to recommend several other changes to HB 519. These are:

1. The Council is particularly concerned that a statement be included limiting parental liability for payment for residential care of handicapped children. Under current statutes, mentally retarded people are considered to be mentally ill. Because of this, residential facilities for developmentally disabled persons come under those sections of the statutes dealing with hospitalization of mentally ill persons, including Sec. 47.30.270 which deals with liability for payment. Sec. 47.30.270 states that "Notwithstanding the amount of the charge determined to be due, parents may not be required to pay more than $50 a month for each child." In HB 472 mentally retarded persons are not included in the definition of mental illness. If HB 472 passes, there will be no statute covering liability for payment for mentally retarded persons receiving residential subsidies from the State.

2. That the adjective "developmentally" be removed from the term developmentally handicapped throughout the bill. The term developmentally is not widely used and so the inclusion of the term in HB 519 would only serve to confuse people.

3. That Sec. 47.80.060 be changed to allow members of the Council with handicapped children to be reimbursed for the cost of respite care incurred while they are attending Council meetings. It is very difficult and very expensive for Council members to find skilled persons to take care of their handicapped children while they are away from home. The Council feels that it is unfair to require Council members to pay this expense out of their per diem which normally barely covers travel expenses. Without involvement of consumers who have handicapped children at home, the Council cannot truly reflect consumer concerns.

The Council drafted HB 519 in hopes that the life-long service needs of all the State's handicapped population will be met in the most efficient possible manner. We know that developing the proper statutory mechanism for achieving this goal is very difficult. We present HB 519 then as our best collective effort to develop such a mechanism and hope that the legislature will be able to improve on it after receiving input from others showing our concern.

OVERVIEW OF HB 519
An Act Relating to Persons with Developmental Handicaps

Prepared by the Governor's Council for the Handicapped and Gifted

Background

In 1974 and 1975 the Alaska Coalition for Developmentally Disabled Persons, a group comprised of thirty-three consumer groups and private agencies, developed an in-depth position paper on needed changes in state policy and legislation to ensure that the needs of developmentally disabled Alaskans are being met. In 1976 the Developmental Disabilities Planning Council* undertook the task of drafting comprehensive legislation reflecting the principles outlined in the position paper. The result is HB 519, An Act relating to persons with developmental handicaps.

Intent

HB 519 is intended to provide an integrated statutory means for bringing together federal, state, local and private resources to meet the needs of handicapped persons and to assure the civil rights and human dignity of persons with handicapping conditions.

Content

HB 519 contains three main sections:

1. A section focussing attention on and reaffirming basic rights of persons with handicapping conditions. This section is based on a model rights statement prepared by the World Health Organization and is meant to clearly state that people with handicapping conditions have the same basic civil rights as nonhandicapped people.

2. A section establishing the Governor's Council for the Handicapped and Gifted. This section formalizes in law the present Council (established by Administrative Order) and sets forth the Council's scope, membership and responsibilities. The Council is currently representing the interests of handicapped persons through a variety of strategies including public information, legislation, administrative review, comprehensive planning, and monitoring and evaluation of programs.

3. A section authorizing the Department of Health and Social Services, the Department of Education and, as appropriate, other Departments to provide a comprehensive system of services and facilities for persons with handicapping conditions. This section specifies the types of services to be offered and establishes principles and guidelines for the programs offered. In addition this section requires that:

    a. standards for services to handicapped persons, not covered by existing regulations, be developed within a specified time period;

    b. services be provided to handicapped persons based on their individual need;

    c. the mechanism outlined in the bill be utilized to ensure interdepartmental planning and coordination of existing and future services.

* Now the Governor's Council for the Handicapped and Gifted.

POSITION PAPER/Department of Health and Social Services

POSITION PAPER

ON

HOUSE BILL NO. 519

"An Act relating to persons with developmental handicaps."

The Department of Health and Social Services is heartily supportive of the objectives of this bill. More and more attention is being focused nationwide on the heretofore often neglected rights of those with developmental handicaps. Justifiable pressure will continue to mount for official recognition of these by the State of Alaska.

House Bill 519 provides a focus. The Bill helps pull together the present, and somtimes diverse, efforts in this field and it gives formal statutory recognition to the desirability of such activities and commitments. Further, H.B. 519 defines the parameters of "developmentally handicapped." It excludes from consideration those who are a danger to themselves or others due to psychosis or senile changes and it removes the mentally deficient and severely mentally retarded individuals from the definition of "mentally ill individuals."

The Bill is intended to have no large fiscal impact nor is it intended to authorize new programs. The intent is to coordinate efforts already underway. House Bill 519 does, however, recognize obligations, many of which are mandated to the Department, that will have financial impact in the future. The Bill obligates the Department to continue a system to protect and advocate the rights of the developmentally handicapped (47.80.020), to provide adequate personnel who report directly to the council (47.80.070), to license residential facilities (47.80.140), to work on budgets, regulations, and provide technical assistance (47.80.130), and to work with other departments in implementing programs and plans (article 3). The Department has no objections to these mandates as such, but recognizes that additional expenditures will necessarily be incurred in the future to meet these obligations. Mechanisms for implementing these statements of intent are likely to be developed in the promulgation of regulations required by this bill.

Accordingly, although not in the Governor's original budget submittal, we are requesting some additional funds to write standards and regulations during the 180 days following passage of this bill. It is further estimated that Fiscal Years 1979 through 1982 are likely to see requests for substantially increased funding over currently approved budget levels to implement H.B. 519. Many of these obligations, however, would be incurred without H.B. 519. The influence of potential changes in national actions or policies is largely unknown. It is, however, estimated that some part of the projected funding needs will be shared by the Federal government.

Position Paper on House Bill 519 - continuation.

Governor Hammond, by Administrative Order No. 42-A, has recently created the Governor's Council for the Handicapped and Gifted by combining the former Developmental Disabilities Planning Council and the former Special Education Advisory Council. In almost all respects the provisions of this Order and the provisions of H.B. 519 are parallel. The Department supports the creation of the Council as a means of recognizing and supporting those with developmental handicaps.

Robert P. Gregovich — Feb 8, 1978

Dr. Robert Gregovich (Date)
Division of Mental Health and
Developmental Disabilities

Helen D. Beirne — 2/8/78

Helen D. Beirne, Commissioner (Date)
Department of Health and Social Services

POSITION PAPER/Department of Health and Social Services

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. House Bill 519
Title An Act relating to persons with developmental handicaps.
Requested by Governor Date 5/2/77

II. FISCAL DETAIL
Agency Affected Departments of Education, Health & Soc. Svcs., Community & Reg. Affairs & La
Program Category Affected Depends on regulations and standards.
Budget Request Unit(s) Affected Depends on regulations and standards.

EXPENDITURES (Thousands of Dollars)

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES		40.4				
200 TRAVEL		1.6				
300 CONTRACTUAL		2.0				
400 COMMODITIES		1.0				
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		45.0				

FUNDING (Thousands of Dollars)

GENERAL FUND		45.0				
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY		3				

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)
Even though the bill does not provide for a mechanism by which one can estimate the amount of funds for implementation, the bill, if passed, is expected to serve as a focal point for existing pressure by communities for new and expanded community services to the handicapped. The existing demand is approximately $400,000 for Fiscal Year 1979 for the area of developmental disabilities alone.

At the onset, and at a minimum, the bill would require one and one-half man years to write standards and regulations during the 180 day period immediately following passage of the bill.

Classification	Range	Location	Man-Months	Cost
H&SS Planner II	19	Juneau	6	$17,485
H&SS Planner I	17	Juneau	6	$14,706
Clerk Typist III	8	Juneau	6	$ 8,223
				$40,414

IV. DATE February 8, 1978 PREPARED BY Robert P. Gregovich, Ph.D.
AGENCY Dept. of Health & Soc. Svcs. Div. of MH & DD
PHONE 465-3370

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

33-001 (Rev. 12/77)

POSITION PAPER/Department of Health and Social Services

POSITION PAPER

ON

HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 519

TITLE

"An Act relating to handicapped persons; and providing for an effective date."

INTENT

The intent of the CS for HB-519 is ". . . . to assure provision of quality services to those children and adults who have handicaps by reason of mental or physical disabilities . . . . " This intention changes the basic intent of HB-519. The target of HB-519 are those persons who were either born with a substantial handicap or those whose handicap occurred during childhood or, more generally, the developmental period. The CS for HB-519 expands the target population to include any and all handicaps without regard for the age of onset of the disability. The CS for HB-519 does this by deleting the word "developmental" as a qualifier for the term "developmental handicap."

EFFECTS OF CS FOR HB-519 AND DEPARTMENT RECOMMENDATIONS

CS for HB-519 amends HB-519 in a number of ways. Because the writer of this position paper has major responsibilities for programs and services to the developmentally disabled, and is less knowledgeable about programs for those with other handicaps, the following points are mainly directed toward the developmentally disabled.

(a) As mentioned above, the CS for HB-519 deletes the word "developmental" as a qualifier for the term "developmental handicap." Technically, this change has no consequence to programs for the developmentally disabled. However, to the extent that the CS for HB-519 is directed toward handicaps other than developmental disabilities, that impact of this change may draw attention away from the original focus. There is a general concern that programs for the developmentally disabled have a lower priority than programs for other handicapping conditions.

Therefore, even though the Department would prefer to see the limited scope of HB-519 maintained, the change is acceptable to the Department.

(b) The CS for HB-519 adds a section regarding liability for payment for services (Sec. 47.80.150). The impact of this section is not substantial for those who are developmentally disabled, or their parents, because current statutes limit liability for payment by parents to $50 per month. CS for HB-519 maintains the $50 limit for parents and extends the limit to developmentally disabled adults.

Therefore, the Department finds no substantial objection to the liability for payment language as applied to the developmentally disabled and their parents and as applied to services provided by the Division of Mental Health and Developmental Disabilities. However, upon the writing of this position paper, the answers to two issues raised by the addition of Section 47.80.150 are not known.

(1) One issue is that this section applies to the liability of developmentally disabled persons who receive services from other Divisions within the Department of Health and Social Services (i.e., Public Health, Social Services, Public Assistance, and Corrections). Liability for payment by developmentally disabled persons who receive services from these other Divisions would also be limited to $50 per month. Presently, the impact of this language on the programs operated by other Divisions is unknown.

(2) A second issue is that the liability section directs itself to all handicapped persons who are served by programs operated by or administered by the Department. This means that all persons who are handicapped (but not developmentally disabled) must pay up to the full cost of a service. Presently the impact of this language on the Departments program is unknown. But it is surmised that the impact would be substantial, particularly for those services administered by the Division of Public Health, Social Services and Public Assistance.

(c) The CS for HB-519 adds a section regarding transportation of clients to and from treatment facilities (Section 47.80.160). The language of this section is not appropriate for services to developmentally disabled persons nor for other handicapped persons. A designated facility is not defined, "treatment" is not defined, and the Department would be precluded from arranging for persons other than "medical or nursing attendents" to accompany the handicapped person.

The Department suggests that this section be deleted and that the following language be added as subsection (d) after subsection (c) under Section 47.80.100 (page 7, CS for HB-519): "When necessary the Department may arrange and pay for transportation of handicapped persons to and from the location of the service. In addition, when necessary the Department may pay for transportation of persons to accompany the handicapped person."

(d) The CS for HB-519 adds a section regarding personal needs upon discharge (Sec. 47.80.170). The language of the section (like Sec. 47.80.160) is not appropriate to the handicapped. "Patient" is a misnomer for the purposes of the bill, "designated facility" is not defined, "convalescent status" applies to persons who receive medical-surgical services rather than habilitative programs, and "discharge" implies allowing someone to leave a hospital after treatment.

The Department suggests deletion of Section 47.80.170.

(e) CS for HB-519 repeals the current Mental Health Statute (AS 47.30.010 AS 47.30.340). This is shown on page 13 of CS for HB-519. In addition, CS for HB-519 indicates that the act takes place "on the effective date of a version of HB-472."

It is the Department's view that neither of these provisions are necessary. It is suggested that both of these provisions be deleted from CS for HB-519 and that the following sections be added:

(1) "*Sec. 5. Sec. 47.30.340(10) is hereby amended by deleting the words "or a mentally deficient and severely mentally retarded person whom the Commissioner of Health and Social Services or his designee admits for treatment subject, however, to all the other admission and discharge procedures provided for in 10-340 of this chapter".

(2) "*Sec. 6. This Act takes effect on July 1, 1978."

(f) Sec. 47.80.120 of the CS for HB-519 speaks to individualized habilitation plans for handicapped clients.

The Department recommends that the following words be added to the sentence ending on line 24, page 7 of CS for HB-519: ". . . . and the Department."

(g) Section 47.80.020 CS for HB-519 speaks to the establishment of a protection and advocacy system for the handicapped. The Department recognizes this system as that which has been established under P. L. 94-103 for protection and advocacy of developmentally disabled individuals. The consequences of broadening the scope of the protection and advocacy system to include all handicapping conditions is unknown. Presently the protection and advocacy system directs itself toward developmentally disabled individuals. Institutionalizing the present untried system by statute for all handicapped individuals may prove to be unwise. Also, because CS for HB-519 designates the Department to be the sole administering agency for P. L. 94-103 (or P. L. 94-103 as amended) deletion of this section would have no effect on the existing protection and advocacy system for the developmentally disabled.

Therefore, the Department suggests deletion of Section 47.80.020 of CS for HB-519.

(h) The definition of the term "person with a handicap" in Section 37.80.900 of CS for HB-519 includes persons who are gifted by reference to the term "exceptional children." This means that technically, the Department of Health and Social Services would have to provide coordinated and comprehensive services to "gifted" persons as well as those who are handicapped.

Therefore, the Department recommends adding to line 24, page 12, of CS for HB-519 the sentence: "However, the term excludes persons who are gifted."

(i) OTHER

(1) The CS for HB-519 changes some language of HB-519 in favor of more appropriate statutory language (i.e., "the Department shall" instead of "the Department must").

The department agrees with these changes.

(2) The CS for HB-519 clarifies the powers and duties of the Department in Section 47.80.130.

The Department agrees with the clarifications.

(3) The CS for HB-519 shortens the length of HB-519 by deleting certain items and subsections of HB-519 that the committee felt created confusion, were redundant, were adequately covered by more generalized language of the Bill, or were best dealt with by regulation. The major deletions were subsections (5)(A) through (6) of Sec. 47.80.010 of HB-519 (Rights); Subsection (5)(A) through (5)(D) of Sec. 47.80.090 of HB-519 (Responsibilities of the Council); subsection (a) 1 through 2 of Sec. 47.80.100 of HB-519 (Programs); and subsection through (12) of Sec. 47.80.100 of HB-519 (Program Principles).

The Department agrees with the deletions and intends to abide by their intent upon writing regulations for the Bill.

(4) The CS for HB-519 deletes the requirement for regulations to be written within 180 days after passage of the Bill.

The Department concurs with this deletion.

SUMMARY POSITION OF THE DEPARTMENT

The Department supports the passage of CS for HB-519 with the changes, deletions and additions recommended above.

POSSIBLE FISCAL CONSEQUENCES OF THE BILL

The fiscal impact of CS for HB-519 for programs to all handicapped persons is presently unknown. The impact on the general fund for programs for those persons who are developmentally disabled may be substantial. However, even without the passage of the bill, the known demand for new or expanded community programs for the developmentally disabled in Anchorage, Fairbanks, Juneau, Kodiak, Bethel, and Valdez is approximatly $750,000 over the Governor's proposed budget for FY 1979. Based on national movements regarding services to the handicapped and based on growth trends in the State of Alaska, it is anticipated that the demand for added services in each of FY 1980, 1981 and 1982 will be from $200,000 to $600,000 (not considering inflation). The Bill does not mandate such an increase, but would probably facilitate it by creating a focal point for the creation of additional services.

Because the Bill does not provide new mechanisims, procedures, or agencies to deal with the administration of the programs, and because the Bill is written in general terms, a great deal of the fiscal impact will be influenced by legislative decision, administrative decision, and the manner in which the regulations will be written. It is the Department's judgment that 1 1/2 man-years will be required to write the regulations following passage of the Bill. This will require $45,000 in FY 1978.

Jerry L. Schrader, M. D., Director
Division of Mental Health and Developmental Disabilities

5-4-78
(Date)

Helen Beirne, Commissioner
Department of Health & Social Services

(Date)

TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. CS for HOUSE BILL 519

Title "An Act relating to handicapped persons; and providing for an effective date."

Requested by Health, Education and Social Services Committee Date April 26, 1978

II. FISCAL DETAIL

Agency Affected Departments of Education, Health & Social Services

Program Category Affected Depends on regulations and standards.

Budget Request Unit(s) Affected Depends on regulations and standards.

EXPENDITURES (Thousands of Dollars)

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES		40.4				
200 TRAVEL		1.6				
300 CONTRACTUAL		2.0				
400 COMMODITIES		1.0				
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		45.0				

FUNDING (Thousands of Dollars)

GENERAL FUND		45.0				
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY		3				

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

Even though the bill does not provide for a mechanism by which one can estimate the amount of funds for implementation, the bill, if passed, is expected to serve as a focal point for existing pressure by communities for new and expanded community services to the handicapped The existing demand is approximately $750,000 over the Governor's proposed budget of services to developmentally disabled persons.

At the onset, and at a minimum, the bill would require one and one-half man years to write standards and regulations after passage of the bill. The following temporary positions will be necessary:

Classification	Range	Location	Man-Months	Cost
H&SS Planner II	19	Juneau	6	$17,485
H&SS Planner I	17	Juneau	6	$14,706
Clerk Typist III	8	Juneau	6	$ 8,223
				$40,414

IV. DATE May 4, 1978

PREPARED BY Robert P. Gregovich, Ph. D.

AGENCY Dept. of Health & Social Services, Division of Mental Health & Developmental Disabilities

PHONE Phone: 465-3370

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

33-001 (Rev. 12/77)

TESTIMONY OF THE GOVERNOR'S ADVISORY COUNCIL ON DEVELOPMENTAL HANDICAPS
ON HOUSE BILL 472, OCTOBER5, 1977

My name is Patricia Senner and I am testifying today on behalf of the Governor's Advisory Council on Developmental Handicaps. The Council is a merger of the former Developmental Disabilities Planning Council and the Special Education Advisory Council.

In the past issues concerning the developmentally disabled and the mentally ill where covered under one bill. Part of the reason for drafting H.B.472 was to seperate the issues concerning these two populations. While H.B. 472 was being developed the Developmental Disabilities Council worked to draft a companion bill, H.B. 519, which covers issues concerning the developmentally disabled.

Because H.B. 472 covers issues relating mostly to the mentally ill the Governor's Advisory Council has not felt knowledgable enough to comment on the bill in detail. However, we do want to comment on that section of the bill which we feel directly impacts the developmentally disabled population.

In the past there have been cases where mentally retarded people have been involuntarily committed because they exhibited unusual behavior patterns which frightened neighbors. There was a case of this not too many years ago in Sitka where neighbors signed a petition and had a mentally retarded child committed. It took two years for the parents of that child to get him returned home.

The Council wants to make sure that it is spelled out clearly in H.B. 472 that a person may not be committed solely on the basis of the fact that he is developmentally disabled. In section 47.30.256 (8) mental illnes is defined as " an organic, mental or emotional impairment which has substantial adverse effects on an individual's ability to exercise conscious control of his actions or ability to perceive reality or to reason or understand: mental retardation, epilepsy, drug addiction and alcoholism do not per se consitute mental illness..." We agree with with this definiton but feel that the exclusion of developmentally disabled persons from the category of the mentally ill should be clearly spelled out in the main body of the bill.

The Washington state law dealing with involuntary committment has the following section concerning dd persons.

> 71.05.040 Persons who are epileptics, mentally deficient, mentally retarded, impaired by chronic alcoholism or drug abuse, or senile shall not be detained for evaluation and treatment or judicially committed solely by reason of that condition unless such condition causes a person to be gravely disabled or as a result of a mental disorder such condition exists that constitutes likelihood or serious harm to self or others...

To be included in the bill.

We feel that this wording provides stronger protection to the developmentally disabled person than simply excluding them from the definition of mental illness. We would like to see this type of wording included in H.B. 472 with the addition of the autistic persons.

There are some who may be surprised that we do not consider autism a form

of mental illness. It is pretty uniformally accepted now that autism is a result of damage to the central nervous system, and is not a form of childhood schizophrenia. There are many facts which have led to this conclusion including the fact that symptoms of this disease can be noticed as early as three to five months in a child, and that there is no clear history of abuse in children with this disability. Mrs. Ludmilla Jacobs from the Parents of Autistic Children is here today to elaborate on this point for the committee.

If there are any specific issues relating H.B. 472 which you would like the Council to review in depth or comment on we would be glad to do so. We appreciate having the chance to testify before you today.

February 1st, 1978

Dear Mr. Parr:

I am writing you this letter with regards to House Bill HB-519. As president of the newly formed Sitka-based parents' group for Children with Special Needs, I want to urge you to work for and support this bill. It is an extremely important piece of legislation, and will do a great deal to reaffirm the legal rights of developmentally handicapped children in Alaska. By clarifying the duties and responsibilities of the Council for the Handicapped, and by examining further the special needs of the handicapped, a great step forward is taken by our state to insure quality education and assistance for all its citizens. We thank you for any assistance you can be in helping us reach this goal.

Respectfully yours,

Mrs. Ronald Hendricks

Ludmilla Jacobs
2124 Esquire Drive
Anchorage, Alaska 99503
907C277-6843)

I am the mother of a 6 year old autistic boy. Many autistic children are mute and those that aren't still have difficulties with speech and communication. It is particularly for these silent children that I support House Bill 519.

Thank You!

Ludmilla J. Jacobs

Alaska Federation of Women's Clubs
2308 Boniface Parkway
Anchorage, Alaska 99504
(907) 333-8161

President
Mrs. Clarence V. Chatterton

February 3, 1978

The Honorable Charles Parr
Chairman - House HESS
Pouch V
Juneau, Alaska 9981_

Dear Representative Parr:

The Alaska Federation of Women's Clubs is composed of clubs in Anchorage, College, Chugiak, Haines, Nome and Wrangell, Alaska.

As the president of this organization of six hundred women, I am writing to inform you that we are supporting the passage of H.B. 519, a bill for the developmental h ndicapped and H.B. 548, a bill for the education of exc ional children (0-3 years).

May we take this opportunity to sincerely thank you and the members of the committee for giving us this opportunity in letting our support be known of these two very important pieces of legislation for the developmental handicapped citizens in Alaska.

Sincerely yours,

Roberta D. Chatterton

Roberta D. Chatterton
President

Rocky - Info
HB 519 file

January 27, 1978

Representative Charles H. Parr
House Health, Education, and Social Services Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

I would like to go on record in support of the Governor's Bill, House Bill 519, which would provide a legislative framework for meeting the needs of persons with developmental handicaps. Although I have no specific testimony to submit, I do hope to be able to attend the Joint Committee hearing scheduled for February 8, 1978, and would be happy to offer any information as to the needs of the developmentally disabled in the Juneau area and the significance of House Bill 519 as it relates to our community.

As a special education teacher and present member of a local citizen's committee, REACH(Residential, Educational Alternatives in the Community for the Handicapped), I have come to know the needs of the developmentally disabled and realize the importance of providing them with every possible opportunity for education, training, and typical living situations. The passage of House Bill 519 would ensure that services would be coordinated in providing handicapped Alaskans with every opportunity to lead as normal and fullfilled life as possible.

Thank you for your time and consideration of this bill.

Sincerely,

Mary Aronson

Mary Aronson
P.O. Box 1004
Juneau, Alaska 99802

ALASKA STATE ASSOCIATION
FOR RETARDED CITIZENS

2-8-78

Members of the Committee:

As president of the Alaska State Association for Retarded citizens, I am expressing support of this legislation. The local, state and National levels of our Association have been strongly supportive of all of the principal points of this bill:

— the retarded and developmentally disabled citizens place in the community with rights equal to other citizens

— the benefits of coordinated planning which still leaves room for negotiation between advocates of the many diverse issues and perspectives involved

— the separation of developmental disability concerns from those pertaining to mental health

This bill is an excellent beginning!

Nancy Johnson
President

Nancy A. Johnson
SR3 Box 30188
3 1/2 Mile Farmers Loop
Fairbanks, Alaska 99701

HB 519

May 2, 1977

The Honorable Hugh Malone
Speaker 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 to provide a comprehensive legislative framework for meeting the needs of persons with developmental handicaps. The bill is based on draft legislation prepared during the past several months by my Planning Council on Developmental Disabilities -- a broadly based group of members of the public and governmental and private sector officials concerned with services for persons with developmental handicaps. The council has exercised a very direct and specific role in writing this bill. The proposed legislation was recently submitted to me, after public hearings and preparation of a final draft through the Department of Law, with the request that I present it for introduction in the legislature. I am pleased to transmit this bill and urge your serious consideration of it during the legislative interim for action next session.

The bill is intended to provide an integrated statutory means of marshalling federal, state, local, and private resources to meet the needs of persons with developmental handicaps in the most efficient and best coordinated manner and also of assuring the rights and dignity of persons having the mental or physical disabilities specified in the proposed law.

The basic objective of the bill is not to authorize new programs and funding or new administrative structures but rather to provide a focus on and organization of present efforts, so as to improve and make more readily accessible to persons with developmental handicaps services which are already provided for the general population and encourage special adaptations of these

general services. Funds will undoubtedly be needed eventually to fill gaps in existing services for persons with developmental handicaps, and such proposals will undoubtedly be considered in the future, whether or not the proposed legislation is enacted. However, by enabling existing funds to be channelled in a better coordinated way and establishing a potential for efficiencies in the use of present as well as future funds, the proposed legislation suggests a desirable first step to organizing public and private resources effectively and developing a sound public and private partnership to meet the special needs of the thousands of children and adults of the state with developmental handicaps.

The bill has three main components. The first, set out in Article 1, the rights article, gives legislative reaffirmation of basic rights of persons with developmental handicaps. Proposed AS 47.80.010(a) first sets out a general affirmation of rights, patterned after a basic rights statement of recently enacted California law (Health and Safety Code of the State of California, Sec. 38002). In part, this provision incorporates and extends to all programs and activities receiving public funds the concept of existing federal law prohibiting discrimination in programs or activities receiving federal financial assistance (Sec. 504 of the Rehabilitation Act of 1973, P.L. 93-112).

Proposed AS 47.80.010(a) then enumerates more specific rights determined for inclusion by my Planning Council on Developmental Disabilities and based on a model rights statement prepared under auspices of the World Health Organization. The emphasis of the rights article of the bill is on assuring that persons with developmental handicaps may live as complete and normal lives as possible within the limits of their handicaps and may develop individual potential and ability to the fullest extent possible.

The second section of the rights article, proposed AS 47.80.020, provides for a state system to protect and advocate rights of persons with developmental handicaps. This provision is included in the bill primarily

to comply with conditions of the state's receiving federal funds under the current Disabilities Services and Facilities Construction Act (P.L. 91-517, as amended by P.L. 94-103). Approximately $150,000 annually has been and is expected to continue to be apportioned to the state under that law. As amended, the federal law requires that the state system for protecting and advocating individual rights be in effect by October 1 of this year. Planning of the system is now underway by my Planning Council on Developmental Disabilities. It should be noted that, while the system must be in effect as of October 1, 1977 as a condition to continued receipt of federal funds, the system can presently be implemented as a matter of state law under the general authority of existing AS 18.05.031, authorizing actions necessary to comply with the federal law; the enabling provisions of the proposed AS 47.80.020 are thus not mandatory for enactment this year but rather comprise part of the legislative framework to meet the needs of persons with developmental handicaps which the bill in its entirety represents.

The rights protection and advocacy system specifically authorized in the bill, like most provisions of the bill, is broader in scope of coverage than the coverage of the federal law cited above requiring the system. The federal provision is limited to persons with "developmental disabilities", as defined in the federal Act, while the attached bill includes those persons in its coverage of persons with "developmental handicaps" -- a broader category of mental or physical handicaps, defined in proposed AS 47.80.900(6) of the bill. Accordingly, to the extent that the bill includes within its scope the larger population of persons with developmental handicaps and authorizes a protection and advocacy system for their rights, it calls for service to persons which is not already authorized under existing law. In that limited sense the provision represents an extension of the basic purpose of the bill to provide a framework for marshalling resources under existing law to serve handicapped persons and is a commitment to a new service.

Following the rights article, the second main component of the bill establishes the Alaska Planning Council for Persons with Developmental Handicaps. This provision formalizes in law the existing Governor's Planning Council on Developmental Disabilities and broadens its scope of concern to persons with developmental handicaps. The existing council was established several years ago, without specific legislation, but by administrative action under the authority of AS 18.05.031, in order to qualify the state for the federal aid available under the federal Developmental Disabilities Services and Facilities Construction Act.

The proposed legislation reconstitutes the council and enlarges its membership to reflect its broadened scope of representation of the handicapped. The membership is constituted so as to satisfy requirements for federal assistance of the Developmental Disabilities Services and Facilities Construction Act and the federal Education for all Handicapped Children Act of 1975 (P.L. 94-142); this is the federal law, as recently amended, under which assistance is made available for the special educational needs of exceptional children within the state. While the specific responsibilities of the state planning body required under the latter federal Act are not assigned to the council under the proposed legislation but rather remain in the special education advisory committee currently provided for under AS 14.30.231, amalgamation of the two planning groups is anticipated as a gradual process.

Generally in terms of its responsibilities, the council, at AS 47.80.090 of the proposed law, is afforded a strong role in planning and advocating for, and advising on and monitoring, efforts to meet the needs of persons with developmental handicaps. The intent is to assure a comprehensive array of services and assure nonduplication of services as well as efficient and coordinated use of federal, state, local, and private resources. The existing council, in its draft legislation on which the bill being transmitted is based, makes the following findings bearing on its proposed role:

(1) A formal state planning and advisory council is required for federal aid to state programs serving persons with developmental handicaps who qualify under the Developmental Disabilities Services and Facilities Construction Act (P.L. 91-517, as amended).

(2) Present responsibilities for state services to persons with developmental handicaps cross departmental lines, and a formal mechanism established by law is needed to coordinate state services and planning activities and prevent gaps in the spectrum of needed services, prevent duplication of services, provide clear responsibility for services, and eliminate other impediments to effective services.

(3) A mechanism is also required to provide integrated planning and close coordination of state services with the numerous services available to persons with developmental handicaps through private organizations and local governmental agencies, such planning and coordination being indispensable to serving persons with developmental handicaps effectively.

The council, consistent with the Developmental Disabilities Services and Facilities Construction Act, is responsible for developing the annual state plan required under that law to meet the needs of persons with developmental disabilities.

As its third article and final main component, the bill establishes a statutory "umbrella" for interdepartmental activities so as to provide a comprehensive system of services and facilities for persons with developmental handicaps. Depending on a person's handicap, different types of services are required for differing needs, and the provisions of the article are intended to assure that a comprehensive array of services properly provided is available to meet individual needs.

The article specifies types of services to be offered and establishes principles and guidelines for the programs offered. Among the basic principles stated are treatment, services and habilitation designed to maximize individual developmental potential and to be provided in the least restrictive setting, enabling a person to live as normally as possible within the limitations of the handicap; establishment of alternatives to institutionalization; elimination of inappropriate placement in residential facilities of persons served; and improvement of the quality of care and the condition of surroundings of persons who are appropriately placed in residential facilities. Services and facilities are authorized to be provided directly by the state or by contract with public or private agencies. Proposed AS 47.80.120 provides for individual habilitation plans, concurred in by the person served or a parent or guardian when appropriate, to be prepared for each person served by a program under the bill. Such plans, requiring in their development the participation of the persons served, are currently required as a condition of the state's receiving financial assistance to serve persons with developmental disabilities under the Developmental Disabilities Services and Facilities Construction Act, and similar plans are required under the Education for All Handicapped Children Act of 1975.

Under AS 47.80.130(b) of the bill, authority is conferred on the Department of Health and Social Services to require licensing of residential facilities (defined in the bill, at AS 47.80.900(7), as "publicly or privately operated facilities which provide 24-hour care for four or more persons with developmental handicaps, excluding family, foster family, or adoptive homes") in cases in which state licensing is not already required of such facilities under existing law; in addition, certificates of need, applied for and furnished in accordance with the recently-enacted provisions of state law governing health care facilities, are required of residential facilities which are established after the effective date of the proposed law and which are not within the coverage of the recently-enacted law (AS 18.07.031 - 18.07.111).

Section 3 of the proposed bill amends the existing mental health laws to make clear that services and facilities for persons who are developmentally handicapped by mental retardation are controlled by the proposed law and are not to be subsumed under programs for the mentally ill governed by the mental health laws. (A proposed revision of the mental health laws currently before the legislature, HB 472, if enacted, would obviate the need for section 3 of this bill.)

Among its other merits, the proposed legislation being transmitted today places a public policy focus on a field of need which, it would seem, has been confined to the background and developed legislatively in a relatively unintegrated and piecemeal fashion. In providing a framework for comprehensive public action to meet the needs of persons with developmental handicaps, the proposed legislation affords clear and well-merited recognition of the state's concern in assisting its handicapped citizens to lead just as normal and fulfilled lives as humanly possible irrespective of their handicaps. To achieve that important human goal, your earnest consideration of this bill is respectfully urged.

Sincerely,

Jay S. Hammond
Governor

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 519
Title An Act relating to persons with developmental handicaps
Requested by Governor's Office Date 4/28/77

II. FISCAL DETAIL Departments of Education, Community and Regional Affairs,
Agency Affected Health and Social Services, and Law.
Program Category Affected Many in different departments
Budget Request Unit(s) Affected Unspecified at this time.

EXPENDITURES (Thousands of Dollars) SEE ANALYSIS

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)
The legislation provides the framework and sets a direction (a community orientation) for the development of services. Even though the legislation does not call directly for the additional funds and, technically, the fiscal impact is zero, we cannot say that the indirect effects will be zero. That is, there is a good deal of continuing pressure from various communities and from existing service providers for increased funds to expand or to increase programs. This will continue to be so whether or not the legislation passes. In our judgement, the main effect of the legislation will be to direct the distribution of the current and future resources. The attached letter from the Governor to the legislature properly analyzes the content of the bill. What remains is for each division of each department mentioned in II above to analyze the legislation from their point of view. It was previously understood that this would be done concurrent with the movement of the bill in the legislature. It was further understood that (because of the late date of introductio of the bill) it would be analyzed in detail by the various agencies (both public and private as well as by the legislature) between the legislative sessions. The attached draft from the Governor attests to this understanding.

IV. DATE 4/28/77 PREPARED BY Robert P. Gregovich, Ph. D.
AGENCY Division of Mental Health & D. D.
PHONE 465-3372

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

33-001 (Rev. 10/76)

MINUTES OF HOUSE

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

February 8, 1978

The meeting was called to order at 3:00 P.M. by Chairman Parr. All were present with the exception of Mr. Nakak. Also present was Senator Glen Hackney.

Mr. Bud Smith spoke briefly on HB 548. He represented the Matanuska Susitna Borough School District. He stated that their school district felt that passage of HB 548 at this time was premature because of cost and other problems. There was discussion and question on this matter.

HB 519 was next to be discussed. Mr. Thomas Bacon testified first on this bill. Mr. Bacon spoke as Chairman of the Governor's Council for the Handicapped and Gifted. He stated that they are attempting to insure a statutory mechanism to meet the service needs of Alaska's handicapped population. He stated HB 519 was intended to provide an intergrated statutory means of bringing together federal, state, local and private resources to meet the needs of handicapped Alaskans. He stated the bill is divided into three sections (1) reaffirms the basic rights of persons with handicapping conditions. (2) establishes a council to advocate for the needs of the handicapped. (3) authorizes the Department of Health and Social Services, the Department of Education as appropriate, to provide a comprehensive system of services and facilities for persons with handicapping conditions. Mr. Bacon pointed out the need for community based services for the handicapped. Discussion followed. Mr. Phillips asked about the changes in the fiscal note. Mr. Bacon stated Dr. Robert Gregovich could supply the committee with some information. Dr. Gregovich came forward and stated the difference between the two fiscal notes is a refinement in trying to analyze the house bill. This year they found the heaviest action directly going to come from the bill is in the writing of the regulations and standards, interagency agreements and joint policy statement need to be developed to implement the bill. He stated technically there is no real very substantial cost associated with the bill even though there is going to be pressure. He stated that there is a need for the Department during that first 180 days after passage of the bill to go to bat for the implementation of the act. More questions were asked of Mr. Bacon.

Next to testify on the bill was Mrs. Nancy Johnson from Fairbanks. Mrs. Johnson stated the Alaska State Association for Retarded Citizens would like to express support of this bill. Mr. Parr asked Mrs. Johnson what the best guess as to the number of people now being needing these services. Mrs. Johnson stated she was associated with only the mentally retarded and that statistically they represented between 2 or 3% of the normal population. Percentages are probably higher now. She also stated that Fairbanks has an Infancy Stimulation Program which started in December of 76 and is working out very well.

Next to testify on this bill was Ms. Ludmilla Jacobs. Mrs. Jacobs testified on behalf of the "autistic" children. She stated she supports the bill.

Mr. Jim Sozoff of Anchorage was next to testify on this bill. Mr. Sozoff expressed the need for programs to provide services for the handicapped and for those who can't work in the labor market to be able to work under sheltered circumstances. He also stated the number of handicapped in the state needed to be found out.

Mrs. Ann Symons of Juneau testified. Mrs. Symons stated her support of the bill. She expressed the need for community based projects. Mr. Parr asked Mrs. Symons if when a retarded child gets through the school system is there anything to pick him up. Her answer was no.

Mrs. Wanda Gnerich was next t testify on the bill. She expressed her support of HB 519. She stated HB 519 is the beginning of securing rights for handicapped children and adults.

Ms. Mary Aronson of Juneau testified on this bill as a concerned citizen and as a teacher of special education in Juneau. Ms. Aronson stated she supports HB 519. She addressed her comments specifically to article 3 which refers to the establishment of a framework for the delivery of services. Ms. Aronson stated there is a definite need for some kind of system to provide services for the handicapped when they leave the school system as there is nothing in Juneau at this time. Ms. Aronson testified that there are a number of people in Juneau that could benefit right now from a community based project.

Mr. Ed Beatty came forward to testify. He spoke as a concerned citizen and as President of the REACH Committee (Recreational and Education Alternatives in the Community for the Handicapped). The committee supports HB 519. Mr. Beatty stated the need for community based programs for the handicapped once the person reaches age 19.

Ms. Gloria Barclay, Preside of Juneau Association for Retarded Children testified on the bill. She spoke in favor of it and of the need for community based projects.

Ms. Carol Welsh also testified on the bill. Ms. Welsh testified in favor of the bill.

Mr. Parr moved for adjournment. The meeting was adjourned at 4:55 P.M.

HOUSE BILL 519

Testimony of Ann Symons, Parent of retarded child, Consumer Member of Governor's Council on Handicapped and Gifted

I would like to lend my support to House Bill 519 and urge its passage by the legislature. As a parent I am supporting the total bill, however, have particular interest in the sections affirming the rights of handicapped persons and providing services to the handicapped I feel that it is particularly important to recognize with legislation the rights of the handicapped.

I would like to see included in the bill a statement limiting parential liability for payment for children placed in residential facilities. I agree with the current $50.00 per month statutory limit on parental liability.

I feel that House Bill 519 in needed to provide handicapped citizens of Alaska a chance to reach their maximum potential.

HB 519

A M E N D M E N T S

OFFERED IN THE HOUSE

(PROPOSED BY THE GOVERNOR'S COUNCIL FOR THE HANDICAPPED AND GIFTED)

TO: HOUSE BILL NO. 519

Page 1, lines 6-7:

Delete "persons with developmental handicaps" and insert "handicapped and gifted persons" in its place.

Page 1, line 11:

Delete "developmental".

Page 1, line 18:

Delete "developmental".

Page 1, line 20:

Delete "developmental".

Page 1, line 26:

Delete "DEVELOPMENTAL HANDICAPS" and insert "PERSONS WITH HANDICAPS" in its place.

Page 1, line 28:

Delete "DEVELOPMENTAL".

Page 1, line 29:

Delete "developmental".

Page 2, line 4:

Delete "developmental".

Page 2, line 7:

Delete "developmental".

Page 3, line 1:

Delete "developmental".

Page 3, line 4:

Delete "developmental".

Page 3, line 7:

Delete "developmental".

Page 3, line 18:

Delete "developmental".

Page 3, line 21:

Delete "developmental".

Page 3, line 23:

Delete "developmental".

Page 3, line 25:

Delete "PLANNING COUNCIL" and insert "GOVERNOR'S COUNCIL FOR THE HANDICAPPED AND GIFTED" in its place.

Page 3, line 26 - page 4, line 7:

Delete all of Sec. 47.80.030 and insert the following in its place:

"Sec. 47.80.030. GOVERNOR'S COUNCIL FOR THE HANDICAPPED AND GIFTED. There is established the Governor's Council for the Handicapped and Gifted. For budgetary purposes, the council is

Services but
located within the Department of Health and Social is the inter-departmental planning and coordinating agency for the Department of Health and Social Services, the Department of Education, and the Department of Community and Regional Affairs for services affecting person who are handicapped or gifted. In addition, the council is t serve as a state planning council for the purposes of federal laws relating to the handicapped or gifted." +

Page 4, lines 8 - 27: 6-23 W. 24 - 27

Delete all of Sec. 47.80.040 and insert the following in its place:

"Sec. 47.80.040. COMPOSITION. (a) The council consists of no less than 18 nor more than 23 members in accordance with P. L. 91-51 P. L. 94-103, P. L. 94-142, as amended, and AS 14.30.231.

(b) not less than One-third of the members must be developmentally disabled persons, or their parents or guardians, who are not officers of any entity, or employees of any state agency, which receives funds or provides services under P. L. 91-517, or P. L. 94-103, as amended.

(c) no more than One-third of the members must be representatives of the principal state agencies concerned with services for handicapped or gifted persons.

(d) Remaining Members must be appointed to represent the public at large, local agencies, non-governmental agencies, and groups concerned with services to handicapped or gifted persons."

Page 4, line 28 - page 5, line 2:

Delete all of subsection (a) and insert the following in its place:

"(a) Council members' terms are three years. However, of the initial appointees one-third must be appointed to serve for one year one-third for two years, and one-third for three years."

+

Page 5, line 14:

Add at the end of Sec. 47.80.060:

"In addition, council members who are parents of dependent handicapped children may be reimbursed for specialized short term personal and day care expenses incurred while they are attending council meetings."

Page 5, lines 19 - 22:

Delete all of subsection (b) and insert the following in its place:

"(b) The Department of Health and Social Services and the Department of Education shall provide for assignment of personnel to the council adequate to ensure that it has the capacity to fullfill its responsibilities with respect to each department as outlined in sec. 90 of this chapter. Personnel assigned to the council are directly responsible to the council for the performance of their duties."

Page 6, line 3:

Delete "persons with developmental handicaps" and insert "handicapped and gifted persons" in its place.

Page 6, lines 6 and 7:

Delete "persons with developmental handicaps" and insert "handicapped or gifted persons" in its place.

Page 6, lines 9 - 14:

Delete all of paragraph (3) and insert the following in its place:

"(3) advise the executive and legisl tive branches of state government and the private sector of programs and policies pertaining

to current and potential services to handicapped or gifted persons and their families;"

Page 6, lines 15 - 17:

Delete all of paragraph (4) and insert the following in its place:

"(4) submit periodic reports to the commissioners of the Department of Health and Social Services and the Department of Education on the effects of federal and state programs concerning services to handicapped or gifted persons; these must include program performance reports to the governor, the federal government, or to state agencies as required by P. L. 91-517, P. L. 94-103, or P. L. 94-142, as amended."

Page 6, line 18 - page 7, line 7:

Delete all of paragraph (5) and insert the following in its place:

"(5) in conjunction with the Department of Health and Social Services and the Department of Education, develop, prepare, adopt, periodically review, and revise as necessary an annual plan prescribing programs which meet the needs of persons with developmental disabilities as required under P. L. 91-517 or P. L. 94-103, as amended;

Pg 7, line 10, delete "developmen

Page 7, line 14:

After "P. L. 91-517," insert "P. L. 94-103 and P. L. 94-142".

Page 7, line 18:

Delete "persons with developmental handicaps" and insert "handicapped and gifted persons" in its place.

Page 7, lines 24 - 28:

Delete all of paragraph (9) and insert the following in its place:

"(9) provide information and guidance for the development of appropriate special educational programs and services for gifted persons as defined in AS 14.30.350;"

Page 8, line 1:

Delete "persons with developmental handicaps" and insert "handicapped and gifted persons" in its place.

Page 8, line 4:

Change the period to a semi-colon and add the following at the end of paragraph (10):

"members of the council with the sanction or approval of the council must be given access to information possessed by state agencies subject only to disclosure restrictions imposed by state or federal confidentiality laws."

Page 8, between lines 4 and 5:

Insert the following paragraph:

"(11) perform any other duties as may be required under P. L. 91-517, P. L. 94-103. P. L. 94-142, as amended, or AS 14.30.231,

and as the governor may from time to time assign.

Page 8, line 10:

Delete "developmental".

Page 8, line 29:

Delete "developmental".

Page 9, line 11:

Delete "developmental".

Page 9, line 23:

Delete "developmental".

Page 9, line 24:

Delete "developmental".

Page 11, line 2:

Delete "developmental".

Page 11, line 13:

Delete "developmental".

Page 11, line 23:

After "P. L. 91-517," insert "or P. L. 94-103,".

Page 12, line 2:

Delete "developmental".

Page 12, line 8:

Delete "persons with developmental handicaps" and add "handicapped or gifted persons" in its place.

Page 12, line 9:

After "P. L. 91-517" insert "and P. L. 94-103".

Page 12, line 11:

After "P. L. 91-517" insert "or P. L. 94-103, as amended".

Page 12, line 13:

After "P. L. 91-517" insert "and P. L. 94-103, as amended".

Page 13, line 7:

Add to this article the following sections:

"Sec. ~~47.80.150~~. LIABILITY FOR EXPENSE OF SERVICES. The department may by regulation provide that a handicapped person, or his legal representative acting in a representative capacity, or his parents if the person is under the age of 18, shall pay or contribute to the payment of charges for services provided by the department under this chapter. The charges may not exceed the actual cost of care and, in any event, parents may not be required to pay more than $50 per month for each child."

Page 13, lines 10 - 11:

Delete "Alaska Planning Council for Persons with Developmental

Handicaps" and insert "Governor's Council for the Handicapped and Gifted" in its place.

Page 13, line 14:

Delete "developmental".

Page 14, line 10:

Delete "developmental".

Page 14, line 19:

Delete "developmental".

Page 15, lines 8 - 9:

Delete "Alaska Planning Council for Persons with Developmental Handicaps" and insert "Governor's Council for the Handicapped and Gifted" in its place.

Page 15, line 12:

Insert after the sentence ending with "Act." a new sentence to read as follows:

"The council likewise succeeds to all contract rights, liabilities, and obligations of the Special Education Advisory Council established under authority of AS 14.30.231 and made part of the Governor's Council for the Handicapped and Gifted by Administrative Order No. 42A dated November 25, 1977."

Page 15, line 13:

Delete "council" and insert "councils" in its place.

Page 15, line 14:

Delete "council" and insert "councils" in its place.

Page 15, lines 16 - 17:

Delete "Alaska Planning Council for Persons with Developmental Handicaps" and insert "Governor's Council for the Handicapped and Gifted" in its place.

HB
530

Alpha, please obtain a fiscal note on HB 530 Youth Multi-purpose facilities, using the enclosed list of districts or communities that I'd like to see with this type of a center. Also, the fiscal note should relate to the building according to youth population at present + projections. Other centers would be larger than some because there would be more or fewer kids in the area.

On any case, obtain an estimate per community (23 on my list) + list them as such —

ex. Community - Bldg cost
Spewed - ?

Thanks. Thelma

Anchorage districts (6)

1. (1) [illegible]
2. (2) Downtown
3. (3) Eagle River
4. (4) Mountain View
5. (5) Hillside
6. (6) [illegible] Lake

Fairbanks District (2)

7. (1) Downtown
8. (2) College

9. [illegible]
10. Ketchikan
11. Bethel
12. Nome
13. Kodiak
14. Sitka
15. Petersburg
16. Seward
17. Kenai
18. Ketchikan
19. Homer

20. [illegible] Point
21. [illegible]
22. [illegible]
23. [illegible]

TO: FRAN ULMER

FROM THE OFFICE OF THELMA BUCHHOLDT

May 16, 1977 HB 530 Multi-purpose youth facilities.

Requesting fiscal note from D.O.T., Public Facilities, and Natural Resources..

The fiscal note shoud relate to the building according to the community's youth population at present and its projections.

ANCHORAGE DISTRICTS

1. Spenard
2. Downtown
3. Eagle River
4. Mountian View
5. Hillside
6. Sand Lake

FAIRBANKS DISTRICT

1. Downtown
2. College

JUNEAU
KETCHIKAN
BETHEL
NOME
KODIAK
PETERSBURG
KENAI
HOMER
SAND POINT
GALENA
EMMONAK
DILLINGHAM
SITKA
SEWARD
KOTZEBUE

Request by Alephe Morris Phone # 4936

HB

536

MINUTES OF HOUSE

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

January 24, 1978

The meeting was called to order at 3:05 PM by Chairman Parr. All were present with the exceptions of Mr. Bennett and Mr. Ose. Mr. Parr announced the topic of discussion for today as being HB 536. Representative Mike Beirne, sponsor of the bill was first to testify. Mr. Beirne stated that this bill would provide private physicians, dentists, and health care providers in rural areas where the need for health care providers exists. Under the bill the federal government through Indian Health Service and Public Health Service, would pay for a percentage of the amount that would be stipulated for health care providers, the state would pay a share and the local government would pay a share. These health care providers would be on a full time permanent basis.

Questions and discussion followed.

Mrs. Maria Osterback was next to testify. Mrs. Osterback stated that the bill would surely help all bush areas alot. She stated that on the Aleutian Chain they don't have any medical facilities, they have no doctors, they have health aids, a few village clinics. In Sand Point they have a clinic and an RN and the clinic is a Baptist Mission. The Public Health Service does not contract with the clinic because of its religious origin. She also stated that they had a Dr. that used to work in Anchorage that would come to Sand Point if they had their own clinic. She stated that Unalaska had their own clinic which they raised funds for and built thenselves. The clinic has two exam rooms and a lab and services both Dutch Habor and Akatan. She stated that she was sure that the canneries would be willing to give some money, if they were able to contract with a Physician for public health work. At present a person with a serious injury has to charter a plane to Anchorage for treatment which costs $2,600.00.

The question was asked how does public health work in Sand Point. Mrs. Osterback stated that twice a year a Dr. comes and works out of the clinic, a dentist, she was not sure of how often, but stated that the dentist had to work wherever he could most of the time out of the jail or wherever he could find a place.

Mrs. Edna Crawford testified next on HB 536. Mrs. Crawford stated that Health and Social Services support the concept of the bill.

Mr. Parr asked if at present there were any Dr. available to go out into the rural areas. Mrs. Crawford stated that there was an Epidemiologist who does go out on epidemics and the head of communicable diseases, other than that , public health nurses.

Mr. Parr asked Mrs. Crawford, who should implement this law if the bill or one like it were to be passed. Mrs. Crawford stated they felt Community of Regional Affairs along with their assistance.

Questions and discussion followed.

Mr. Parr suggested, as a result of all the comments made today, a sponsor substitute be worked up. Mr. Phillips asked if someone from CRA could come over and explain the fiscal note. Mr. Parr answered yes.

Meeting adjourned at 4:20 PM

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. House Bill No. 536
Title "An act relating to state shared revenues for the support..."
Requested by _____ Date 1-20-78

II. FISCAL DETAIL
Agency Affected Department of Community & Regional Affairs
Program Category Affected Development
Budget Request Unit(s) Affected Municipal Revenue Sharing

EXPENDITURES (Thousands of Dollars)

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.	1,770.3	1,825.3	1,871.4	1,917.8	1,965.7	2,014.9
TOTAL	1,770.3	1,825.3	1,871.4	1,917.8	1,965.7	2,014.9

FUNDING (Thousands of Dollars)

GENERAL FUND	1,770.3	1,825.3	1,871.4	1,917.8	1,965.7	2,014.9
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

Assumptions

1. Populations used are from estimates prepared by the Department as of July 1, ' , and have been upwardly adjusted at an annual compounded rate of 2½%.

2. Only those municipalities currently receiving State Revenue Sharing funds (AS43.18) under health services and/or health facilities are assumed to be eligible under this bill.

3. All residents of the unorganized borough not covered under (1) (B) of the bill are assumed to be eligible. This should be considered a liberal assumption.

4. The entitlements computed include the existing cost-of-living adjustment figures for municipalities and an estimated 30% cost-of-living adjustment for municipalities and communities eligible under AS 43.18.010(L)(2).

(CONTINUED--see page two)

IV. DATE 1-24-78 PREPARED BY Bruce Aronson
AGENCY Community & Regional Affairs
PHONE 465-4707

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

33-001 (Rev. 12/77)

5. Unified municipalities are treated as if they were a borough and/or a city. As an example, if a unified municipality's population exceeds 10,000, the municipality could not participate in this portion of the State Revenue Sharing Program. If the unified municipality's population is less than 10,000, then the municipality could participate under this category.

Other

Population in the Unorganized Borough

FY 1978	34,107
FY 1979	42,630*
FY 1980	43,696*
FY 1981	44,788*
FY 1982	45,908*
FY 1983	47,056*

*includes the City of Valdez since in FY 1979 its population would exceed 7,500.

als

	FY'78	FY'79	FY'80	FY'81	FY'82	FY'83
Boroughs	$ 905.8	$ 928.4	$ 951.6	$ 975.4	$ 999.8	$1,024.8
Cities in the Unorganized Borough	310.3	204.2	209.2	214.6	219.9	225.4
Other	554.2	692.7	710.1	727.8	746.0	764.7
TOTAL	$1,770.3	$1,825.3	$1,871.4	$1,917.8	$1,965.7	$2,014.9

CITIES IN THE UNORGANIZED BOROUGH	FY 78 ENTITLEMENT	POP.	FY 79 ENTITLEMENT	POP.	FY 80 ENTITLEMENT	POP.	FY 81 ENTITLEMENT	POP.	FY 82 ENTITLEMENT	POP.	FY 83 ENTITLEMENT	POP.
BETHEL (COLA 30%)	55,397	3,409	56,778	3,494	58,192	3,581	59,654	3,671	61,149	3,763	62,677	3,857
CORDOVA (COLA 15%)	34,586	2,406	35,449	2,466	36,771	2,558	37,246	2,591	38,180	2,656	39,129	2,722
NOME (COLA 26 1/4%)	40,795	2,585	41,820	2,650	42,862	2,716	43,935	2,784	45,040	2,854	46,161	2,925
PETERSBURG (COLA 3 3/4%)	27,572	2,126	28,259	2,179	28,960	2,233	29,686	2,289	30,425	2,346	31,190	2,405
VALDEZ (COLA 18 3/4%)	111,076	7,483										
WRANGELL (COLA 3 3/4%)	40,878	3,152	41,903	3,231	42,953	3,312	44,029	3,395	45,131	3,480	46,260	3,567
TOTAL CITIES ENTITLEMENT	$310,304		204,209		209,738		214,550		219,925		225,417	
BOROUGHS												
CITY & BOROUGH OF SITKA (COLA 3 3/4%)	99,211	7,650	101,688	7,841	104,230	8,037	106,837	8,238	109,508	8,444	112,245	8,655
KENAI PENINSULA BOROUGH (COLA 7 1/2%)	330,711	24,611	338,974	25,226	347,454	25,857	356,135	26,503	365,043	27,166	374,168	27,845
KODIAK ISLAND BOROUGH (COLA 7 1/2%)	106,170	7,901	108,831	8,099	111,545	8,301	114,340	8,509	117,202	8,722	120,131	8,940
MATANUSKA-SUSITNA BOROUGH (COLA 3 3/4%)	216,889	16,724	222,310	17,142	227,874	17,571	233,567	18,010	239,403	18,460	245,395	18,922
NORTH SLOPE BOROUGH (COLA 33 3/4%)	152,793	9,139	156,605	9,367	160,517	9,601	164,530	9,841	168,643	10,087	172,856	10,339
TOTAL BOROUGHS ENTITLEMENT	$905,774		928,408		951,620		975,409		999,799		1,024,795	

POSITION PAPER/Department of Health and Social Services

POSITION PAPER

ON

HOUSE BILL NO. 536

"An Act relating to state shared revenue for the support of health services in rural areas; and providing for an effective date."

This Act provides a payment of $12.50 per capita to population units qualifying under the act who sponsor or contract for medical or dental care services for their residents. The intent of the bill appears to be to provide funds to designated population subdivisions to encourage the establishment of a private dental or medical practitioner in the community. The intent is to encourage interested physician and dental providers to live in underserved areas and to permit the development of long term continuity of health care.

The Department of Health and Social Services would suggest the following changes in the bill as presently written. Page 2, line 3, the "department" is not defined. As funds are state shared revenue, the question arises as to whether the program would be administered under the Department of Health and Social Services or the Department of Community and Regional Affairs.

While the Department of Health and Social Services supports the concept of this bill, we cannot recommend programs which exceed the Governor's budget.

Recommended by: Robert I. Fraser, M.D. — Director — 22 Jan 1978 — Date

Approved by: Helen D. Beirne — Commissioner — 1/23/78 — Date

HB
553

COMMITTEE REPORT

HOUSE

FURTHER: _____

_____

Date: Jan 9, 1978

Mr. Speaker:

The Committee on HESS has had HB 553
"Relating to licensing of speech pathologists and audiologists; e.d."

under consideration and (a majority of the committee) (the committee reports it back as follows)

( ) recommends it do pass ( ) recommends it do not pass

( ) recommends it do pass with attached amendment(s)

( ) recommends it be replaced with CS for HB 553

and _____ ( ) new title ( ) same title

( ) AND attaches a Letter of Intent ( ) New Fiscal Note

(X) reports it back without recommendation

( ) and recommends it be referred to the _____ Committee

MEMBERS SIGNING DO PASS:

OTHER RECOMMENDATIONS:

_____
Chairman

H 60 (rev. 6/77)

(1). Purpose or Intent → To License individual who practice these professions, thus protecting the public and consumer. Upgrading the professions.

(2). 37 states have such laws.

(3). Go thru. rigorous training and certification at national level thru. American Speech & Hearing Association.

(4). H.B.#553 est. Master Degree / min. standard Speech Pathology or Audiology, but has liberal provisions for grandfathering of individuals presently practicing.

(5). Fed. Legislation → such as establishing Professional Standards Review Organization and Health Services Agencies often requests to identify providers.

(6) Ak. approx. 75 people. 60% → Ak. Speech & Hearing Association.

POSITION PAPER/Department of Health and Social Services

POSITION PAPER

ON

HOUSE BILL NO. 553

"An Act relating to licensing of speech pathologists and audiologists."

The intent of this proposed legislation is to license individuals who practice these professions and thus protect the public against incompetent and unscrupulous practitioners. Licensing in these areas has become the trend nationally and more than 37 other States now have such laws. Legislation is pending in other States. The Alaska Speech and Hearing Association unanimously supports this bill.

The Speech Pathology and Audiology fields have rather rigorous training and certification requirements at the national level through the dictates of the American Speech and Hearing Association. This is a voluntary association, however, which has no legal basis for enforcement at the State level. Unqualified persons who are not members of the American Speech and Hearing Association are free to practice within Alaska and present themselves to the public as Speech Pathologists or Audiologists even though they may have little or no training in these professions and adhere to no formalized code of ethics.

House Bill 553 establishes a masters degree as the minimum standard for practice of Speech Pathology and/or Audiology but has liberal provisions for the "grandfathering" of individuals presently practicing.

Speech Pathologists and Audiologists provide therapeutic health care services, often in medical settings, but are not regulated by licensing laws. This may present a problem in the future since Federal legislation such as that establishing Professional Standards Review Organizations and Health Services Agencies often request States to identify qualified providers by referring to those licensed by the State.

The Department of Health and Social Service supports the bill but would recommend the following changes.

Change is needed in Section 08.74.160 referring to the requirement for aides. Currently there are aides who are working in speech pathology and audiology programs who are not enrolled in degree programs. The stipulation that aides must be enrolled in a degree program would eliminate these people.

DELETE In Section 08.74.160 line 9 and 10 omit the words "pursuing a degree in Speech Pathology or Audiology at an accredited college or University."

Section 08.74.220 line 7

ADD "for the purposes of this subsection the words 'habilitation and rehabilitation' include, but are not limited to hearing aid evaluation, recommendation, and fitting."

While the Department of Health and Social Services supports the bill with the above changes, we cannot recommend programs above the Governor's budget.

Recommended by Robert I. Fraser, M.D. Director — Date 2/2/78

Approved by Helen D. Beirne Commissioner — Date 2/6/78

SUMMARY

Because professionals and others throughout the United States are finding:

1. A steady increase in untrained or poorly trained individuals who are providing speech and hearing services;
2. that professional titles are being used by others who are not qualified in the fields of speech pathology and audiology;
3. public confusion about who is qualified to practice speech pathology and audiology; and
4. there are no legal means of protecting the public from the violation of ethical conduct or from unscrupulous, unqualified or untrained practioners,

there appears to be a significant justification for the need of Alaska licensure for speech pathologists and audiologists.

Licensure for speech pathologists and audiologists in Alaska will:

1. ASSURE direst accountability of speech pathologists and audiologist for diagnosis and treatment.
2. ASSURE uniformity of definition, practice and standards of speech pathology at a high level throughout the state.
3. ASSURE objectivity in servicing the speech and hearing handicapped.
4. PROTECT the public from unqualified practioners.
5. PROTECT the public from unscrupulous practices by a system of recourse: fines, suspension or revocation of license.
6. ALLOW the state to maintain high standards and monitor the

training of professionals.

7. PROVIDE for reciprocal relations and status with licensed speech pathologists and audiologists in other states.
8. PROVIDE for more and better insurance coverage for speech pathologists and audiologists and therefore, more protection for the public.
9. ASSURE that persons engaging in private practice have the highest qualification and are responsible to the state for the regulation of standards.

ALASKA SPEECH AND HEARING ASSOCIATION
LICENSURE COMMITTEE

HB 553

A POSITION PAPER ON LICENSURE FOR SPEECH PATHOLOGISTS AND AUDIOLOGISTS IN ALASKA

INTRODUCTION

The purpose of this paper is to set forth the reasons for the desirability of Alaska licensure for speech pathologists and audiologists. In addition to this specific information, a general explanation of the field of speech pathology and audiology in Alaska is provided to assist the reader in his understanding of the profession.

Speech pathologists and audiologists are professionals who evaluate and rehabilitate a wide range of communication disorders. Clinical services in speech pathology and audiology in Alaska are provided for infants, preschool, school age, adult, and geriatric individuals, and may include such communication disorders as impaired hearing, deafness, voice, stuttering, delayed or nonexistent language, defective articulation, and aphasia. These specific disorders of communication, as well as their combinations, are found in persons diagnosed as deaf or hard of hearing, cerebral palsied, cleft palate and mental retardation. They are frequently associated with various learning disabilities, emotional disturbances, brain damage and other medical, social and educational problems.

In Alaska, there are approximately seventy speech and hearing professionals who are currently working with communicatively handicapped individuals throughout the state. They are working in

the public school systems, community speech and hearing centers, hospitals, state and federal agencies, private rehabilitation centers, and nursing homes.

Approximately sixty percent of the speech pathologists and audiologists employed in the state are voluntary members of the organization known as the Alaska Speech and Hearing Association. The purpose of this organization is to stimulate an awareness and interest in communication disorders, to further the study and treatment of these disorders, and to promote the welfare of the speech and hearing handicapped within the state of Alaska. The Association's standards require that a member must possess at least a master's degree in either speech pathology or audiology; that they have at least three hundred hours of supervised clinical practice; that they practice successively for nine months under the supervison of a certified person; and that they pass a national examination given by the American Speech and Hearing Association. These are the same qualifications which are required for the Certificate of Clinical Competence awarded by the American Speech and Hearing Association. This voluntary certification has served as the basis of reference for quality professional services in federal health care legislation (Medicare and Medicaid) and as a guide to state agencies (Vocational Rehabilitation, Communicative Disorders, Child Development Services, and Handicapped Children's Program), and is the only nationwide program of accreditation. While some protection of the public is afforded through

self-regulatory procedures established by a national professional society, it falls short, however, of its goal, primarily because practioners are not required to maintain membership and thus to adhere to educational and ethical principles established by the professional society. As a consequence, the evaluation and management of people with communication disorders represents one of the few allied or independent health services which offers the public no protection against incompetency, unethical practices or other abuses because there is an absence of national or state licensure regulations. This occurs despite the fact that disorders of speech, language, and hearing represent one of the most common handicaps existing in our state.

INCIDENCE OF SPEECH AND HEARING DISORDERS IN ALASKA

Birth to 15 years	15 to 65 years	Above 65 years
9% or 10,896 persons	4% or 11,120.6 persons	19.9% or 1,919.35 persons

*This is equal to 23,935 persons or approximately 6% of the total population in the state. These figures were obtained from the Dept. of Labor's projected 1978 statistics and national averages of the incidence of communicative disorders taken from ASHA.

NEEDS FOR LICENSURE

I. Consumer Protection

In the past six years, many states (23) have recognized that there are sufficient needs to protect the public from unqualified, unscrupulous, or inept providers of speech, language and hearing services; and through the adoption of licensure legislation, these

states have acknowledged the necessity to identify those practioners who are best qualified (in terms of education and experience) to render these services to the communicatively handicapped.

Historically, the professions of Speech Pathology and Audiology have demonstrated concern for the consumer public through the development of a certification program for the individual practioner. This certification, however, is voluntary, and individuals may practice their profession without regard to the established professional criteria. Realistic consumer protection demands that peer review and self-policing be supported with a basis in law. In health and education, as well as in many other trades, this self-regulation is accomplished through licensure. At the present time in Alaska, there is no restriction which prevents any individual, with or without the necessary training, from providing speech and hearing services to the public.

In any professional service field dealing with health and educational development, it is essential that minimum standards of training and experience be established for the providers of these services. This is especially true for professions about which the consumer is not familiar. For example, Audiology is a relatively young profession of 25 years. While the profession has matured within the medical and educational communities, the public generally, has little awareness of it. Consequently, a person seeking help for a communication disorder may, without realizing the difference, turn to someone without appropriate training. Peer review among

professionals can, to some extent provide protection for the consumer. Without a basis in law, however, anyone wishing to violate peer review standards is completely free to do so.

It has become increasingly urgent for the public throughout the United States to be protected from the unscrupulous and injurious acts performed by individuals who lack training and competence in the field of Speech Pathology and Audiology. Professionals in Speech Pathology and Audiology, education, psychology and medicine have become aware of the increase number of unqualified individuals performing hearing tests, speech and language evaluations, and providing therapeutic services, despite the fact that many of these individuals title themselves Speech Pathologists and Audiologists. In addition, many of these individuals require a fee for service. Generally, these individuals are practicing in their homes, and in some cases publicly advertise services in newspapers and other media. Qualified professionnals in these areas have reported that, generally, the patients served by these untrained persons are not being adequately helped. Additionally, the consumers of these services have expressed concerns about minimal results despite significant expenditures and assurances of success.

While abuses in Alaska have not been rampant, it is strongly voiced by speech and hearing professionals that consummer protection should not await the onslaught of multiple abuses experienced in other states. Particularly when one is dealing with the health and social well-being as well as the educational future of the communi-

catively handicapped individual.

Professional experience and research suggests that, like medicine, dentistry and other health professions, specific education and practical experiences are necessary to insure an individual's readiness to participate in detection, diagnosis, prescription and remedial measures for the communicatively handicapped. The communicatively handicapped population in Alaska deserves only the highest level of service. Yet, without licensure of qualified professionals, the type of unethical practice mentioned previously will certainly occur within our state.

Most of the hearing aid dealers based in Alaska are ethical business men and are providing an essential service to the hearing impaired. It is not the purpose of the proposed Speech Pathology and Audiology licensure bill to affect their practice in any way. However, the tremendous confusion created by the inappropriate use of professional titles demands a legal clarification for the benefit of the consumer.

These are but a few examples of the ever increasing need to prevent abuses to the communicatively handicapped. A licensure bill for speech pathologists and audiologists would protect the public from the unscrupulous and unqualified practioner by a system of recourse: fine, suspension or re-vocation of license.

II. Broadening of the Demand for Speech Pathology and Audiology Services.

With the increasing recognition by the general public of the importance of communication for each individual from childhood to

to adulthood, and with the available data suggesting educational, emotional and economic impact of communication disorders, it is understandable that the national legislative bodies and nationwide insurance companies are including speech, language and hearing services in legislation and in insurance coverage. In both instances, public funds are ultimately involved. This suggests that the services must be delivered as efficiently and economically as possible. These goals can be achieved by the utilization of qualified professionals to provide services and by the protection of the unwary general public from unqualified individuals seeking to profit from the available funds. Broader coverage health insurance on a national scape will result in more and more people seeking services because insurance will cover their costs. The provider of these services needs to be identified for the consumer, and licensure will effectively accomplish this.

III. Identification of the Provider of Services for the Communicatively Handicapped

At the present time, no uniform standards are applied to persons presenting themselves as specialists in this field, other than certification requirements for persons functioning in the schools and competence standards established by the American Speech and Hearing Association. In fact, no standards exist for anyone practicing in the public sector who is charging fees paid by the recipient of the services.

Certification requirements for speech and hearing professionals

functioning in the Alaska public schools are viewed by the profession as inadequate. At the present time, a person may be employed to provide speech pathology and/or audiology services with little or no training in the field. The proposed licensure bill demands that every practicing speech, language, and hearing specialist in the state of Alaska possess adequate credentials, so that when a handicapped individual presents himself for assistance, he or she can be assured that the assistance will be given expertly and ethically. This protection is not currently available. Only a state system of licensure can insure such a practice.

It is also possible that state licensure will protect the professional who is a citizen of a state with the advent of a national health insurance program. Licensure will help identify the professional and provide for his /her participation in these developing health care programs.

Finally, lack of uniform standards in this state and throughout the United States, imposes considerable limitations on the freedom of choice of occupation by geographical location for professionals. A person who receives his education and training and works for a period of time in Alaska should have the freedom to move to another state with the full expectation of finding employment providing he presents suitable credentials. This is not currently possible since the lack of licensure in our state inhibits reciprocity with 23 other

states who presently have licensure. It is noteworthy, also, that a majority of the remaining 27 states without licensure are presenting licensure bills to upcoming legislatures this year.

IV. The Need for a Minimum Standard

The diversity that characterizes the communicatively impaired requires that all speech pathologists and audiologists (the only professionals who specialize in communication disorders) have at least a common core of training that insures familiarity with all types of hearing, speech and language impairments.

Speech pathologists and audiologist may work in very different work settings: hospitals, rehabilitation centers, nursing services, day care centers, state institutions, and in private practice. The potential employer requires a guarantee that the speech pathologist or audiologist has been trained to a minimum standard that has not neglected the needs of that employer's program.

Speech pathologists and audiologists often times do not work alone, but interact frequently with physicians, psychologists, social workers and teachers. For these professionals to make effective use of the expertise of the speech pathologist and audiologist, it is necessary that they know what training and experience the speech and hearing professional may be expected to have. A well publicized minimal standard would serve this purpose.

The profession of speech pathology and audiology has become aware, perhaps belatedly, of its resposibility to inform the public of the necessity and nature of its services. Many communicatively

handicapped persons fail to get needed assistance because they do not know that it is available or how best to obtain it. Speech pathologists and audiologists are now recognizing their responsibility to increase the public's awareness and to provide information about communicative disorders. Potential consumers of clinical and educational services in speech pathology and audiology need to be assured, however, that persons offering to provide these services have met a minimal standard of training and experience. Furthermore, the consumer is entitled to know precisely what this standard is.

Speech patholgoy and audiology has traditionally been a helping profession that makes use of relevant scientific developments in the speech and hearing sciences and such related disciplines as medicine, psychology, biology, mathematics and others. The future growth of this profession and its ability to make meaningful use of research data generated by the sciences will depend in large measure on the profession's success in estabilishing and maintainging a unified professional image. In turn, the unity of professional image rests on commonality of training as well as on high minimum standards.

SUMMARY

Because professionals and others throughout the United States are finding:

1. A steady increase in untrained or poorly trained individuals who are providing speech and hearing services;
2. that professional titles are being used by others who are not qualified in the fields of speech pathology and audiology;
3. public confusion about who is qualified to practice speech pathology and audiology; and
4. there are no legal means of protecting the public from the violation of ethical conduct or from unscrupulous, unqualified or untrained practioners,

there appears to be a significant justification for the need of Alaska licensure for speech pathologists and audiologists.

Licensure for speech pathologists and audiologists in Alaska will:

1. ASSURE direst accountability of speech pathologists and audiologist for diagnosis and treatment.
2. ASSURE uniformity of definition, practice and standards of speech pathology at a high level throughout the state.
3. ASSURE objectivity in servicing the speech and hearing handicapped.
4. PROTECT the public from unqualified practioners.
5. PROTECT the public from unscrupulous practices by a system of recourse: fines, suspension or revocation of license.
6. ALLOW the state to maintain high standards and monitor the

training of professionals.

7. PROVIDE for reciprocal relations and status with licensed speech pathologists and audiologists in other states.
8. PROVIDE for more and better insurance coverage for speech pathologists and audiologists and therefore, more protection for the public.
9. ASSURE that persons engaging in private practice have the highest qualification and are responsible to the state for the regulation of standards.

ALASKA SPEECH AND HEARING ASSOCIATION
LICENSURE COMMITTEE

THE STATE OF MONTANA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution HB 553
Title An Act relating to licensing of speech pathologists and audiologists, etc.
Requested by Agency Date 1/11/78

II. FISCAL DETAIL
Agency Affected Commerce and Economic Development
Program Category Affected Public Protection
Budget Request Unit(s) Affected Regulation and Licensing of Professions

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES		0	8.4	8.9	9.4	10.0
200 TRAVEL		0	7.5	4.0	4.2	4.5
300 CONTRACTUAL		0	3.3	2.7	2.9	3.0
400 COMMODITIES		0	.2	.2	2.0	2.0
500 EQUIPMENT		0	1.5	0	0	0
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		0	20.9	15.8	18.5	19.5

FUNDING (Thousands of Dollars)

GENERAL FUND		0	20.9	15.8	18.5	19.5
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME		0				
PART TIME			1	1	1	1
TEMPORARY						

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

Administrative support staff services will require six man months @ R-10, general government. 'FY-79 travel includes funding for four meetings for development of and hearings on regulations; thereafter two meetings per year are estimated with one person making one out-of-state trip per year to national organization and testing service. Equipment is for Licensing Examiner I, permanent, part-time. Inflation is computed @ 6% per year. A detailed analysis of expenditures is attached.

IV. DATE 1/11/78 PREPARED BY Sharon Andrew
AGENCY Occupational Licensing
PHONE 465-2535

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

Personal Services		
6 months, Occupational Licensing Examiner I, R-10		7416
Benefits, FICA = 449; Health Insurance = 493		942
		8358
Travel		
Field/Administrative Travel		
3 Board meetings and examinations	In-State Transportation	495
7 days	In-State Per diem	385
Boards, Commissions and Legislators		
15 trips	In-State Transportation	2475
60 days	In-State Per diem	3300
1 trip	Out-of-State Transportation	550
6 days	Out-of-State Per diem	300
		7505
Contractual		
Communications; Postage, phones, tolls, ect.		1040
Printing and advertising: Forms and notices		1500
Professional Fees and Services: Examination costs contracted from professional examining service		750
		3290
Commodities		
Office and Library Supplies: General office consumables and research information		200
Equipment		
Desk - secretarial with typing extension		362
Chair - secretarial		85
Utility table		95
File cabinet - 5 drawer legal with lock		213
IBM Selectric typewriter		792
		1547

HB 453

(1). Purpose or Intent → To License individuals who practice these professions, thus protect the public.

(2). 37 states have such laws.

(3). Go thru. rigorous training and certification — at national level thru. American Speech & Hearing Assc.

(4). AB #553 Est. Masters Degree/min. standard Speech Pathology and or audiology but has liberal provisions for grandfathering of individuals presently practicing.

(5). Fed. Legislation → such as establishing Professional Standards Review Organizations and Health Services Agencies often requests to identify qualified providers.

(2). AK. Approx 75 people. 60% → AK. Speech & Hearing Association

Needs for Licensure

(1) Consumer Protection

(2). Upgrading the Profession.

HB
586

	Initials	Date
Prepared By		
Approved By		

	Acct #	adult Basic Ed 14-1-101	CC #	(1) 988000	(2) 347000	(3) 348000	(4)
1		Grant Award		783900 00			
2	E85701	Anchorage Comm. Coll	0091		205150 00		
3	E87302	Educational Projects & Resources	0092		28000 00		
4	E87901	adult Learning Program	0183	124500 00			
5	E87603	Post Sec. Comm	0196	2500 00			
6	E87601	Post Sec. Comm	0197	69167 00	13468 00		
7	E87602	Post Sec. Comm	0198		30587 00		
8	E85502	Anchorage Sch Dist	0210	123000 00			
9	E81101	Cordova Pub. School	0211	9500 00			
10	E88102	Kenai Pub Inc	0212	66146 00			
11	E87803	adult E.D Program	0213	15461 00			
12	E86301	Dept of ed. S.E Cities	0214	9493 00			
13	E82101	Dept of ed. S.E. Towns	0215	154110 00			
14	E87804	Aleutian/Pribilof Islands Assoc	0290	21162 00	10660	10662	
15	E88101	Fairbanks Native Assoc	- - -	46420 00			
16	E8-044/	Anchorage Sch Dist	0304		35000 00		
17	E8-60-01	N/A K. Kenai Comm College	0310	2500 00			
18	E8-61-01	Kotzebue Comm College	0322		6133	9493 00	
19	E86401	Kodiak Comm College	0333	63000 00			
20	E86701	Kuskokwim Comm College	0337	137000 00			
21	E85702	N/A Valley Ext Service	0366	25929 00	—		
22	E85503	Anchorage Comm College	0374			1000000	
23	E87805	Northwest Prog Ed. Lab	0375			50850 0	
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Form HS72 Buff - Form G572 Green

ANCHORAGE
SCHOOL DISTRICT
4600 DeBarr Road Anchorage, Alaska
99504
AREA CODE 907 333 9561

February 2, 1978

The Honorable Charles H. Parr
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

RE: HB 586 Adult Education

Dear Mr. Parr:

Under the provisions of HB 586, the Department of Education, and by inference, the local school districts, would assume responsibility for non-degree programs in adult education.

The Anchorage Community College is presently doing an excellent job of providing these services.

It is difficult for us to see the necessity of changing an obviously successful system; however, there may be reasons of overriding statewide interest which could prompt this move.

If so, we would appreciate your assistance in communicating these reasons to us for our information and possible comment.

Very truly yours,

Heather Flynn

Heather Flynn, Legislative Chairperson
Anchorage School Board

jm

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

MEMORANDUM

January 30, 1978

SUBJECT: Responsibility of the Department of Education under HB 586. (Work Order No. 4675)

TO: Representative Charles H. Parr

FROM: Richard A. Bradley RB
Legislative Counsel

Section 1 provides that AS 14.07.020 is amended to provide the Department of Education with a "duty" to provide "educational opportunities in the areas of vocational education and training, basic education and fire service training to individuals over 16 years of age who are no longer attending school."

Your question was whether in putting this responsibility under a section dealing with the "duties" of the department, there might be the possibility of a Hootch-type liability established.

I have substantial doubts whether the location of Section 1 of HB 586 under either the powers or the duties of the department will result in Hootch-type litigation; note that the Hootch case merely confirmed what the constitution already stated, that is that

> "The legislature shall by general law establish and maintain a system of public schools open to all children of the State,..." [Art. VII, sec. 1, Alaska Constitution]

I agree, however, that as between the two sections, the responsibilities under Section 1 of HB 586 fit more properly under the section dealing with "powers".

Your second question asks whether sec. 2 of the bill puts the department in a position of conflict with the community colleges because of the overlapping program responsibilities; you note that the department is given increased responsibility in the area of adult education and training though it is excluded from degree programs of postsecondary education operated through the University of Alaska. At the present time, the University of Alaska is engaged in some non-degree adult education programs.

In my view, sec. 2 of the bill would exclude the Department of Education from participation in that form of adult training and education which duplicates the degree programs of postsecondary education operated through the University of Alaska. Obviously, however, to the extent that a non-degree program is involved, the responsibilities given under sec. 2 of this bill to the Department of Education could duplicate similar programs offered through the University of Alaska.

The question whether this duplication is desirable or not is, of course, a policy question for this committee and ultimately for the legislature.

RAB:jpd

HB
632

MINUTES OF HOUSE

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

February 22, 1978

The meeting was called to order at 3:05 P.M. by Chairman Parr. Present was Mr. Bennett, Mr. Nakak, Mr. Chatterton and Mr. Phillips. Absent: Mrs. Buchholdt, Mr. Beirne, Mr. Cotten and Mr. Ose. Also present was Representative Mike Miller.

HB 632 was before the committee today. Representative Mike Miller, sponsor of the bill, was first to speak on it. Mr. Miller stated that the bill would not authorize euthanasia or mercy killing. The bill says that a person has a fundamental right to make a decision about the way his or her death may be handled in the case of an absolutely terminal illness where it is certifiably absolute that recovery is impossible, that extraordinary means cannot be used to keep a person clinically alive. Mr. Miller stated that he thinks the decision is one that the individual has the right to make and no one else has the right to make that decision for them. He further stated that he thinks that at any point, the individual has the right to reverse that decision.

Next to testify on HB 632 was Dr. Fraser from Division of Public Health, Department of Health and Social Services. Dr. Fraser stated that the department in general, supports the concept of this bill. Dr. Fraser addressed his testimony to the comments that were in the Position Paper provided to the committee members.

Rev. J.R. Matthews of the First Baptist Church, Juneau, was next to testify on HB 632. Rev. Matthews stated his testimony was based on several reasons, his personal experience with families and patients over the years who have been members of his church, his relationship with several physicians who were members of his church and the fact that in the last six years his mother has been operated on 20 times or more for cancer. He stated he has heard his mother express her wish not to be hooked up to any life sustaining machines if it should become necessary. Rev. Matthews is in favor of the bill.

Next to testify on HB 632 was Mr. Sid Hiedersdorf. Mr. Hiedersdorf is with Alaskans for Life. He spoke in opposition of the bill. He stated they believe it is healthy for people to think about their death and prepare for it. Their opposition of the bill is not in what the bill seeks to achieve but from the manner in which it attempts to achieve these goals. They are opposed to the bill because of the havoc it will cause in the doctor patient relationship and the potential harm that legislation in the area of death and dying may bring with it.

Discussion followed. No action was taken on this bill today as it will be taken up again tomorrow.

HB 780 was next to be discussed. Mr. Bob Cole from the Office of Alcoholism and Drug Abuse testified on this bill.

Mr. Cole stated the office had prepared a Position Paper which stated reasons why the agency, a private, non profit corporation, has experienced a budget short this year. Mr. Parr, introduced the bill. He stated that the council is out of money and that the proposed money is not for treatment but for education and prevention activities.

No action was taken on this bill today.

Meeting was adjourned at 5:00 P.M.

MINUTES OF HOUSE

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

February 23, 1978

The meeting was called to order at 1:05 P.M. by Chairman Parr. Present: Mrs. Buchholdt, Mr. Phillips, Mr. Cotten, Mr. Chatterton, Mr. Nakak and Mr. Bennett. Absent: Mr. Ose, and Mr. Beirne. Also present was Representative Mike Miller.

Todays meeting was held in the form of a teleconference. Participating in the teleconference was, video: Anchorage and Bethel, audio: Fairbanks, Nome and Ketchikan.

Mr. Peter Fromuth gave opening comments as to the order in which the teleconference would be conducted. Rep. Miller, prime sponsor of House Bill 632, spoke briefly on the teleconference.

Bethel testimony was heard first. Mr. Otto Dreydoppel was first to testify from Bethel. Mr. Dreydoppel is the District Superintendent of the Moravian Church, Western Alaska. He stated that more and more the religious sector is realizing that the important thing is not so much the quantity of life but the quality of life and they are recognizing more and more the right of an individual to allow nature or God to take its course. Mr. Dreydoppel stated that he thinks this bill is an important step forward and he supports the bill.

Dr. Carl Shumack was next to testify from Bethel. Dr. Shumack complimented the Alaska Legislature for bringing up a bill of this sort and stated he thinks it is very important. Dr. Shumack offered a paper to the Committee entitled "Personal Direction for Care at the End of Life." He had the paper telecopied to Juneau.

Anchorage was next to be heard. Testifying first was Ms. Kristine Fardig, President of the Alaska Right to Life. Ms. Fardig testified in strongest opposition of HB 632. She stated the bill was unnecessary and created problems of its own.

Ms. Sylvia Short, President of the Cook Inlet Memorial Society, stated the memorial society supports this bill by unanimous vote of its Board of Directors. She stated they very much want Alaska to join the eight states which have enacted this type of legislation. They feel it is protective not only of the individual but for his family and heirs as well.

Mr. Dick Peterson was next to testify from Anchorage. Mr. Peterson stated that he supports the bill for personal reasons. He stated that he has signed the living will and that he wants his family, friends and doctor to know that when he has been diagnosed as terminally ill and he is a vegetable, he wants to die with dignity and not be sustained by artificial means.

Mr. Bill Moffatt, Alaska Representative of the Board of Directors for the National Right to Life, spoke next on HB 632. He testified in opposition of the bill. He feels the bill is unnecessary. He stated the words "withdrawn" or "withdrawal" appear repetitously and should be eliminated because there is a distinction between withholding life supportive services. He stated the act instead of being pro-life is pro-death.

Ms. Alice Brewer was next to testify. Ms. Brewer is with Right to Life. She stated that in general she is in agreement with this bill. She also stated she thinks the bill is very carefully and narrowly written.

Rev. Richard Gay testified next. Rev. Gay spoke in support of HB 632. He stated he believed that the safeguards have been well built into the bill. He encourages passage.

Bishop Francis Hurley testified next. He stated he feels the bill is morally acceptable in his opinion and that of the Catholic church. He stated that he agrees that the individual should have the right to determine the type of medical care that he is going to receive. Bishop Hurley stated he has reservations about the need for this type of legislation. He stated we already have the right that is put forth in this legislation.

Dr. Winthrop Fish testified on HB 632 next. Dr. Fish has practiced medicine in Alaska for some 20 years. He stated the Council of the Alaska State Medical Association and the Anchorage Medical Society have considered HB 632 and some of its implications. He stated that although there is literally no favorable support for the legislation, both bodies felt it inappropriate at this time to make a formal statement in opposition. He stated they strongly urge the committee to full assess the actual problem and to assess carefully all the possible negative and possibly dangerous implications the legislation has written. He further stated that in the time of his practice in Alaska, he knows of no instance where this legislation would have altered his behavior at the time approaching death other than adversely.

Dr. Wilson was last to testify from Anchorage. Dr. Wilson has practiced medicine in Alaska for 20 years. He stated he thinks it is premature to pass a bill like this one.

Next was the audio portion of the teleconference. Representative Sam Cotten chaired the remainder of the meeting as Chairman Parr had another meeting to attend. Ketchikan was first to be heard.

First to testify on HB 632 was Dr. Johnson, Ketchikan Medical Society. Dr. Johnson stated he feels the matter should be studied further and that the legislature should move slowly before enacting upon this legislation.

Ms. Pat Rowan testified next. Ms. Rowan has been in nursing for 39 years and is a RN. She stated this bill is not very much enforceable. She thinks the intention is good but states the situation does not arise as often as we tend to think it does.

Nome was next to be heard. Testifying from Nome was Ms. Jeanette Morton. Ms. Morton stated she supports the concept of the bill but questions the need.

Fairbanks was last to be heard. Rev. Fred Walton, pastor of the Covenant Church, was first to testify. Rev. Walton stated the bill is a good one. He asks the question whether the bill should be legislated.

Judge Hugh Connelly, Fairbanks District Court Judge and Chairman of the Tanana Valley Bar Association and Legislature Committee, was next to be heard from Fairbanks. Judge Connelly stated the committee held two meetings on HB 632 and made these comments: 1) Restrictions in the directive are rather involved and should be simplified. 2) A person wants to die up until the last few days and then changes his or her mind. 3) If this bill should go through 1 of the witnesses should be a physcian in order to discuss the matter with the potential patient. 4) Only the "originals" of the "directive" should be permitted to be used in that copies could cause a problem especially in the age of xerox. 5) The directive should be acknowledged by a notary public. 7) The instrument should have a maximum duration because when someone is in the hospital in a comatose state how is the physician going to feel if it was signed 5 or 10 years ago. The committee felt where it stated that a physcian would be held in unprofessional conduct for failing to carry out the directive, this was too harsh of a punishment.

Judge Connelly stated his own personal testimony would be that if there is any type of a bill that goes through like this, he would like to see it as a straight standard document, even if it looks like a drivers license, so there could be no question as to the adequacy of that particular instrument, that it would be uniform throughout the entire state and that any physcian or anyone else would know exactly what the document was.

Mr. Chatterton asked Mr. Connelly with the almost equal division that he has within the Tanana Valley Bar Association, would that be a strong suggestion to the legislature that it is a little too early to cast anything into concrete along these lines. Mr. Connelly stated in his personal opinion, yes. He thinks they would like to see the bill re-drafted along some of the comments that have been made by them and worked from a new instrument to really fine home this bill down to where it is a practical situation.

Meeting adjourned at 4:20 P.M.

- NATURAL DEATH ACT
- LIVING WILL

PHONE	NAME	I SUPPORT HB632	I SUPPORT THE LIVING WILL ACT
277-3587	Sylvia Short	~~yes~~	~~yes~~
✓	Cheryl Short	✓	✓
55-1172	Nicole P. Smith	yes	yes
1279	Steven C. Lemo	yes	yes
49-2004	Dewen Tebow	✓	✓
49-5590	Samuel Chesbrough	Yes	Yes
7875	Cleda Carlton	YES	
43-4555	Margaret Spinde	yes	yes
77-2140	William G. Stilling	yes	yes
11C126	Janet H McMullin	yes	yes
16-6043	Thomas D Cluttenden	YES	YES
9-7875	Connie Parker	yes	yes
16-6043	Julie A. Taylor	yes	yes
14-C485	Thomas D. Hoag	yes	yes
78-1247	Opal N. Thorn	Yes	Yes
78 1247	Lenora E. Sherwood	yes	yes
9-1885	Susan E. St. Clair	Yes	Yes
14-7819	Elizabeth H. Hietz	yes	yes
43-2200	Anne Van Dolah	yes	yes.
4-9344	Norma Lynch	yes	yes
6 5962	Colin J. dal Pra	yes	yes
12-3264	Jean Cattell	yes	yes
1-5328	Arthur Arians	yes	yes
1-5326	Mary L Arians	yes	yes
1-C835	Anne Wiebusch	yes	yes
1-5873	E. Alden Lehmann	Yes	Yes
1-5580	Dorothy A. Underwood	x	x
12-566	Sherry Valentine	yes	yes
1-5666	Lyle Klein	yes	yes
1-7793	Lake	yes	yes
316908	Dorothy Anne Zappos	Yes	Yes
1-1908	John A. Zappos	Yes	Yes

PHONE	NAME	SUPPORT HB632	SUPPORT WILL CONSENT
74-8755	Kay W Harris	yes	yes
17-6001	Helen Heckstein	yes	yes
7736cc	Bob Sandefeld	yes	yes
7-3149	Lillette Post	yes	yes
7-6768	Jacqueline Sewell Russell	yes	yes
5-5324	Dennis E. Watt	yes	yes
1-8403	Richard L. Peterson	yes	yes

HB 632

Marion Lampman - AK. State Hos. Assoc.
5531 Arctic Blvd. Suite 1
Anch. AK. 995

Joseph Worrall, Jr., M.D.
Fairbanks Clinic
Box 1330
Fbks, AK. 99707

Francis T. Hurley
Archbishop of Anch.
Box 2239
Anch. AK. 99510

Rodman Wilson, M.D. 279-0481
3300 Providence Drive
Anch. AK. 99504

Pastor John Tindell 586-3131
Box 186
Juneau, AK. 99802

Sylvia Short - Anch - 277-3887

Reverend J.R. Mathews - Juneau - 586-2577

LA11 2533 13.26 JA01 0023 13.27 02/09/73

TO: CINDY, JUNEAU
FROM: CAROL, ANCH.

SHALL CONTACT SYLVIA SHORT ABOUT IF 632. OK?

JA01 0034 13.14 JA01 0041 13.15 02/09/73

TO: CINDY, JUNEAU
FROM: CAROL, ANCH.

SHALL CONTACT SYLVIA SHORT 277-5527 AND INFORM
HER OF THE RECOMMENDATION NOT TO ADD THE 3RD
BY MARCH AND OTHERS.

THANKS.
CAROL

Sylvia L. Short
Attorney and Counsellor at Law
P. O. Box 4-734
Anchorage, Alaska 99509
Telephone 277-3887

January 24, 1978

Repr. Mike Miller
Pouch P
Juneau, AK 99811

Re: HB 632, DEATH WITH DIGNITY or NATURAL DEATH ACT

Dear Sir:

The Legislative Information Office advises that you have introduced the above bill as of January 16, 1978. The purpose of this letter is to assure you of my wholehearted support for such a bill.

I have not yet received copies of the bill but will be procuring them from the Legislative Information office to present to the board meeting of the Cook Inlet Memorial Society, which is on record in support of such a bill. After consideration of the above bill, we will advise of our recommendations in regard to your bill.

I have been in communication with Lisa Rudd regarding such an act, and I am sure Repr. Rudd would extend to you the information I gave her in support of such an Act. By copy of this letter I am advising Repr. Rudd hereof and soliciting her support.

My mother died on December 27, 1977, and among her important papers I found a newspaper clipping of the original "Death with Dignity" directive. As you are probably aware, the California Natural Death Act is so restrictive as to be barely usable. At any rate, the directive would not have been needed in my mother's case, but I was impressed with her concern over the matter.

I will be glad to do whatever I can to assist in support of this type of bill.

Sincerely yours,

SYLVIA L. SHORT

cc: Repr. Lisa Rudd
cc: Jane Raible, Executive Director, Northwest Institute of Ethics and The Life Sciences

February 1, 1978

Ms. Sylvia Short
Attorney and Counsellor at Law
P.O. Box 4-734
Anchorage, Alaska 99509

Dear Ms. Short:

Just a brief note to thank you for your letter of January 24th and for the very welcome information that you support the bill wholeheartedly. In case you haven't yet had a chance to pick up the final version of the bill, I'm enclosing an extra copy for you.

The bill is presently in the committee on Health, Education, and Welfare, and Chairman Charlie Parr indicated to me a short time ago that he in considering holding hearings on this bill and utilizing the new teleconferencing capacity that the legislature will inaugurate this year. If so, you will be able to testify in favor of this bill, if you desire, simply by going to the Legislative Affairs Office in Anchorage. I'm sending a copy of your letter to Chairman Parr so that if this plan becomes a reality, he can let you know prior to the hearing.

Rocky 11

Again, many thanks for writing.

Sincerely,

Mike Miller

cc: Chairman Charlie Parr and Representative Lisa Rudd

REPRESENTATIVE
MIKE MILLER
ALASKA STATE LEGISLATURE
P.O. Box 1494
Juneau, Alaska 99802
Home Phone (907) 586-3067
Legislative Phone (907) 465-3739

House Majority Leader
Chairman, Legislative Council
Member, Rules Committee
Member, Resources Committee
Member, Committee on Committees

Rocky - copies memo HB632 file

FAIRBANKS CLINIC

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1867 AIRPORT ROAD P.O. BOX 1330 FAIRBANKS, ALASKA 99707 (907) 452-1761

26 January 1978

Charles H. Parr
Chairman
Health, Education & Social Services Committee
House of Representatives
State of Alaska
Pouch V, State Capitol
Juneau AK 99811

Dear Mr. Parr:

Thank you for sending me House Bill #632. I approve of this approach. I have thought of three situations, however, that may require additional consideration.

(1) I can conceive of situations in which a family would have second thoughts after the patient died, and feel that the two physicians were wrong when they declared the patient was terminal. For the protection of the physicians, perhaps the bill could state that there is a presumption that the finding of terminal illness was made in good faith, except when the evidence is overwhelming that both physicians were intent on murdering the patient by neglect.

(2) There will probably be many people who do not execute the declaration in a timely manner. Many terminal patients are not of sound mind, i.e. the patient who suffers an unexpected stroke or head trauma. I suppose these cases are being handled now by agreement between the doctor and the families. Perhaps the bill could address itself to these situations and contain language that encourages and approves communication between doctor and family regarding the efforts to sustain life, when the patient is terminal, cannot communicate, and has not executed the declaration.

(3) It seems to me the situation of cardiac arrest, acute myocardial infarction, and cardiopulmonary resuscitation might deserve special mention in the bill. For example, what about the patient who has an invariably fatal cancer, but is not yet terminal, who has executed a declaration, and suffers a cardiac arrest during a diagnostic procedure? The attending staff (nurses, aides, or doctors - all can initiate CPR immediately) may make the wrong decision, from the standpoint of the family or the surviving patient, about whether to resuscitate. Perhaps the x-ray technician is unaware that the patient has signed a declaration and automatically starts CPR when the patient arrests on the x-ray table, or perhaps the nurse doesn't start CPR because she knew about the

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General Surgery
Joseph K. Johnson, M.D.
George B. Murphy, M.D.

Neurology
Perry A. Mead, M.D.

declaration, and the doctor or family then say, "Oh, no. We meant no special measures when he was dying from cancer. We didn't mean he shouldn't be helped if he has a heart attack!"

I appreciate your sending this for my opinion. Actually, in my specialty, I rarely deal with anyone who has a fatal illness, so I hope that you seek opinions from a broad spectrum of physicians, many of whom will have far more experience with these matters than I.

Sincerely yours,

Joseph A. Worrall, jr., M.D.
Obstetrician/Gynecologist

JAW:pep

Rocky

CHARLIE PARR

ALASKA LEGISLATURE

S. R. Box 50599
Fairbanks, Alaska 99701
456-5029

Pouch V
Juneau, Alaska 99811
465-3797

January 30, 1978

Ms. Marion K. Lampman, Executive Director
Alaska State Hospital Association, Inc.
5531 Arctic Blvd. Suite 1
Anchorage, Alaska

Dear Marion:

Thank you for your letter of January 25 concerning HB 632. I will make certain that the committee members get copies of it. We probably shall not do anything with this bill for at least two weeks in order that other persons we wrote may reply, so its entirely possible that we will still have it when you are here.

Sincerely,

Charlie

Charles H. Parr

CHP;sg

11 TH AND A STREETS • PHONE 586-3131 • AREA CODE 907
MAILING ADDRESS: P. O. BOX 186 • JUNEAU, ALASKA 99802

Northern Light United Church

February 6, 1978

Charles H. Parr
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr:

Thanks for sharing with me a copy of HB 632.

From an ethical point of view, which is the only way I feel competent to comment on this legislation, I am pleased with the bill. It seems to say what I hear a number of persons saying they would like to do. I would oppose going beyond what the bill says to say a form of "mercy killing" but have no objection to a person simply requesting that extraordinary means not be used when death is apparent for their own life.

I would appreciate being informed as to when the hearing on HB 632 is to be.

Sincerely,

John R. Tindell
Pastor
JRT/bm

ARCHDIOCESE OF ANCHORAGE
Post Office Box 2239
Anchorage, Alaska 99510

February 10, 1978

Mr. Charles H. Parr
Chairman
Committee on Health, Education and
Social Services
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr:

Thank you for the invitation to comment on HB 632.

My comments are in two categories: First, the general advisability of such legislation; second, observations on HB 632 itself.

There is a growing body of literature on legislation pertaining to the living will. An immediate observation on this literature is that the understanding of the relationship between law and the living will is far from maturity. The fact that legislation has passed in some states and failed in others indicates an interplay of conflicting values. On the one hand there is the right of the adult person to control decisions on his medical care and also a protection for a doctor and hospital from civil liability. On the other is the conviction that such bills are unnecessary in that patients already have the right in question and are also unduly restrictive.

Perhaps one of the key problems with living will laws is in what they imply rather than what they protect. For example, what are the implications for people who do not write a living will? Does the absence of such a will open to over-treatment, if for no other reason than to avoid liability on the part of the doctor? We must concede that most people will not have a living will, that quite frequently the decision about treatment will be made in emergency situations when it is not possible to determine if there exists such a will.

To put it another way, what does the existence of the law do to the patient-physician relationship? Especially when fewer and fewer patients have private physicians?

It is always a matter of great apprehension when there is an attempt to codify in law a right or freedom that exists without such a law, in this case the right of the person to decide on medical treatment or the right of the doctor to withdraw from a case if asked to perform acts incompatible with his conscience or profession.

So a basic question: Is the natural death act aimed primarily at the patient who does not want to be over-treated or at the physician who does not want to run the risk of civil liability? If the latter, then legislation should be aimed at that.

On HB 632, The Natural Death Act, at this point it is a copy of the California law. As carefully as it was written it still leaves many points of confusion. Other states have considered different drafts of legislation. The understanding of the issue has not matured, as the variety of reactions indicates.

The fundamental reason or right for this act is stated in Sec. 18.12.010 (1): The fundamental right of the individual to make decisions relating to his own medical care. To keep this right in clear focus there should not be references to patient dignity and unnecessary pain and suffering. Dignity and suffering are relative terms, differing from one individual to the next. The language of the act should not inject other terms, especially these that have in fact become emotional symbols.

For many people, particularly many of deep religious convictions, bearing terminal illness is not a loss of dignity and pain and suffering is something they may choose to endure for their own reasons.

Paragraph (b) exemplifies what I mean. "In recognition of the dignity and privacy which patients have a right to expect...." That is not what should prompt the legislature to make a declaration. Rather it is the fundamental right persons have to make decisions relating to their own medical care, as in (1) above, that prompts the declaration.

I make this point because I feel it is most important to keep clear in legislation what rights are involved. There is already too much loose language in this area, such a phrase as "death with dignity," which raise many apprehensions about an act of this kind being a preliminary to euthanasia. I know euthanasia is covered later in the bill but I return to my point, the language of the act should be consistent with exactly what right warrants this type of legislation.

Furthermore focusing the terminology on the fundamental right to decision-making keeps the point of decision with the patient.

"Terminal condition" is not well defined. There are situations it does not cover, especially those where death is not imminent.

Personally, I would prefer that the State not imply that it is conferring a fundamental right to the patient and physician. That already exists. Likewise I think legislation should not be injected with the basic relationship between a patient and his physician. Such legislation spawns numerous administrative regulations.

Might not the goal of HB 632 be accomplished if it were cast in terms of protecting the physician from civil liability.

I am interested in knowing when hearings will be held on this legislation.

Again, thank you for the invitation to comment.

Sincerely,

Francis T. Hurley

+Francis T. Hurley
Archbishop of Anchorage

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

POUCH Y · STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

February 15, 1978

MEMORANDUM

SUBJECT: February 23rd Videoconference

TO: All Legislators

FROM: Legislative Affairs Agency

On Thursday, February 23rd, from noon to 3:30, Juneau time, the House Committee on Health and Social Services will hold a hearing on HB-632, Relating to Death and Dying. The hearing will be the subject of the first of three two-way videoconferences between a legislative committee in Juneau and communities belonging to the Legislative Teleconference Network. Participating in the February 23rd hearing will be Juneau (the hearing site), Anchorage and Bethel. This means that citizens able to travel to conference centers in Anchorage and Bethel are invited to testify before the HESS Committee via closed circuit television. Testimony will be given in two segments: the first half of the conference will be devoted to testimony from Anchorage participants, the second, to testimony from Bethel.

Throughout the hearing the viewing conference centers in Fairbanks and Ketchikan, and the participating conference centers in Anchorage and Bethel will see a continuous television picture transmitted from Juneau, and hear discussion generated from the three participating centers.

Though unable to receive video until the April conference, the Nome conference center will of course, hear all discussion for the duration of the hearing.

After the videoconference there will be a fifteen minute break followed by a short audio only discussion between the HESS Committee here in Juneau and interested citizens in Nome, Fairbanks and Ketchikan unable to testify during the televised section.

Legislators receiving inquiries regarding HB-632, are asked to make this information known and to direct interested consituents to one of the following teleconference centers:

Nome:
Office of the Governor
Room E-1 Nome Regional Office Bldg.
Contact: Myrtle Johnson (Moderator)
443-2770

Anchorage:
Media Services Dept.
University of Alaska Library
3211 Providence Drive
Contact: Charity Kadow (Moderator)
278-3668

Bethel:
KYUK Studio
Contact: Janet Schantz - 543-3131
Peter Twitchell - 543-3131

Fairbanks:
KUAC Studio
Fine Arts Building
University of Alaska Campus
Contact: April Moore (Moderator)
452-4449

Ketchikan:
KATV Studio
345 Main Street
Contact: Sandy Wendte (Moderator)
225-9675

PF:ftc

Sylvia L. Short
Attorney and Counsellor at Law
P. O. Box 4-734
Anchorage, Alaska 99509

Telephone 277-3887

February 16, 1978

Repr. Charles Parr, Chairman
House Health, Education and Social Services
Pouch V
Juneau, Alaska 99811

Re: House Bill 632, the Natural Death Act

Dear Repr. Parr:

Last night at special meeting the Board of Directors of the Cook Inlet Memorial Society, Inc., voted to support the above bill. We are a non-denominational, non-profit Alaska corporation, affiliated with the Continental Association of Funeral and Memorial Societies, Inc., a group of over 100 similar societies in the United States and Canada. Our principle purpose is to honor the dead and aid the living with respect to bereavement.

We have studied the Natural Death Act and its concept of a Living Will, and it is our opinion that this is an enlightened and dignified concept, consonant with our purpose.

Testimony to this effect will be presented on behalf of our group at the forthcoming videoconference on February 23rd. Your consideration will be appreciated.

Very truly yours,

SYLVIA L. SHORT
President
Cook Inlet Memorial Society, Inc.

cc: Repr. Mike Miller
cc: Repr. Lisa Rudd

ST. ANTHONY'S CATHOLIC CHURCH
825 SOUTH KLEVIN STREET
ANCHORAGE, ALASKA
99504

February 16, 1978

Mr. Randy Phillips
State Representative
Pouch V
Juneau, Alaska 99811

Dear Representative Phillips:

I wish to thank you for your letter dated February 7, 1978 regarding House Bill 632. I appreciate your sending me a copy of this proposed bill.

I am very hesitant on a bill such as this becoming law. There is so much unforseen involvement in a bill of this type. I wonder if something like this should be defined as law.

In my estimation and from my experience as a priest, I have found in crises that people tend to cling to at least one more day or a few more minutes of life. I cannot see how anyone can make a will so far from a crisis that may or may not happen in the future. Everyone wants that extra moment to prepare and get ready.

Our church has always held that extraordinary means do not have to be used. But with the progress of medicine today we find the different definition of what is extraordinary day by day. So I feel we have to deal with individual cases when they actually happen.

I am enclosing an article and statement by Bishop Ernest Unterkoefler of Charleston, South Carolina on the "Definition of Death, Living Will Legislation Opposed." The section on euthanasia I feel really answers my feelings. The Bishop has good points which I feel should be considered.

It pleases me that you are interested in the opinions of others. I thank you for requesting my opinion.

Sincerely,

Francis A. Cowgill

Rev. Msgr. Francis A. Cowgill
Pastor

Encl:
FAC/cb

Definition of Death, Living Will Legislation Opposed

Two bills proposed to the South Carolina legislature — living will and definition of death bills — have been opposed by Bishop Ernest Unterkoefler of Charleston. In a statement, Unterkoefler said: "Although the primary reason given for legally redefining death is to assure that organs for transplantation will be available at the earliest possible moment and to protect physicians who wish to perform transplant operations from malpractice and criminal liability, it is clear that this may result in a shift of attitude from the patient as a person to be helped medically or allowed to die peacefully to a view of him as essentially a donor of organs to be exploited." Definition of death legislation is fundamentally flawed, the bishop said, because it invites abuse of the needs of the sick and suffering. Unterkoefler expressed the belief that so-called living will legislation too closely reflects the desires of those who would promote euthanasia in society. "It is the responsibility of the state to provide legal protection for human life at every stage of its existence and in every circumstance, even if the enjoyment of life is limited or qualified," Unterkoefler said. The text of his Jan. 13 statement follows.

At the start of its new session, the South Carolina House of Representatives once again has at the top of its calendar for consideration the definition of death (H. 2126) and passive euthanasia (H. 2419 and S. 197) measures tabled last year after considerable public debate. Since these pieces of legislation were first proposed, it has become apparent that they are not only highly detrimental to good health care for the public, but that they are part of a callous new movement across the country seeking euthanasia for the elderly, the handicapped and the disadvantaged because they are considered to be too great a financial burden on society and the state.

1. Definition of Death (H. 2126)

According to the proposed definition of death bill, a person shall be declared dead if, in the opinion of attending physicians, there has been an "irreversible cessation of spontaneous brain function." Yet it is well known in medical and legal circles that attempts to use a flat electroencephalogram as evidence of death have proved to be unreliable and impractical. Study of the matter by professionals indicates that in the majority of cases the EEG will be unavailable, its use of marginal value and its results inaccurate.

It may be difficult or impossible to determine in some cases, for example, whether a flat EEG tracing is the result of death or merely depression of the central nervous system by drugs or hypothermia. Similarly, its use in other cases is superfluous either because of the nature of the disease or because it simply confirms an existing diagnosis of death. "At best," as one scholar notes, "the EEG seems useful, if its results can be validated, in the patient who is dying from massive brain injury and consideration is being given to the use of his organs for transplant purposes...and for the assurance that viable organs are obtained for transplantation."(1)

Indeed, it seems that one of the major purposes of legislation redefining death is to establish a point at which a human being loses his legal status as a person and no longer has a right to medical or other basic services so that organs for experimentation or transplantation can be acquired and as an alternative to euthanasia. According to Dr. Willard Gaylin, the president of the prestigious Institute of Society, Ethics and the Life Sciences, "the difficult issues of euthanasia could be evaded by redefining death" for the purpose of "increasing use of parts of the newly dead to sustain life for the truly living"; or, as he suggests, for the purpose of "harvesting the dead" and developing "the potential for recycling human bodies."(2)

Although the primary reason given for legally redefining death is to assure that organs for transplantation will be available at the earliest possible moment and to protect physicians who wish to perform transplant operations from malpractice and criminal liability, it is clear that this may result in a shift of attitude from the patient as a person to be helped medically or allowed to die peacefully to a view of him as essentially a donor of organs to be exploited.

Such legislation may be criticized on many grounds — its vagueness, its potential rigidity in the face of medical and scientific advances, its lack of safeguards, its failure to appreciate that legal definitions cannot erase uncertainty about the borderline between life and death, and its sowing of confusion in other states among doctors and lawyers after its adoption — but it is fundamentally flawed because it invites abuse of the needs of the sick and suffering.

It is significant that these defects have led the American Medical Association and a substantial part of the legal community to oppose the adoption of such a measure. It is equally significant that Representative Theo Mitchell, one of the original sponsors of the South Carolina bill, withdrew his name from the proposal after careful consideration during the last session of the legislature and subsequently voted against its passage. Catholics should do no less. It is the purpose of medicine to serve patients and not to exploit them — to minister to the dignity of man. Measures designed to promote "the wholesale and systematic salvage of useful body parts" by redefining death so that patients "would have the legal status of the dead with none of the qualities now associated with death" are unworthy of man as the *imago Dei*.(3)

2. Euthanasia (H. 2419 and S. 197)

Similarly, the measures proposed in the House of Representatives to permit an individual to authorize the withholding or the withdrawal of medical care in the case of serious illness or injury through the agency of a "living will" written at some point in the course of his life are gravely defective in terms of morality, of sound social policy and of the obligation of medicine to promote life and health rather than to hasten death.

Although these bills have been advanced beneath the slogans of a "right to die" and "death with dignity," it is clear that they are part of a national campaign by the Euthanasia Society and the Euthanasia Educational Council to break down malpractice obstacles to active euthanasia for the elderly and the handicapped. Nor is this a matter of speculation. The South Carolina proposals are only a slightly modified version of past euthanasia legislation advocated by these groups both in the United States and England and of the sanitized model bill being pressed on lawmakers across the nation today.(4)

Specifically, the concept of the living will was originated by the Euthanasia Society several years ago as a means of educating the public to accept the idea of a "right to die" and as a method of gaining legislative

entree for the promotion of active euthanasia.

According to remarks made in an interview by Katherine Mali, the president of the Euthanasia Educational Council, the living will overcomes a major legal obstacle to euthanasia:

"Q. Doesn't euthanasia give rise to some rather sizable legal problems?"

"A. From the criminal standpoint, active euthanasia can result in a charge of murder...But the real legal obstacle is malpractice in the case of passive euthanasia, that is, when the physician pulls the plug on life-support mechanisms to allow his patient to die..."

"Q. What then is the solution?"

"A. We think it is the living will."(5)

Such comments indicating the meaning of this legislation have been repeated numerous times by the leaders of the euthanasia movement. For example, Dr. Florence Clotheir, a member of the board of directors of the Euthanasia Educational Council, has stated that once the principle of passive euthanasia is established by the living will legislation it will be necessary for society "to confront the greeater dilemmas inherent in active euthanasia for the hopelessly malformed and handicapped infants doomed to a bestial subhuman existece in our state institutions. Active euthanasia may also have its place for patients suffering from incurable, intractable pain, but for the present there are dilemmas enough in regard to passive euthanasia."(6)

Since there are serious signs that euthanasia is already being administered in the case of seriously ill or genetically defective infants in many areas and that even adult patients have cause for concern,(7) the actual effect of such legislation may be to give the color of legality to present rather than to future practices. Certainly, the fact that living will legislation is being openly discussed in governmental circles as a way of reducing the cost of health care to the aged under Medicare and Medicaid programs does nothing to enhance the attractiveness of the proposal.

It is appalling, for instance, that Robert R. Derzon, the head of the Health Care Financing Administration of the Department of Health, Education and Welfare, noted living will legislation as a possible means of diminishing the cost of care for the elderly, and that the issue has been raised in a similar context in South Carolina.(8) Such an approach to the medical needs of citizens is not consonant with the moral teaching of Christianity or the traditions of a humane society, and Catholics have a responsibility to see that standards of genuine care are upheld for every citizen.

Many specific objections might be raised to the provisions of this legislation. Since a will prohibiting care would be signed in most cases before illness or injury indicated the appropriateness of certain kinds of medical treatment, for example, it fails to meet normal standards of informed consent and thus inhibits both the rights of patients and the professional practice of medicine. Moreover, these bills do not provide for the intestate, they pressure doctors to seek the death of patients in a gray area of prognosis by creating a situation whereby a malpractice suit may be brought only if a person's life is saved despite a living will, and they throw roadblocks in the way of a patient seeking to revoke a directive.

> "It is the purpose of medicine to serve patients and not to exploit them — to minister to the dignity of man."

At the same time, there are no genuine guarantees that someone signing a directive to be permitted to die has full knowledge or acts with true freedom, particularly in the case of the elderly and handicapped in institutions. Nor do the vague and scientifically inadequate definitions of "terminal condition" and "life-sustaining" care inspire confidence. Yet it is less the many technical defects that make this legislation unacceptable than the intrinsic evil of the principle of euthanasia, whether the death of the patient is induced by not giving help or treatment, or it is brought about by doing or giving something (like an intravenous dose of evipan); whether it is a result of a deliberate act of omission or commission.

The teaching of the church is unequivocal. It has been stated many times, but perhaps most eloquently by Vatican II: "Society and its development must constantly yield to the good of the person, since the social order must be subordinate to the order of persons and not the other way around....The Council lays stress on respect for the human person. Everyone should look upon his neighbor (without any exception) as another self, bearing in mind above all his life....Today there is an inescapable duty to make ourselves the neighbor of every man, no matter who he is, and to come to his aid in a positive way, whether he is an aged person abandoned by all...or an illegitimate child wrongly suffering for a sin he did not commit...For the varieties of crime are numerous: all offenses against life itself, such as murder, genocide, abortion, euthanasia and willful suicide...are infamous, harmful to civilization, and dishonorable to the Creator."(9)

It is the responsibility of the state to provide legal protection for human life at every stage of its existence and in every circumstance, even if the enjoyment of life is limited or qualified. It is the duty of society not to promote death, but to help secure for the sick their right to good health and for the dying their right to genuine compassion and care. Since the pending legislation does not meet this test, it may not be ignored or endorsed. It must be actively opposed.

Footnotes

1. Harold L. Hirsh, "Brain Death," *Medical Trial Technique Quarterly*, (Spring 1975), 397ff.

2. Willard Gaylin, "Harvesting the Dead," *Harper's*, 249 (September 1974), 23ff.

3. *Ibid.*

4. See Lord Craigmyle, *Your Death Warrant? The Implications of Euthanasia* (London: Chapman, 1971), pp. 136-144 passim; cf. *Death With Dignity: A Legislative Manual* (New York: Society for the Right to Die, 1976), passim.

5. "The Right to Die With Dignity: An Interview With Katherine Mali," *People Weekly*, March 17, 1975.

6. Florence Clothier, *Euthanasia: The Physician's Dilemma* (New York: Euthanasia Educational Council, 1972), p. 2f.

7. See Harvey A. Stevens and Richard A. Conn, "Involuntary Pediatric Euthanasia," *Mental Retardation*, 14 (June 1976), 3-6; and Gila Berkowitz, "The Right to Die," *Medical Dimensions*, (October 1975).

8. John H. Averill, "Memo to Califano Suggests $9.2 Billion Health Cost Cut," *The Washington Post*, June 22, 1977; and "Here Come the Cost Controllers," *Private Practice*, (November 1977), 18, 20, 24.

9. Vatican II, *Gaudium et spes*, Dec. 7, 1965, 2:26-27.

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

February 21, 1978

SUBJECT: February 23rd Teleconference Preparation

TO: Rocky Plotnick, Admin. Ass't HESS Committee

FROM: Peter Fromuth

Rocky, the following narrative summarizes the essential details of Thursday's teleconferences, which are: from 12:30 p.m. to 2:15 p.m.; House HESS; HB 632; Juneau, Anchorage, Bethel; a two-way videoconference; and, from approximately 2:30 p.m. to 3:30 p.m. (times will vary depending upon the duration of the first); House HESS; HB 632; Juneau speaking to Ketchikan, Fairbanks, and Nome in that sequence; and an audio only conference.

Preparation - 12:00 Noon - 12:25 p.m.

1) First, our audio circuit will be fed into a special video circuit for the duration of the videoconference. This means although all communities will hear committee discussion, the committee will only hear testimony from one location at a time. Likewise, you will not be able to converse with any location via the conference unit prior to the broadcast. All information concerning the number of participants in each location will be supplied by me.

2) This is a heroically long hearing; there are only two short breaks; urge the committee members to have an early lunch and to be seated in the Governor's Conference Room by 12:10 p.m. at the latest.

3) From 12:00 Noon to 12:25 p.m. we will be testing the various links our video/audio signal must pass on its way from Juneau to the sites and back again.

4) During this time, you and Chairman Parr should again brief the committee on procedure. Stress that the teleconference is designed to reflect the traditional protocol of a committee hearing. In effect, the Chairman rules. Discussion between committee members and between committee members and witnesses in each site must be initiated by the Chairman. Representative Parr must "recognize" Representative Nakak before Mr. Nakak can speak with a fellow member or a witness in Anchorage or Bethel. By the way, in the event of discussion between committee members - which should be minimal - you will need to keep both microphones open at once.

5) Also during this time I will provide you and Charlie with a report of the number of participants at each center. Although Representative Parr should confirm this report with each moderator in turn, it should nevertheless form the basis of a preliminary estimate of the time the committee should spend with each conference site.

6) 12:25 p.m. all tests should be complete.

7) 12:30 p.m. LIVE VIDEOCONFERENCE BEGINS.

Videoconference - 12:30 p.m. - 2:15 p.m.

I. Introduction. It would be very beneficial to us all if Representative Parr gave a brief introduction acknowledging that this is the first of several teleconferences in which a legislative committee in Juneau will hold a hearing in which citizens in five communities across Alaska will participate via satellite. He should then indicate that there will be two teleconferences this afternoon: a videoconference between Juneau, Anchorage and Bethel continuing for about two hours; and an audioconference, beginning shortly after conclusion of the first, and in which Ketchikan, Fairbanks and Nome will participate.

Note that throughout this introduction, the Anchorage conference studio will appear on the screen here in the Governor's Conference Room. It is important, however, that Charlie look at the TV camera instead of the screen since this message is directed to the audience at all network locations.

II. Testimony.

A. Anchorage.

1. Chairman Parr should first greet Charity Kadow the Anchorage moderator; ask the number of people who wish to testify; and then instruct the moderator to ask the first witness to address the committee.
2. The witness will take his seat before the microphone and identify himself.
3. The Chairman will acknowledge the witness, who will then begin testimony.
4. When the testimony is finished, the Chairman will proceed to recognize those committee members wishing to question the witness.
5. Once recognized, each committee member shall identify himself and his district before stating his question..
6. When the committee member has finished stating his question his microphone will be switched off at the conference set (by you or Representative Parr).
7. Each additional question, whether from the same or a different member, must be recognized separately by the Chairman.
8. When the committee has finished with an individual's testimony, Representative Parr should obviously thank the witness and instruct the moderator to ask the next one to come forth.

9. When all tesimony has been taken, Representative Parr will thank the Anchorage participants and announce that the committee will take a short break (about three minutes) to allow time to establish the satellite connection with Bethel.

B. Anchorage-Bethel switching time. Approximately a three minute break during which the camera will focus on two graphic displays; the first will state that further testimony may be sent to the committee address; the second will list the videoconference calendar.

C. Testimony. Bethel.

1. Chairman Parr will open testimony by greeting Janet Schantz Bethel moderator. Charlie shall then ask her the number of witnesses present, and finally, instruct her to ask the first to come forward and address the committee.

2 - 8. Same Format.

9. After all Bethel testimony is heard, the Chairman will thank participants for bringing their views before the committee, and state that this is the conclusion of the first of three videoconferences. The next two are scheduled: on March 16, between Juneau, Anchorage and Fairbanks; and on April 13 between Juneau, Fairbanks and Nome.

In addition, for those listeners in Ketchikan, Fairbanks and Nome, who would like to present their opinions on HB 632, an audio-only conference will begin between Juneau and these communities in approximately 15 minutes.

PF:lmk

ALASKA STATE MEDICAL ASSOCIATION
1135 W. Eighth Avenue • Suite 6 • Anchorage, Alaska 99501 • (907) 277-6891

February 24, 1978

Mr. Charlie H. Parr, Chairman
Alaska House of Representatives
Committee on Health Education
and Social Services
Pouch V
State Capitol
Juneau, Alaska 99811

Dear Representative Parr:

Thank you for the opportunity of testifying on the space-age satellite TV HESS Committee hearing on House Bill 632, an Act Relating To Death and Dying. Apart from the rather minor audio technical difficulties, I found it an extraordinarily successful operation, felt the visual communication to be excellent, in the sense of "presence" nearly perfect. I don't know if you had large screen projection equipment in the committee hearing room; we did in Anchorage and it made all the difference.

As I stated in my initial testimony, I could take no significant exception with the beautifully articulated testimony from the Right To Life group and Bishop Hurley. Their perception and depth of understanding of some of the more subtle aspects of this sensitive issue was quite remarkable. As regards the Cook Inlet Memorial Society, I was surprised that they had extended quite so far their primary mission of speedy and expeditious burial.

As I stated, both the Council of the Alaska State Medical Association and the Anchorage Medical Society have considered HB 632 and some of its implications. Although there was literally no favorable support for the legislation, both bodies felt it inappropriate at this time to make a formal statement in opposition.

We realize that there is a great deal of enthusism and emotion somehow generated, sweeping the country, resulting in the essentially rubber stamp enactment of this sort of legislation in numerous states. We believe that the emotionalism, while well intentioned is totally out of proportion with the facts of life as they actually exist.

We believe the legislation, again while well intentioned, proposes a statutory solution to a problem that seldom exists other than in a form which would not be solved by the legislation. While not opposing HB 632 formally, we strongly urge the committee to fully assess the actual problem, if such in fact exists, and even more important, assess carefully all the possible negative and conceivably dangerous implications of the legislation as written. We urge that you actively seek out factual information from those whose lives have been devoted to the problem,

not base your conclusions on the simple volume of testimony from individuals and groups who have not.

The popular imagination of the lay public has been captured by sensational press suggesting that there is widespread mis-utilization of modern medical life support mechanisms maintaining dying people, presumably against what they would have wished, indefinitely in a state of half-death and pain. Such is simply not the case; nor is it in fact possible.

We feel that the proponents of this bill should be able to present clear documentation with specific incidents where life was artificially prolonged at the expense of dignity, show how, had they been the responsible physician, they would have handled the given situation, and again, specifically, how this legislation would have altered their behavior.

I stated that I had been private practice of internal medicine and oncology for twenty years with consequent large experience dealing with problems of terminal illness, I know of no instances where the presence of this legislation and "living wills" would have substantially altered my behavior as a physician, except adversely.

I suggested that there were a number of problem areas with the bill generally and specifically, some of which had been dealt with in previous testimony, some not.

In consideration of the motivation behind this sort of legislation and its popularization, I digressed somewhat in to the parallel Administration push for expansion and development of health maintenance organizations or HMO's. I believe it is important that the committee fully understand that the HMO concept, while promulgated as a method of holding down costs through the mechanisms of disease prevention (something largely without our powers) is in fact cost containing because it is a prepaid health insurance mechanism wherein reduction, containment and rationing, of medical services reduces the expenses of the organization and directly relates to its profitability. It does not take much immagination to realize how the HMO concept in conjunction with living will legislation, could be subverted or perverted to improve the profitability of such organizations. It cannot be denied that patients, in situations envisioned by the proponents of living will legislation, are extraodinarily costly medical problems. It may be, regretably, that some such ice-floe solution may come to pass, but the medical profession understandably has some reluctance being placed in the position of government hitman.

I commented on Section 18.12.020 relating to soundness of mind and mental competency of individuals executing a so called living will. If you and the committee will look at that section closely, I believe you will find that the questions of competency and soundness of mind are dependent upon two otherwise unqualified witnesses, a situation fraught with legal, moral and ethical consequences. It applies directly to my comments relating to the HMO above.

Relating to Section 18.12.060, paragraph (b) the sanction, threatening a charge of unprofessional conduct against a physician refusing to withhold what ever is necessary to withhold for death with dignity to occur, places the physican completely at the mercy of the family or possbily other regulatory agencies on the threat of compromise of his licensure to practice medicine. This can be referred to the comments on the HMO as above. Furthermore it is ironic that the criminal penalties in Section 18.12.110 relating to fraudulent forgeries, murder, etc. are bypassed by this unprofessional conduct clause.

Strictly for accuracy, Section 18.12.070 is clearly in error, semantically. Withholding life sustaining procedures may constitute murder, but certainly not suicide.

The definitions of terminal condition and life sustaining procedures are totally vague and instantly subject to caprice. The perversion of these expressions for potential political abuse is clearly possible. They are,in addition, central to the theme of the legislation and being undefined, if not undefinable, make the entire legislation a potential legal can of worms.

Again in Section 18.12.020 the requirement for certification of a terminal condition by two physicians raises the possibility of disagreement. Who shall chose the physicians other than the attending physician? How many physicians can be approached for the necessary certification? It offers no option for the expression of medical disagreement on the fact that the condition is terminal, whatever that means.

Finally, the concept of dignity with relation to dying has been interjected constantly in arguments relating to this legislation. There are two points of view. One was expressed by Bishop Hurley that human dignity is always present and the presence or absence of life support mechanisms do not materially alter that status. Another is that death is almost never dignified and again the presence or absence of modern medical appurtenances do not alter that condition.

I apologize for the length of this letter. It seemed necessary to document the potential for the serious abuse of this legislation for which no clearly or well documented need has been demonstrated and which appears unnecessary. I sincerely hope the bill will remain in the committee for a considerable period of time.

Sincerely,

Winthrop Fish, M.D.
Chairman, Legislative Committee

WF:mlm
cc. ASMA Council
ASMA Legislative Committee
Jeff Landry, ASMA Lobbyist

Sylvia L. Short
Attorney and Counsellor at Law
P. O. Box 4-734
Anchorage, Alaska 99509

Telephone 277-3887

February 24, 1978

TO: Representatives Parr, Bennett, Buchholdt, Chatterton, Cotten, Gruening, Miller, Nakak, Ose, Phillips, Rudd; Senators Croft, Rader, Rodey

Re: The Natural Death Act; HB 632

Enclosed is a copy of the statement which was circulated at the Unitarian-Universalist Fellowship on February 19, 1978. The option of support for HB 632 or merely support for the concept of the "living will" was given; however, it is noted that the support was unanimous for both points. Four copies of HB 632 were circulated at the meeting and an oral explanation given.

I congratulate the House Health, Education and Social Services Committee for utilizing the unique and promising method of a teleconference for obtaining testimony on the bill, and I was impressed with some of the thoughtful and penetrating questions posed by members of the committee. Unfortunately, due to a Court commitment, I was unable to hear the remainder of the conference after my presentation, but I would like to add the following comments:

1. THIS BILL IS HUMANE AND NECESSARY. Too often the subject of "death" is taboo in conversation or consultation, and once a patient becomes "qualified" in the terms of the bill and unable to express his wishes, his attending physician must rely upon his own ethics or the wishes of the patient's next-of-kin (possible malpractice litigants) at this crucial time. Enactment of this bill would forestall malpractice litigation relative to the course of care pursuant to a directive.

2. THIS BILL IS LEGALLY SOUND AND MANDATED UNDER THE ALASKA CONSTITUTION. Since, under Article I, Section 22 of our Constitution, Alaskans are entitled to the right of privacy, the invasion of a physician's or relative's wishes as to prolongation of an Alaskan's terminating life is directly antagonistic to our Constitution.

3. THIS BILL IS LOGICAL AND SUPPORTABLE IN ANY RELIGIOUS SENSE. Regardless of the creed, every religion must accept the nature of which we are all a part. Prolongation of a terminating life constitutes interference with the nature given us, and while a patient may wish to utilize such measures, every possible patient should have the right to elect to eliminate an unnatural prolongation process.

I remain willing to discuss any aspects of the bill in which I may be able to help.

Sincerely,

SYLVIA L. SHORT

St. Matthew's Episcopal Church

1030 Second Avenue Fairbanks, Alaska 99701

The Rev. Donald P. Hart, Rector

February 27, 1978

Representative Don Bennett
Pouch V
State Capitol
Juneau, Alaska
99811

Dear Don,

I thank you very much for sending me a copy of HB632 and I appreciate knowing of your concern in this matter.

My personal feeling is that a bill of this sort needs to be enacted, that it is long overdue. From a religious point of view, I believe that a persons right to die is equally as important as a persons right to live. In both instances, the dignity and integrity of a person should be protected. Christianity has never taught that death should be avoided at all costs. Death is the natural and God given consequence for the end of life.

As far as I can tell, HB632 does an excellent job of dealing with the difficulities of prolonging life by mechanial means. It appears to give the individual, family, and physicians a welcomed freedom in facing death. The safe guards seem to be built in appropriately and carefully. I believe it is a bill that we can live with and die with, in the assurance that it has enhanced our pilgrimage through life! I commend it to you and to the committee and look forward to finding out what happens with it.

Sincerely,

Donald P. Hart

DPH:br

New Hope Methodist-
Presbyterian Church
Box 5614
North Pole, AK 99705

Mr. Don Bennett
Pouch V
State Capitol
Juneau, Alaska 99811

Dear Mr. Bennett:

Thanks for your letter and a copy of HB 632. I like the looks of this bill and would support its passage. I would suggest, however, that strong consideration should be given toward extending the realms of the bill to include provisions where the parents or guardian of a minor child or of a person judged to be mentally incompetant could execute such a directive in behalf of that person. Sometimes unnecessary pain and agony are endured by patients and their families when life support syst ems are allowed and the family has no recourse toward having them withdrawn.

Sincerely,

Claude Klaver

Claude Klaver,
Organizing pastor

Sylvia L. Short
Attorney and Counsellor at Law
P. O. Box 4-734
Anchorage, Alaska 99509
Telephone 277-3387

February 24, 1978

TO: Representatives Parr, Bennett, Buchholdt, Chatterton, Cotten, Gruening, Miller, Nakak, Ose, Phillips, Rudd; Senators Croft, Rader, Rodey

Re: The Natural Death Act; HB 632

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I remain willing to discuss any aspects of the bill in which I may be able to help.

Sincerely,

SYLVIA L. SHORT

LA21 1049 10.47 JA01 0006 10.57 03/01/78

TO: CINDY, JNU
FROM: APRIL, FBX

PLEASE DELIVER THE FOLLOWING MESSAGE:
TO: REPS PARR, MILLER, BENNETT, & CHATTERTON
THE LEGISLATIVE COMMITTEE OF THE FAIRBANKS CHAMBER OF COMMERCE WOULD LIKE TO MAKE A RECOMMENDATION REGARDING HB 632. THE COMMITTEE FEELS THAT THE BILL SHOULD BE CHANGED TO READ THAT IT WOULD ALLOW THE FAMILY TO PETITION THE ATTORNEY GENERAL WHO IN TURN WOULD PETITION THE COURT TO DELIVER A COURT ORDER FOR THE PHYSICIAN TO TERMINATE LIFE SUPPORT SYSTEMS. THIS WOULD PROTECT THE PHYSICIAN AND ALSO THE PATIENT. THE COMMITTEE FEELS THIS IS A DECISION THAT THE COURTS AND THE PHYSICIAN SHOULD MAKE.

TERRY PALOZER
CHAIRMAN, LEGISLATIVE COMMITTEE

PLEASE ACK WHEN MESSAGE DELIVERED. THANKS. /AA EOA

ROBERT D. WHALEY, M.D., F.A.C.P.
4050 LAKE OTIS PARKWAY
ANCHORAGE, ALASKA 99504
272-8213

March 6, 1978

Mr. Charlie H. Parr, Chairman
Alaska House of Representatives
Committee on Health, Education, and Social Services
Pouch V
State Capitol
Juneau, AK 99811

RE: HOUSE BILL 632

Dear Representative Parr,

I have been practicing medicine in Anchorage, AK with a few brief interruptions in the military and Public Health Service between 1953 and 1957, and in private practice since 1958. I should like to make a statement in regard to House Bill 632, an act relating to death and dying.

May I say first, that I am highly sympathetic to the motivation and the aims of those who have organized and introduced this bill. I wish to speak against its passage however, since I feel that it has serious defects in construction which may engender abuses, that its language contains ambiguities which may lead to serious technical and legal problems, and that it would place clerical and legal burdens on health care personnel whose attention could best be concentrated on their primary function of providing medical services.

Most importantly, I wish to strongly state that in my experience, extending over two decades, has not shown that there is a problem in this area in Alaska, and that I strongly feel that passage of this bill would engender such problems rather than solve them. However, such a bill were to be phrased, the making explicit those circumstances under which certain medical actions might be appropriate or inappropriate will diminish the current flexibility and humanity with which medical treatment can be applied and is indeed done so in almost every case.

I have read Dr. Fish's letter of February 24, 1978. I commend his statements to your serious consideration, since he has greater experience in this area than other doctors by far. I draw your attention again with his statement which corresponds with my experience that for the most

part, dying patients are well handled with sympathy and in accordance with their wishes as best ascertained, and that the proposed legislation would interfere with our present situation rather than solve any problems.

If you have specific questions, I would be happy to receive or return a telephone call.

Thank you for your attention.

Sincerely,

Robert D. Whaley, M.D.
4201 Lake Otis Parkway
Anchorage, AK 99504

RDW/sp

KETCHIKAN MEDICAL SOCIETY

3100 TONGASS AVENUE - KETCHIKAN, ALASKA 99901

March 6, 1978

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

Dear Representative Parr:

I am writing on behalf of the Ketchikan Medical Society to speak against House Bill 632. This written testimony will amplify and supplement oral testimony I had the opportunity to give on the innovative audiovisual statewide hearing you set up for your committee on 23 February 1978.

We applaud the apparent intent of the authors of this legislation to insure the rights of individuals to make decisions regarding themselves and the medical care they receive. Unfortunately, we do not believe that this legislation will accomplish what it intends.

Historically patients, their families and their physicians, communicating and acting together have made the long series of individual choices of types of therapy and care that mark the end of life on this earth. No part of human experience is as devastatingly and finally individual and personal as an individual's own death. However well intentioned the attempt, a single approach to this experience simply cannot accomplish what takes the best efforts of patients, families and their physicians.

We take issue with house bill 632 in several particulars. While legislative finding and declaration number one is self evident, and number two is true in theory though rarely in practical life, number three seems to exaggerate the Alaskan experience significantly.

Section 18.12.020 spells out specific requirements for a directive to physicians. As was mentioned by several witnesses at the audiovisual hearing, the term "terminal condition" that first appears in line 4 of this section is exceedingly difficult to define. The directive is declared a part of the patient's medical records, imposing responsibility upon the physician or hospital to guard what is later in the act demonstrated to be a very important document.

The presumption stated in Section 18.12.030, Section 18.12.100 notwithstanding, comes dangerously close to establishing a written

directive as the standard of care, without which the physician would have an implicit responsibility to "press on regardless". This presumption certainly is not present in current Alaskan law or in current Alaskan medical standards of care. We are concerned that the physician of a patient without a directive would bear responsibility not currently in the law.

Section 18.12.040 is very specific in requiring physical destruction, written revocation, or verbal expression directly "to the attending physician by the declarant". There is no provision for non verbal expression for expression other than directly to the attending physician. In paragraph (B) of this section and in the section immediately following there is a definite bias for withholding or withdrawal of life sustaining procedures.

Section 18.12.060 paragraph (A) encumbers the physician with the responsibility of making a legal if not judicial review. The lengths to which it would be necessary for a physician to go to determine whether the witnesses are appropriately qualified are not specified, but are illustrative of the burden imposed. I suppose that a litigious person could attack a physician for practicing law without a license for making such legal determinations.

The bill conspicuously excludes the patient's family from their central, traditional, healthy and necessary role in the death of a family member. Since the physician often has responsibility to care for more than one family member, and since patients and their families bring a wide variety of feelings, beliefs, and wishes to the bedside at the time of death, this exclusion of the family does not accurately reflext life and death experiences.

The issues brought to discussion in this act are basic and humanly fundamental. We commend the authors for their serious attempt at addressing a most difficult issue. However, we believe that they have not as yet constructed a legislative solution to what is perhaps an educational or informational issue. We do not believe that the need for this legislation has been adequately documented. We believe that this legislation increases rather than decreases the intrusion of others into the experience of death.

We urge that the issue be kept open for further and debate and for demonstration by supporters of the legislation of its necessity. In the meantime, we again commend the authors for their efforts, and your committee for its considerations.

Yours truly,

David E. Johnson, M.D.

Councilor

HB632

Sylvia L. Short
Attorney and Counsellor at Law
P. O. Box 4-734
Anchorage, Alaska 99509

Telephone 277-3887

March 8, 1978

Representative Lisa Rudd
Pouch V
Juneau, Alaska 99811

Re: HB 632; The Living Will

Dear Lisa:

Thank you for sending me a copy of the testimony given by Sidney D. Heidersdorf, Vice President of Alaskans for Life, relating to HB 632. I have read it with a great deal of interest and sympathy, and in response to your request have the following comments in regard to its contents:

I concur that patients have the basic right to refuse the use of mechanical devices to prolong life when death is imminent and strongly endorse the concept that it is healthy for people to think about their death and to prepare for it. These are the very propositions that I believe this bill will achieve.

Taking the arguments seriatim as propounded:

A. NEED. Legally, the individual, if competent, is the only one who is legally able to give consent to medical treatment for him/herself. The heart of the "living will" lies in paragraph 2 of the bill's "Directive to Physician" covering the situation of "absence of my ability to give directions...". This situation is now generally covered by the provisions of AS 13.26 "Protection of Persons under Disability and Their Property." Under AS 13.25.150(a)(3), a guardian is empowered to "give any consents or approvals" relative to medical or other professional care, counsel, treatment or service, for the incapacitated. Court intervention is envisioned under Article 3, but as is implied by the testimony of Mr. Heidersdorf, frequently and commonly medical decisions, in cases of patient inability to express wishes or consent, are made by either the attending physician or members of the patient's family. To circumvent these "hard" decisions, the expression of the patient's wishes in the "living will" is needed. Obviously, if the patient is competent and able to express him/herself, he or she can give instructions and consents and even revoke any existing directive. The bill thus restores to patients their sovergnity over their bodies and releases others from decisions made when such patients are unable.

B. PHYSICIAN-PATIENT RELATIONSHIP. Obviously, I agree that the physician can take action only if the patient explicitly or implicitly gives the physician permission. The "living will" is the patient's expression of direction for the physician to take, and only the patient can give such direction. The bill underscores and protects this right

LISA RUDD

ALASKA HOUSE OF REPRESENTATIVES, POUCH V, JUNEAU 99811

20 March 1978

Dear Sylvia,

I can't thank you enough for your continuous effort and good work on HB 632.

The House Health, Education and Social Services Committee plans to have a work session on the bill one day next week. I will keep you informed of the bill's progress.

Thanks again.

Your responses on Friedersdorf's testimony are excellent. Thanks so much.

Yours sincerely,

Lisa Rudd

LR/vb

REPRESENTATIVE - DISTRICT 11 - ANCHORAGE

Send Copy to M. Main H-Hess

of the patient. Borrowing from page 4 of the testimony, in the situation of the 75% of the population without a family doctor, the living will may be the only communication between patient and doctor when an emergency arises and the patient is unable to communicate or is rendered incompetent. The State, thus, is not conferring any additional rights to patients but is giving a means of preserving a recognized right. The bill strengthens the physician-patient relationship by stressing that only the patient's wishes are to be considered in the applicable situation, as such wishes are communicated to the physician. And obviously the competent patient retains at all times the power and right to express his/her wishes irrespective of an existing directive. The bill is not an euthanasia bill and is supported widely by persons who have grave doubts about "mercy killing".

C. RIGHTS OF NON-SIGNERS. It is difficult to postulate the reaction of treating physicians in the instance of an non-signing patient. It does some injustice to the aims of medical science to conjure the possibility of undertreatment or overtreatment merely because a small segment of the population has utilized a means to express its wishes relative solely to their own persons. Reference to a physician taking judgmental steps different before and after enactment of such legislation again throws the onus upon the physician who is not legally the decider except in emergency situations. Since patients presently have the power, as the testimony concedes, to direct cessation of extraordinary artificial measures, it is difficult to conceive that affirmation of such power in a patient would result in a different course by the medical fraternity relative to non-signers. Their situation is as at present.

C. FAMILY. Especially in Alaska where a large proportion of the population is absent from close family members, it is apparent that such removed kin would be unaware of the patient's wishes. Certainly the making of a directive expressing in writing what the patient's wishes are would ease the burden of decision which apparently still persists despite the fact that the family has at the present time no right to make decisions regarding a single, nonconsenting, competent member's treatment. I cannot regard the non-signing as being tantamount to saying that extraordinary care is wanted; the testimony alludes to the possibility that the great majority will not avail themselves of this bill's directive. Again, the decision on medical care and treatment is exclusively the patient's, and if the patient is incompetent or incapable of giving consent, it is necessary to follow statutory requirements for viable consent, necessitating court intervention and delay except in the case of emergency.

Particularly, when we use the word "family", definition is needed. Who are the "family" - by what means do they determine a consensus; who should be notified - a myriad of questions can arise.

E. CONSENT. I cannot agree that the living will constitutes "uninformed consent". The circumstances, whenever they may occur, are set out clearly in the directive, paragraph 1 as set forth on page 2

of the bill. The active words are not solely "life-sustaining procedures" but are as clearly "(which) would serve only to prolong artificially the moment of my death". The bill is dedicated to those persons who do not wish to endure a "living death" to the agony of themselves and their families, and their directive prescribes the express conditions under which it becomes active.

F. ALTERNATIVE LEGISLATION. The problem with the "direct approach" suggested is that it indeed takes from the patient his control over his own life. Utilization of the physician's "best judgment" under the vague "usual and customary standards of medicine" connotes an even wider range of interpretation than that complained of in the testimony relative to "life sustaining procedure". But primarily, the approval of the patient "and/or the family" gives to the family a NEW right of decision over the patient's life. I object strenuously to giving the physician the alternative of applying to relatives under legislative sanction. And, obviously, instead of avoiding definitions, we would need to have the "standards" defined as well as, most particularly, "family". Family decision approaches euthanasia.

In summary, then, and with relation to the summary of the testimony:

1. The living will legislation is necessary to preserve patient's rights which might be disregarded or denied, particularly in the case of the incapacitated patient.

2. The bill will superimpose "legalism" into matters which might be treated without respect to legal requirements and will bolster good medical practice by reinforcing the physician-patient relationship.

3. The majority who will not sign a living will, if that be the case, will profit from the bill because the bill will underscore recognition that it is the patient's desires which are paramount, to the exclusion of life-or-death determinations made by doctors and members of families.

4. The bill is clear on the circumstances, constituting conditions, under which the living will operates.

5. The bill is legislative recognition of the rights of the patient.

I had not intended to write so much and so strongly, but I am convinced that the testimony presented is based upon misunderstanding of the bill. Again, I agree with certain concepts promoted by the testimony, although I have some areas of grave disagreement which I have delineated.

I have taken the prerogative of sending a copy of this letter to Mr. Heidersdorf, as I believe we should be able to meet squarely on the issues. I would be happy to discuss the matter with him or his group further, as I feel our goals are much the same.

Sincerely,

SYLVIA L. SHORT

cc: Mr. Heidersdorf

Telephone 486-3281
Box 1187
Kodiak, Alaska 99615

Copies Comm file
pls

March 21, 1978

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

Dear Mr. Chairman:

I wish to comment on HB No. 632, an act relating to death and dying which was introduced on January 16, 1978 by Miller and Rudd. I believe that legislative intervention into the area of medical decisions is inappropriate.

The very first section points out that adult persons have the fundamental right to make decisions relating to their own medical care. I believe this right should remain with the individual in consultation with his or her physician. In the case of an individual being unable to make a decision, then the decision whether or not to prolong human life by artificial means should remain with the family and the physician on the case. Legislation to regulate such a process can do nothing but create more problems than it attempts to solve. Uncertainties would not be erased by passage of this bill, but would, rather, be multiplied.

What happens in the case of a patient who has not completed such a directive? If in the physician's opinion, life-sustaining procedures are inappropriate and he proceeds to so inform the patient and/or relatives of that fact, is the physician then liable to possible suit if the patient is allowed to die in dignity and there is no written directive indicating that the patient desires such a procedure?

Definitions are unclear and understandably so. This is a very difficult area in which to make general or all-inclusive statements.

I sincerely believe that this entire issue is outside the sphere of government, and that government is meddling unnecessarily by initiating such legislation.

Sincerely,

Sister Josephine Patti, G.N.S.H.
Administrator

SJP:az

cc: Mr. Merle Snider

Copies to ... origin 632 file

RESPECT FOR HUMAN LIFE
... Box 912
Sitka, Alaska 99835
Phone 747-3902

Mar. 22. 1978.

Health Educ. & Social Services Comm.
Alaska State House
Pouch V.
Juneau AK. 99811

I have before me a copy of House Bill # 632 introduced by Miller and Redd called the Natural Death Act. After careful study of the various provisions in this bill my recommendation is that you should not pass this legislation.

I have lived in Alaska for twenty years, given birth to my children, done volunteer work at Sitka Pioneer Home, and worked in my chosen profession as a teacher both with handicapped and hearing children. In no instance can I see where we need to add another law to our land whereby all these provisions are already being met most competently.

Indeed by raising questions like this to our citizens you are in effect telling the medical profession that their physician-patient relationship is such that the state must step in and protect individuals. This simply is not the case.

Our organization has existed since fall 1973 with stated goals of respecting all human life from conception to natural death. We monitor all legislation that is related to these goals and whenever possible inform our legislators of our recommendations.

Sincerely yours
Mary E. Hughes Director
People for Human Life

First Presbyterian Church

CUSHMAN AT SEVENTH TEL. 452-2406 FAIRBANKS, ALASKA 99701

Dear Charlie:

Thanks for your help on the Food Stamps problem. I have had no more complaints from people who have gone there and been emotionally demotated by the experience. Thanks again!

Jere

P.S. I'm in favor of the bill on death & dying. I was out of town or I would have testified on the bill last Monday at the U of A.

1 page

1521 N Street
Anchorage, Alaska 99501
February 28, 1978

Representative Charles Parr, Chairman,
House Health, Education, and Social Services Committee
Pouch V, Juneau

Re: House Bill 632

Dear Representative Parr:

I came to testify at the vido conference on February 23, but was pre-empted by Drs. Fish and Wilson. By the time they finished, time had run out - so I decided to write you instead, for I feel very strongly that the Natural Death Act should become law.

Since earning my master's degree in medical social work from Vanderbilt University in 1949, I have worked in this field for a quarter of a century full time - and as a reporter and columnist part time. Thus I have had ample opportunity to observe individuals in the proximity of death. It is not so much the end of life that they fear, but a slow, lingering death devoid of control and of dignity - and all too frequently a procrastination that spells bankruptcy for their families. Did you know that the average cost per day in cardiac or intensive care units, where dying patients are almost invariably housed, is now about $500. a day? And for what purpose? To prolong the agony of death and the suffering of the family.

Now I know that Dr. Fish and Dr. Wilson testified eloquently on their behalf - and I respect both these physicians, Dr. Fish for his professional skill and Dr. Wilson for his skill, his humanity, and his intellect. But like most physicians, they are obsessed by fear that government may tread upon their prerogatives; that any law related to the medical profession may impinge upon their precious doctor-patient relationship. -- The Natural Death Act, in fact, protects the physician by preventing litigious survivors from suing doctors - who, abiding by the patient's written decree, "pull the plug".

For the most part, I have great respect for physicians and believe the majority to be humane and dedicated. But there are those whose motives are mercenary and who deliberately prolong a dying patient's futile existence with modern technological devices simply to haul in more bucks. I am not lying to you when I tell you we have all heard them admit the fact in our ICU. When I worked in one local hospital, some of the nurses and I timidly questioned a surgeon why he would not permit an 80-year old who had been dying in ICU of hepatic failure to slip away. Blatantly he replied, "Why should I? Every time I come in and tip my hat to him it's $15. for me from Medicare."

One of my nurse friends from this very hospital planned to come and testify, for she worked for many years on both ICU and CCU; but her duties prevented her from coming. I think all of us who have been working in . . settings would advocate H.B. 632. I myself have a living will and have urged my husband to abide by it, but I could face death with equanimity only if I knew our legislature had endowed it with teeth!

Respectfully yours,

Mrs. J. Elmer Hedstrom

RODMAN WILSON, M.D.
FELLOW OF THE AMERICAN COLLEGE OF PHYSICIANS
3300 PROVIDENCE DRIVE
INTERNAL MEDICINE Anchorage, Alaska 99504 (907) 279-0481

Mr. Charles H. Parr, Chairman
Alaska State Legislature
House of Representative
Committee on Health, Education,
and Social Services
Pouch V - State Capitol
Juneau, Alaska 99811

Dear Mr. Parr:

The clash of old traditions and new technologies is creating new problems about life, dying, and death. The matter is in considerable flux. It would be a mistake to enact HB 632, An Act relating to death and dying, for it would only serve to make more difficult an already difficult time - the time of dying.

I am not opposed to persons holographically setting down their wishes about what should be done or not done when they are seriously ill, but apart from this the solemn matters of dying should remain in the hands of those who for centuries, indeed millenia, have held them - physicians, family, friends, nurses, clergy. A parade of attorneys, disinherited witnesses (what a distressing breach of privacy to divulge certain details of a will before death!) and additional physicians should not intrude.

Most desperately ill persons cling to life, even in pain, wanting another few months, another week, another day; - even those who with bravado in the bloom of health announced that they want no life-extending measures when they enter the valley of the shadow of death.

Most patients do not want to talk directly about death when they are ill. Wise physicians know this and know that it cruelly heightens anxieties to do so. Yet physicians usually sense from non-verbal signals what the person wants to be done or not done in his agony.

Families, on their part, usually do not want to make decisions about dying- Four of five will say something like this: "Doctor, do what you think is best." Thus responsibility rests on the physician. We are prepared to accept it, as we always have. Let others who are also fully prepared to accept these awesome duties step forward. I predict that none will, except those who hide behind ill-begotten proposals such as HB 632 who believe that they are participating in the conduct of dying when they are only meddling and muddling.

Sincerely,

Rodman Wilson

Rodman Wilson, M. D.

RW:jes

POSITION PAPER/Department of Health and Social Services

POSITION PAPER
ON
HOUSE BILL NO. 632

"An Act relating to death and dying; and providing for an effective date."

This Natural Death Act establishes a procedure whereby an adult may execute a directive to physicians directing the withholding or withdrawal of life-sustaining procedures in the event the person enters into a terminal condition. The Act further provides for revocation procedures and delineates duties and liabilities of persons and facilities involved. Almost every state in the union has begun considering some such legislation. Eight states have thus far enacted legislation. The medical profession is now forced to deal in an area of legal uncertainty and confusion. This Act would lend direction and order in these situations. The Department does recommend the following amendments, however, to better achieve these worthy goals.

1) Section 18.12.060 Duties of Physician may tend to complicate rather than clarify the legal confusion possible in these matters. It is suggested that this Section be amended by adding the following:

> A directive that is valid on its face is valid as to any physician for the purposes of this Act unless the physician has actual knowledge of facts that render the directive invalid or is under the direction of a court not to give effect to the directive.

2) Section 18.12.020(b) declares the "directive or a copy of the directive shall be made a part of the patient's medical records." The Department believes some provision should be made to facilitate patient access to his directive should the original be made part of the patient's record. Although written and verbal revocation are provided for in Section 18.12.040, the declarant may be most secure in revocation that destroys the directive, as provided in Section 18.12.040(a)(1).

3) Finally, the Department suggests that some cross-reference be made in this Act to AS 09.65.120, Definition of Death, to insure consistency with the Natural Death Act.

Recommended by: _____ Date: 2/22/78
Robert I. Fraser, Director
Division of Public Health

Approved by: Helen D. Beirne Date: 2/22/78
Helen D. Beirne, Commissioner
Department of Health & Social Services

ALASKANS FOR LIFE
Incorporated
P. O. Box 2106
Juneau, Alaska 99802

TESTIMONY PRESENTED BY SIDNEY D. HEIDERSDORF, VICE-PRESIDENT, ALASKANS FOR LIFE, BEFORE THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE OF THE HOUSE; FEBRUARY 22,1978 HEARING ON H.B. 632 (AN ACT RELATING TO DEATH AND DYING).

Mr. Chairman, members of the House HESS Committee, my name is Sidney Heidersdorf. I am here today as a representative of Alaskans For Life.

House Bill No. 632, an act relating to death and dying, is <u>living will</u> legislation similar to that being proposed in many State Legislatures across the country. We are opposed to legislation of this kind.

We do not argue with the stated goals of the bill. We recognize the basic right of the patient to refuse the use of mechanical devices to prolong life when death is imminent. We also believe it is healthy for people to think about their death and to prepare for it.

Our opposition does not stem from what the bill seeks to achieve but from the manner in which it attempts to achieve its goals. We are opposed to the concept of the living will because of the havoc it will cause in the physician-patient relationship and other potential harm that legislation of this kind may bring with it. In view of this, my testimony will be directed primarily at the concept of the living will and its impact rather than a consideration of specific provisions of H.B. 632.

In general, the following summarizes our thoughts about this bill:

1. Living will legislation is unnecessary; patient's already have those rights that this bill seeks to convey to the patient.

2. Superimposing a "legalism" into the decision surrounding the natural death process will hinder and interfere with good medical practice rather than help it.

3. This bill, if passed, will undercut the presently recognized rights of the majority who will not sign a living will.

4. The bill promotes uniformed consent to a future decision, the circumstances and details of which are unknown at the time of the decision.

5. The bill involves a dangerous precedent in implying that the physician has rights over the patient and that the State confers those rights.

I would like to comment briefly on these points to provide some clarification:

A. NEED

What problem does this bill seek to remedy? Who does it seek to protect? One of the stated reasons is to allow a patient the right to avoid the abusive use of technology. Clearly, patients already have the fundamental right of self determination in the acceptance or rejection of treatment. The bill itself in Section 18.12.010 LEGISLATIVE FINDINGS AND DECLARATIONS refers to this fundamental right. Everyone recognizes it. Physicians have for years in every state of the Union removed extra-ordinary life sustaining procedures in consultation with the family and/or the patient and they have done so without threat. If individual cases of abuse crop up they should be handled under existing law. Special legislation for hard cases is bad law. We do not see a need for this legislation.

B. PHYSICIAN-PATIENT RELATIONSHIP

Living will legislation implies a shift in the physician-patient relationship and it undermines this relationship. It implies that a patient must claim his fundamental right by legal action in advance in the form of signing a directive to insure that this right is respected. We believe this is a dangerous precedent. These laws enshrine the notion that the physician has some independent or inherent right where the patient is concerned and may treat him unasked and even if opposed. In reality the physician can take action only if the patient explicitly or implicitly gives the physician permission. When a person engages a doctor's services he does not abdicate his right to decide his own fate. The physician is hired to provide medical care and the physician serves at the pleasure of the patient. For the great majority of physicians there is no confusion on this point.and there is no widespread abuse of this right which indicates the need for this kind of law. Any legislation that makes it necessary to write a living will to avoid unreasonable treatment during the dying process is a move toward undercutting patient rights.

We are concerned about the growth of the popular misconception that the living will confers rights on the patient rather than recognizes them. Once the right to refuse treatment is construed as conferred by the State the implication is that the State can control this decision relating to death. What the State gives it can take away. If this view is accepted the State could also presumeably make the decision as to when the patient should die. This brings us to the brink of active euthanasia. It is well known that advocates of mercy killing strongly support this kind of legislation.

C. RIGHTS OF NON-SIGNERS

What happens to those that do not sign a living will? The logical presumption is that those who do not sign do not have the same

claim to self-determination as do those individuals who do sign. Will the physician feel free to remove life sustaining devices in the case of the non-signer? If the answer is "yes" then the bill is clearly unnecessary. If the answer is "no" then the bill obviously creates as much mischief as it resolves since it is reasonable to assume that the majority of the people will not sign a living will. The majority will then have their fundamental rights undermined by law.

The physician faces penalties for not living up to the directive of a living will, therefore, those who sign the directive could run the risk of being undertreated since there is no penalty for removing or denying care. It is overtreatment that the law seeks to remedy and for which there is a penalty. What about those who do not sign a living will? Since these people did not exercise what is now a requirement that they express their right in writing there is the real possibility that physicians in this case will overtreat since the patient made no expression of a desire not to have life sustaining means employed. The living will may cause the physician to hesitate to take the steps his judgement prior to the law would have dictated. Out of all of this one thing is certain. The living will legislation will not promote good judgement on the part of the physician.

Living will legislation could have an effect opposite to that desired by the sponsors. Those with wills may be undertreated and those without, overtreated. Since the majority will not sign a will it is ironic that the law could lead to an increase in excessive treatment rather than a decrease. Most serious of all, while supposedly recognizing the rights of those who sign, it will diminish the rights of those who do not sign.

D. FAMILY

Living will legislation excludes the family from any responsibility. There is a great deal of support for the idea that it is important for the family to participate in the decision involving use of life sustaining devices. In cases where the patient cannot speak for himself, the family knows best the wishes of the patient. It is important to note that this legislation would effectively eliminate the families of both the signers and non-signers alike. It will exclude the non-signers since not signing the living will is tantamount to saying that the patient wants extra-ordinary care to be kept alive.

E. CONSENT

A fundamental right of the patient is to be fully informed about medical procedures so he can give informed consent. Signing a living will is the ultimate in uninformed consent. The State should not permit such a practice. How can a patient make a decision regarding the circumstances of his death 5 or 10 or 20 years in advance.

He does not know any of the facts or circumstances that will exist at that time. He will probably not even know the physician since it is estimated that only 25% of the population has a family doctor. Even if the patient does know the physician how does he know the physician will interpret "life sustaining procedure" in the same manner as he. Certainly the family would best be expected to know the patient's wishes in this regard.

The living will is a pig in the poke. In no other area of human activity would we consider a decision of this magnitude reasonable if made in such a factual vacuum. Signing a living will is truly an uninformed decision.

F. ALTERNATIVE LEGISLATION

I would like to return to the question I asked early in my testimony. What does this legislation seek to do? Presumeably legislation of this kind seeks to protect the rights of either the patient or the physician or both. While we do not accept the need for this bill its goals could be accomplished without jeopardizing the rights of the patient and physician.

We suggest a direct approach. Pass a law acknowledging the fundamental rights of the patient to make decisions affecting their care and restate the principle that extra-ordinary life sustaining measures may be withdrawn by the attending physician when done in his best judgement under the usual and customary standards of medicine following approval of the patient and/or the faminly.

This approach would avoid the difficulty of definitions. There would be no requirement for signing a directive affirming one's rights and consequently no injury to those who do not sign and there would be no pitfalls and potential for serious abuse that exists in living will legislation.

G. CONCLUSION

We have chosen not to comment on specific provisions of H.B. 632. We believe this bill, in any form which gives legal status to a written directive, is not in the best interest of society. We urge you to preserve the rights of all patients by rejecting the concept of the living will.

ALASKANS FOR LIFE
Incorporated
P. O. Box ~~2186~~ 2186
Juneau, Alaska 99802 99803

March 19, 1978

Representative Lisa Rudd
Pouch V
Juneau, Alaska 99811

Dear Representative Rudd,

Sylvia Short sent me a copy of her comments on my prepared testimony regarding H.B. 632. I appreciated this consideration and I would like to respond briefly on a number of points which might serve to help us better understand each other's position.

A. NEED

It appears that the need for this kind of law has been created in the minds of some people by raising into question the present handling of cases where patients are dying and where life sustaining devices may be used. However in reality, there has not been a demonstrated need of a magnitude even close to that which would justify attempts to legislate in this area. Daily, without threat of lawsuits, physicians in consultation with the family and/or patient, meet the difficult decisions related to dying.

Occasional hard cases can be handled by present laws. It is ironic that the Karen Quinlan case which gave so much attention to this issue would not have been resolved by H.B. 632 since her death was not imminent.

B. PHYSICIAN-PATIENT RELATIONSHIP

Ms. Short obviously has a vastly different view than we have as to the effect of the living will on the relationship between the physician and the patient.

A living will directive signed by a patient, if it is to be effective, must alter the physician's behavior. This, in turn, has to have an effect on the judgment of the physician. It is our belief that this effect will be harmful to the physician-patient relationship. We believe also, that this effect will extend to non-signers as well, as described in my testimony.

C. RIGHTS OF NON-SIGNERS

If one accepts the premise that this law is necessary then one must also assume that a physician will take different judgmental steps after enactment of living will legislation than before. Argueing that the physician will not change his judgment after the law is tacit admission of the fact that the law is unnecessary. Therefore, supporters of this bill are put in the position of acknowledging that the law will, in fact, affect a physician's judgment and response in the treatment of patients.

It is not unreasonable to postulate that the legal cloud of the directive will also have impact on the judgment of the physician dealing with those patients who have not signed a living will. We cannot accept the argument that the status of the non-signer will remain the same after passage of living will legislation. Any change from the present will in all probability be detrimental to those who do not sign, for reasons stated in my testimony.

D. FAMILY

The statement that the absence of close family members means that they are unaware of the patient's wishes is subject to serious question. We see nothing "apparent" about it. My personal experience does not at all support that premise. We suspect most people would not accept it either. Physical separation of close family members does not at all mean that they are not aware of the goals, wishes and aspirations of their loved ones.

The traditional right of the family to make decisions relating to the treatment of family members has not been questioned. Obviously, if the patient is conscious he can express his own desires and they are to be honored. In any event, the living will will not resolve the "problem" of family intervention in the case of the non-signers who will represent the majority of the people. We should be concerned about the rights of all patients. We encourage you to consider steps in that direction if you believe patients' rights are not presently being recognized.

E. CONSENT

Ms. Short apparently misread the point of my testimony on the issue of consent. The signer knows under what circumstances the directive is to be applied. The signer does <u>not</u> know ten years in advance who the physician will be, the facts surrounding the circumstances of his pending death and most importantly, the patient does not know how the physician will interpret "life sustaining procedure". It is possible, and even probable, that there will be technological advances which will change the whole scenario of the death process as envisioned by the patient at the time of the decision to sign the living will. That represents uninformed consent.

F. ALTERNATIVE LEGISLATION

That proposed as a direct approach in my testimony was intended to be conceptual rather than precise wording. We agree that terms would have to be carefully selected and clearly defined. However, the difficulty of defining "family" so as to avoid abuse is no where near that engendered by attempting to define "life sustaining procedures" and "terminal condition". This is amply demonstrated in the bill itself where the definition of "life

sustaining procedure" refers to "prolonging artificially the moment of death when.....death is imminent whether or not the procedures are utilized." If death is imminent regardless, why the need for the living will? We suspect that definition says something that is not intended.

Further, the definition of "terminal condition" makes no reference to "imminent death", but rather speaks of prolonging the moment of death. Good medical care prolongs the moment of death but that obviously isn't what's meant. We believe a close examination of H.B. 632 will reveal danger of laws such as this where there is an attempt to walk the tightrope between state sanctioned suicide on the one hand and active euthanasia on the other.

We note that the term "best judgment" was singled out by Ms. Short as vague and open to a wide range of interpretation. H.B. 632 makes repeated use of such phrases. Reference is made particularly to the critical definition of life sustaining procedures where the phrase "judgment of the attending physician" is used. Also in the definition of terminal condition, the phrase "in reasonable medical judgment" is used. Apparently we agree on one point, and a most critical one at that. The definitions of "life sustaining procedures" and "terminal condition" are vague and clearly open to a wide range of interpretation which could easily lead to abuse. This all points up the danger of legislating in this area.

While we do not believe it is necessary, the direct approach proposed in my testimony would provide a means of affirming the recognized rights of all, not only for those who sign a directive. We do not understand the emphasis on the directive when both the patient's and physician's rights in the death process could be reaffirmed by a direct statement to that effect.

Representative Rudd, we urge you to consider what happens to a fundamental right when a law is passed recognizing an individual's written directive to protect that right. The need to claim a right in writing calls into question its fundamental nature and will not serve to preserve that right. We do not believe you would support a similar approach in the affirmation of other rights. The state does not confer rights on citizens but this kind of law gives that impression. There are dangerous precedents involved here which far outweigh any benefit. For these reasons we strongly urge you to reconsider your support of H.B. 632.

Again, we appreciate Ms. Short sharing her thoughts with us. Thank you for your consideration of this response.

Yours very truly,

Sidney D. Heidersdorf
Alaskans For Life
Vice President

cc: Rep. Mike Miller
Ms. Sylvia Short

Diocese of Juneau

Diocese of Fairbanks

THE INSIDE PASSAGE

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Activists Arrested in Pentagon Demonstrations

Washington (NC) — Peace activist Philip Berrigan and seven other persons were arrested Feb. 14 for pouring blood and ashes in the concourse of the Pentagon. Jesuit Fr. Daniel Berrigan was also present for the demonstration, but was not arrested.

According to John Schuchardt, one of those arrested on misdemeanor charges of destruction of government property, the blood and ashes were poured after a litany of repentance was read. The demonstrators asked that the ashes and what they said was their own

Continued on page 8

Brazilian Crucifixion a Mental Disturbance, Says Cardinal

Porto Alegre, Brazil (NC) — Cardinal Alfredo Vicente Scherer of Porto Alegre said police and health authorities should have prevented the three-day crucifixion of 16-year-old Eliana Maciel Barbosa in a southern village, since she is mentally retarded.

"This shameful spectacle has nothing to do with religion, angels or demons," said the cardinal. "It is a case of mental disturbance that should be treated by doctors."

The village police chief said Eliana's father was being indicted for making incisions in the girl's wrists and feet to reproduce Christ's wounds. She spent 72 hours tied to the cross, in what she said was penance "to free my soul from demons."

Protestant Theologians Protest Silencing of Jesuit

Bangor, Pa. (NC) — Six Protestant theologians have publicly protested the Vatican's silencing of a priest who favors a liberal view of homosexuality, calling the ban against Jesuit Fr. John McNeill "anti-intellectual" and a "serious obstacle to the pursuit of truth."

In urging the Vatican to overturn its decision, the theologians said the ban "embarrasses and damages the spirit and form of ecumenical conversation on this and other issues of common concern."

The Rev. Robert Raines, a United Church of Christ theologian and director of Kirkridge, a Christian retreat and study center here, said the protest may be the first in recent years by Protestant theologians regarding the silencing of a Catholic colleague.

Others signing the letter are the Rev. John Bennett, president emeritus of Union Theological Seminary, New York, and now professor at the Greater Theological Union, Berkeley, Calif.; the Rev. Robert McAfee Brown, professor of theology and ecumenics at Union Theological Seminary; the Rev. William Sloane Coffin, Jr., senior minister, Riverside Church, New York; the Rev. Harvey Cox, professor of theology, Harvard Divinity School; and the Rev. George A. Lindbeck, professor of theology at Yale.

A few days before he was to address a convention of homosexual Catholics last September the Vatican ordered Fr. McNeill to stop making public statements, in word or print, on the subject. It also ordered that its "imprimi potest," or Church

Continued on page 8

16 Political Prisoners Freed; Bolivian Bishops Urge Freedom

La Paz, Bolivia (NC) — As 16 political prisoners in Bolivia were released, the country's bishops issued a statement backing government amnesty moves and urging political freedom in Bolivia's approaching elections.

The prisoners were freed after they were transferred from military to civil jurisdiction. The civilian judges said there was not enough evidence to convict them of the subversion charges under which the prisoners had been jailed by the military.

The transfer to civilian authority was part of an amnesty granted by the government as a result of a Church-backed hunger strike by some 1,300 Bolivians in January. The government also promised to allow exiles to return and to reestablish trade union rights for miners and for urban and rural workers.

Many exiles and their families are returning to Bolivia, but so far there has been little progress in reestablishing trade union rights.

In a statement linking the strike and the forthcoming presidential elections in July, the bishops supported the Permanent Assembly of Human Rights, an ecumenical group of about 300 Bolivian Church and civic leaders. The assembly coordinated much of the strike and is now conducting an educational campaign on civil rights.

On the elections announced last November by [illegible] Hugo Banzer, Bolivia's [illegible] state, the bishops said both government and political parties have an obligation to respect self-determination by the people.

"The freedom to vote is a vital right of citizens, as well as a duty. Political choice is a pre-

Continued on page 8

Advisory Council Reviews Bishops' May Agenda

Marriottsville, Md. (NC) — The U.S. Catholic Bishops' Advisory Council voted to establish its own standing committee on family life during a council session to lay some of the groundwork for the National Conference of Catholic Bishops' meeting in Chicago in May.

The 60-member council, which meets twice a year to review and comment on agendas for the NCCB Administrative Committee and the USCC Administrative Board, also examined—and submitted changes designed to strengthen—a proposed 3,500-word "Pastoral Plan

Continued on page 8

UFWA Ends Boycott

La Paz, Calif. (NC) — The United Farm Workers of America (UFWA) has called off its international boycott of non-union table grapes, lettuce and the wines of the E and J Gallo Co., Modesto.

A spokesman for UFWA president Cesar Chavez said the boycott was no longer needed because California's two-and-a-half-year-old Agricultural Labor Relations Act enabled farm workers to unionize through secret ballot elections.

Marc Grossmann, UFWA press aide, said that in the future, a boycott would be directed only at those individual growers who refused to bargain with the UFWA. "Instead of a generic or product boycott, it will be a more selective boycott," he explained.

Grower reaction to the announcement was low key, and many minimized the effectiveness of the boycott.

OF SEVERAL THINGS

by Most Rev. Francis T. Hurley
Archbishop of Anchorage
Apostolic Administrator of Juneau

Ecumenism

In Ketchikan, the Catholics and Episcopalians are sharing St. John's Episcopal Church, but it is not just a sharing of facilities. Catholics and Episcopalians have joined in an Ashes to Easter Program—a combined observance of Lent.

In Wasilla, the Presbyterians and the Catholics are exploring the feasibility of constructing a joint facility for educational purposes. But before construction, both groups plan a series of spiritual and social community ventures.

The sharing of facilities is a practical, economical approach. But practicality and economics will not guarantee a true ecumenical development. There must be on the part of those involved a willingness to share the intangible, the spirituality.

Blueprints of buildings will not assure mutual cooperation, toleration and coordination. These com. from the spirit. The spirit therefore must be nourished if practical sharing is to be achieved.

Living Wills

Alaska legislators were challenged to show the necessity of living will legislation, or as it is called officially, the Natural Death Act.

In hearings via teleconference, a two-way video communications arrangement by satellite, before a House legislative committee, two ministers, a representative of a memorial society and another citizen recommended passage of the Natural Death Act.

Arguments centered on the right to privacy, relief for terminally ill patients and their families, and an abhorrence of seeing a terminally ill person as a "vegetable."

Representatives of the Anchorage Right to Life organization rejected the proposed bill as anti-life. Two doctors testified that the bill was unnecessary, and one stated that the bill, if it were to become law, would inhibit doctors in their treatment of patients. This writer also testified and raised doubts as to the maturity of the idea of living wills, as to their necessity as a matter of law. I cited the California Medical Association which reported that 112 doctors ordered more than 11,000 living will forms but only 67 people asked for one. The situation suggests that somebody is advocating this type of legislation when there is no indication that it is something that the public really wants or needs.

I also indicated that th expression of living wills has resulted in much loose language which undercuts the real dignity of the individual.

And the Location of the Capital
(Senator Ray, Please Note)

The teleconference hearings via staellite present a great technique for bringing not only citizens closer to their legislators but also citizens closer to one another. Those testifying from Anchorage were able to hear the testimony of the people from Bethel as well as the questions posed by the legislator.

Healthy government is built on good communications. There must be a message in satellite communications for those arguing over the location of the capital.

Japan and Abortion

A New York Times story noted that Japan marked its 30th anniversary of liberalized abortion laws. In 1976 Japan registered over 1,800,000 live births and over 600,000 abortions. The statistics are bad enough, but the concern registered by medical experts is very telling: the lowered value abortion places on human life.

The views of the Japanese who were interviewed, though, showed that the negative was outweighed, in their opinion, by the lower birth rate. That says something about values.

So, too, does another point in the story raise a question about values. During the 1800's, infanticide was used in Japan to thin out the population. Then military governments banned birth control and abortion in order to produce more soldiers for the country. Then after the surrender in 1945 the shortage of jobs and food inhibited family growth, and the government passed the Eugenic Protection Law of 1948. That's some name for a law that demonstrates that the government of Japan has attempted to call the shots on the number of children that are going to be born in that country.

That situation should give us all pause for thought on the role of government in the most intimate of family relationships.

Abbey Begins Recovery of Misspent Funds

St. Benedict, Ore. (NC) — Mt. Angel Abbey has recovered $85,949 of $461,611 allegedly spent improperly by its former business manager and holds promissory notes for the balance, Benedictine Abbot Anselm Galvin announced.

The expenditures, dating to 1969, were in the form of loans to the business manager, identified in a local newspaper as Dominic Fressler of Silverton, Ore., and other parties. According to the weekly *Silverton Appeal*, most of the improperly expended money has "gone into real estate developments through a number of real estate developers from the Salem area and also from eastern Oregon."

Meanwhile, the U.S. attorney's office for the District of Oregon in Portland is conduct-

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Gregory Baum Married in Montreal

Toronto (NC) — Gregory Baum, noted Canadian theologian and outspoken critic of the Church, married a former nun in a private ceremony recently in Montreal.

The bride was Shirley Flynn, who left her religious order about 15 years ago.

Baum, 53, professor of religious studies at St. Michael's College in Toronto and formerly an Augustinian priest, announced in November, 1976, his decision to leave the priesthood. However, his application to Pope Paul VI for release from his priestly obligations and religious vows has yet to be approved by the Vatican.

A spokesman for the archdiocese of Toronto said the chancery would make no comment on the marriage "out of respect for his privacy."

House Opens Education Tax Credit Hearings

Washington (NC) — For the sixth time in a decade, the House took up the politically sensitive issue of education tax credits, opening hearings Feb. 14 on a variety of bills to ease the financial crunch of sending children to school.

Leading a pack of bills before the Ways and Means Committee is a proposal by Rep. Bill Frenzel (R-Minn.) that would allow a tax credit of up to $500 to parents paying tuition to accredited public and nonpublic schools, colleges and universities. Other proposals would allow tax deductions and tax deferrals for educational expenses.

Last month, the Senate finance subcommittee held hearings on a bill sponsored by Sens. Robert Packwood (R-Ore.) and Daniel Patrick Moynihan (D-N.Y.), identical to the Frenzel measure.

While the House bills differ in scope, eligibility, and amount they have one thing in common: the Carter administration opposes all of them and favors instead increases and improvements in existing education aid programs.

The leadoff witness before the Ways and Means committee was Secretary of Health, Education and Welfare Joseph Califano, Jr., who said tax credits "make neither educational nor financial sense."

Repeating objections raised by an HEW official before the Senate finance subcommittee, Califano said tuition tax credits do not target aid to those that need it, are insensitive to family need, do not solve the cash flow problem resulting from high college tuition costs, drain federal money from other aid programs, are administratively burdensome and fragment education policy among different congressional committees and different federal agencies.

As in the Senate hearings, the constitutionality of tuition tax credits stirred debate in the House committee.

Adding a new twist to the discussion was attorney William Ball, a recognized expert in church-state affairs. Ball said that while most discussion has focused on the First Amendment implications of tuition tax credits, "the right to nonpublic

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Death With Dignity Backers Optimistic

(NC)—"Death with dignity" bills have been enacted in eight states during the past two years, and backers of such laws say they can use that experience to push similar measures in other states.

Along with that drive, which some Catholic spokesmen see as opening the door to euthanasia (mercy killing), there is another campaign on behalf of "definition of death" bills. The latter would define when death occurs, which backers say is necessary to facilitate organ transplants without danger of lawsuits against the doctors who remove the donated organs.

Figures compiled by the National Conference of Catholic Bishops (NCCB) Committee on Pro-Life Activities, show that 38 bills to give patients or designated representatives the right to terminate life-sustaining treatment have been introduced in 27 states so far this year. These figures compare with the 67 bills introduced in 44 states last year. According to backers of such bills, they expect 1978 to bring even more legislative activity—because in 1977, the last such bill wasn't thrown into the hopper until September.

Right-to-die legislation has scored its initial success in California in 1976, with passage of a law permitting terminally ill adults to authorize "withholding or withdrawal of extraordinary life-sustaining procedures." That was followed by a similar law passed in Idaho in March, 1977. Arizona, Nevada, New Mexico, North Carolina, Oregon and Texas followed suit last year.

The right to die movement's path has not been without setbacks. In New Hampshire, both legislative houses passed such a measure, only to have it vetoed by Republican Gov. Meldrim Thompson. The House voted to override the governor's veto, but right-to-die backers failed to muster enough strength in the senate, and the governor's veto stood.

In South Carolina, the state's lower house killed a motion to continue a bill which would have allowed the terminally ill to reject in advance artificial life support systems. By killing the motion, the South Carolina House of Representatives agreed not to revive the bill during this session; nor can it be carried forward to the legislature's 1980 session.

But the backers of such measures are optimistic. In 1975, they were able to introduce 15 bills in 13 states with no successes. By last year, they were successful in seven out of 44 states where efforts were made.

According to Alice V. Mehling, executive director of the

Continued on page 6

Bishops Launch Parish Renewal Program

Washington (NC) — The U.S. bishops have launched a three-year Project for Parish Renewal designed to provide practical assistance to priests and other parish staff.

The project, announced here by Bishop Thomas C. Kelly, general secretary of the National Conference of Catholic Bishops, will involve publishing studies and other aids, and bringing together parish leaders, professionals and representatives of diocesan and parish-oriented institutions to share experiences.

Bishop Edward C. O'Leary of Portland, Me., chairman of a special bishops' committee to oversee the project, said its implementation "represents a new approach by the bishops to help meet the challenges and problems posed for those who are in the front lines of the Church's mission.

"The work is expected to make a major contribution toward revitalizing parish life, which remains for millions of Catholics the first and foremost vehicle of their involvement with the Church," he added.

Although the project involves study and reflection, he said, "it would be erroneous to call it a 'study' because at every stage we hope to share the fruits of effective parish experience with others, to work with the priests, deacons, religious and laity who are developing parish life, and to cooperate with agencies designed to assist parish life.

"The project will be one of service, not simply at its conclu-

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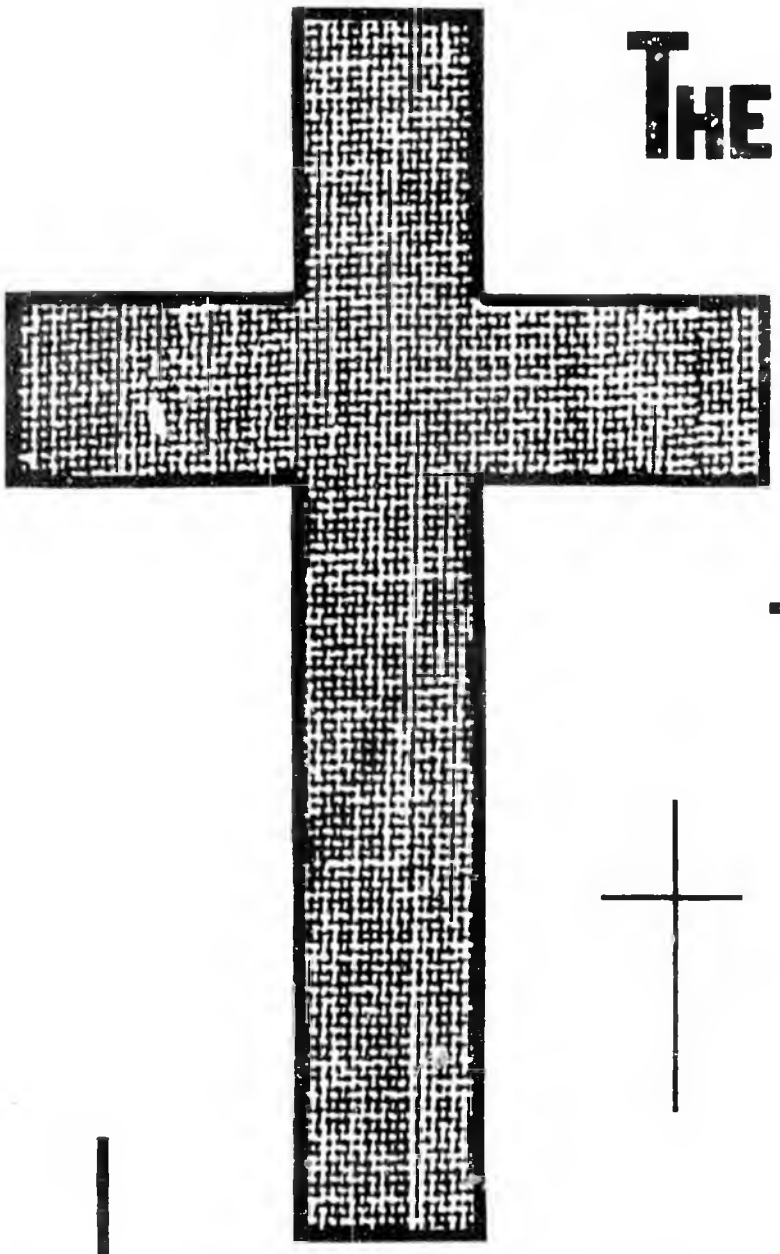
The Crosses We To



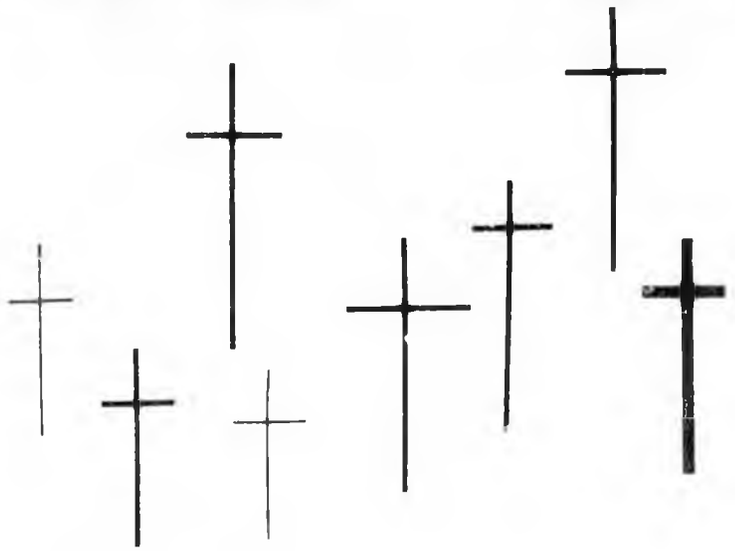
We children can be mean, especially to other children and animals. Maybe we are more respectful to adults because we're a little afraid of them. But who's afraid of a crippled child or a "shrimp" or a kitten?

Whenever we're mean to someone else—one of God's special friends, because we are all his special friends—we give that person a cross to carry.

If the cross is too heavy, it can knock him down, and make him fall.

Lord, help me to help other people with their crosses, not make them worse.

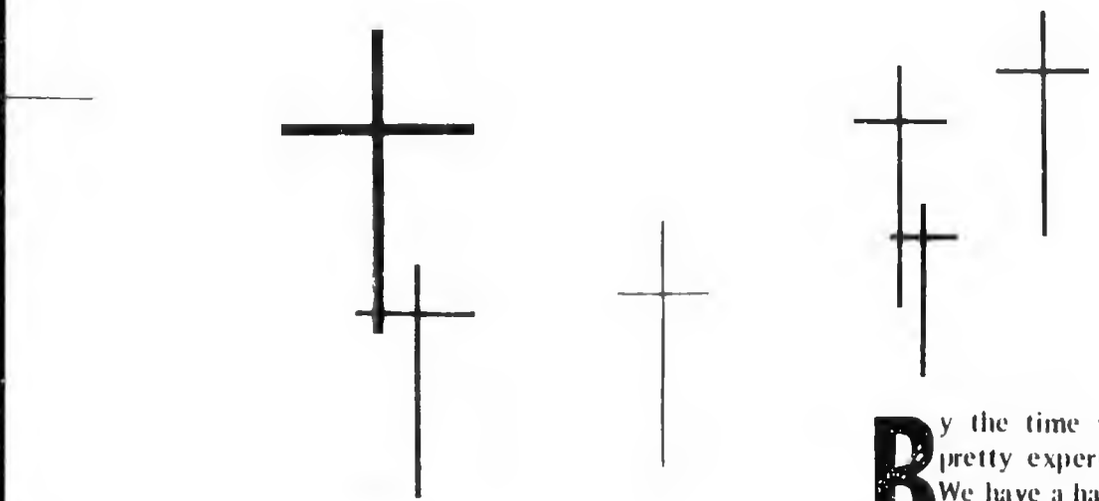
GIVE EACH OTHER



"Take up your cross and follow me," we are told. And under the pressure of that admonition, we—sometimes grudgingly—accept the trials that come our way.

But where do those trials, those crosses, come from? And more importantly, how many crosses are we responsible for in the lives of others?

Whatever our age, we are capable of bearing—and of giving—crosses. The former is commendable. The latter is not.



We are bigger people, so our meanness can be bigger. Excluding the "creeps" from our crowd, taunting those who are too "chicken" to try alcohol or pot. Our life isn't easy, but we don't make it any easier for others, either.

We give crosses to others quite liberally—yet how quick we are to say "That's not fair" when someone unloads a cross on our own shoulders.

Lord, help me lift someone's cross and help him along the way.

By the time we get to be adults, we can be pretty expert at unloading crosses on others. We have a hard day, and take it out on spouse and kids. We disorder our priorities and unload responsibilities on others. We refuse to show the love we feel, causing hurt and loneliness.

Child abuse, wife abuse, husband abuse can take on various forms, physical, verbal or emotional. All leave scars and can cause partial or total death. And families have no monopoly on abuse; statistics on crime and violence indicate it is well distributed.

Lord, help me to an awareness of the crosses I give to those around me, so I can stop being so generous with them. Help me to reach out with a helping hand.

Extension Society to Present Mission Award

Chicago (NC) -- The Catholic Church Extension Society will present a new honor, the Lumen Christi Award, annually to those best representing the society's philosophy of aiding needy missions in the U.S. and its protectorates.

Cardinal John Cody of Chicago will present the award, according to Fr. Edward J. Slattery, acting president of the Chicago-based mission aid society.

"It is Extension's desire in developing this program to recognize each year those persons who give unselfishly of themselves in the home missions," Fr. Slattery said. "At the same time, we hope to recognize members of the society, who through their generosity enable Extension to continue support of the home missions," he continued.

"The award has been entitled Lumen Christi because we truly believe those persons selected are the Light of Christ, spreading his good news in the home mission lands either through personal service or by support of organizations such as Extension," said Arthur L. Conrad, chairman of the selection committee and a member of the society's 12-member board of governors.

Founded in 1905, the society has distributed more than $61 million in aid to the home missions.

Anglican Head Asks Intercommunion With Catholics

London (NC) — Anglican Archbishop Donald Coggan of Canterbury has once again appealed for a measure of officially sanctioned intercommunion between Anglicans and Roman Catholics.

Preaching in (Catholic) Westminster Cathedral, the symbolic leader of world Anglicanism suggested that the reason for the "pathetically feeble" impact of Christians on the world is that they are divided at the deepest point of unity, the sacrament of Christ's body and blood.

"Is this God's judgment on us for failing to grasp this nettle?" he asked. "We recognize our unity in Baptism, we persist in disunity at the Eucharist. So we go to our mission weak where we should be strong and invigorated by joint participation in the supper of the Lord."

The archbishop said he regretted the slow pace of joint evangelistic work involving Anglicans and Catholics, and he stressed that this is not something to be left to the hierarchies on each side.

"The whole People of God," he said, "in their own communities and areas, must together take counsel and act, in being torch-bearers of the light."

Archbishop Coggan said he had told his host, Cardinal George Basil Hume of Westminster, what he was going to say, and the cardinal had said he was happy he should say it even though the cardinal was unable to agree with him because of theological differences. This was a point Cardinal Hume also referred to when he expressed his "personal joy" at the archbishop's visit in a brief welcoming address.

It was the second occasion an archbishop of Canterbury has preached in Westminster Cathedral. Ten years ago, in January, 1968, Archbishop Michael Ramsey, Archbishop Coggan's predecessor, gave a sermon during the Week of Prayer for Christian Unity.

Archbishop Coggan's first appeal for Anglican-Catholic intercommunion came during a visit to Pope Paul VI last April.

Natural Family Planning Seminar to be Held in June

Collegeville, Minn. (SJU) — The first accredited seminar on natural family planning ever offered for doctors and midwives will be sponsored June 23-25 by the Human Life Center of St. John's University and the University of Minnesota Medical School Obstetrics-Gynecology Department.

An international faculty will conduct the seminar which is expected to draw more than 100 participants to Minneapolis. Credits for participants will be granted by the American Medical Association.

The Rev. Paul Marx, OSB, director of the Human Life Center, says, "The now well known medical hazards of the intrauterine device and the pill are causing responsible couples to make increasing demands for information on methods of natural birth control. Because doctors were never exposed to natural family planning in medical school, the seminar will help prepare them to meet an imperative need."

For additional information, contact Fr. Marx at the Human Life Center, Collegeville, MN 56321.

ABBEY RECOVERY—

ing an investigation "concerning possible violations of federal criminal statutes by persons associated or formerly associated with Mt. Angel Abbey." In a letter to James Fournier, attorney for Mt. Angel Abbey, U.S. Attorney Sidney I. Lezak asked that "books and records" of the abbey be made available for review by his office.

"We will cooperate fully with the U.S. Attorney's office," Abbot Galvin said.

On the recommendations of their accountants, officials at the abbey have "segregated financial and accounting responsibilities among several individuals," Abbot Galvin said. "All expenditures are approved and checks are signed by authorized members of the Chapter. We have installed a new accounting system and the records will be audited."

TAX CREDIT—

education is [also] a fundamental liberty."

"It is utterly dishonest, in the face of the economic strain which so many parents of nonpublic school children now face, to say that they are perfectly 'free' to 'exercise their preference' for private education," Ball said. "They are not, and a constitutional argument in favor of the tax credit concept is that it helps them to have that freedom."

Ball also said the concept "presents no danger whatever of violation of our principle of church-state separation." Citing Supreme Court decisions in related areas, he said, "It is clear that the tax credit program here presented would be 'general' benefit legislation and that it does not contain the special features of channeling benefits to any single group or to any group consisting predominantly of individuals of a particular religion."

Taking an opposing view was Americans United for Separation of Church and State, a group which opposes state aid to nonpublic schools. "This bill could so entangle religion and politics that two centuries of progress in our country with regard to religious liberty and church-state separation could be obliterated," it said.

DEATH WITH DIGNITY

Society for the Right to Die, the legislative activity on behalf of her cause may or may not be intensifying, but the quality of the drive is up.

Shortly after the South Carolina setback, the House in neighboring Georgia passed a right to die bill and sent it to the state senate.

The Society for the Right to Die is not directly concerned with definition of death laws, Mehling said, but according to its tally, 18 states now have such measures on the books. Such laws usually define death as having occurred when there is no brain wave activity (flat EEG), and when spontaneous heartbeat and respiration have ceased. Someone requiring a heart-lung machine to effect circulation and respiration, and whose brainwaves have ceased to be measurable, could be taken off the machines by doctors without the threat of being sued by the patient's family.

Additional bills are now pending in nine states.

PARISH RENEWAL—

sion when findings are published but throughout its course," he added.

The Project for Parish Renewal will involve several phases—an initial exploration of the critical issues in parish life today, development of a handbook on parish life containing specific and practical aids for planning and development of the various areas of parish ministry, visits to parishes and publication of case studies, development of a parish reporting form, leadership development, and consultation with professional groups that have some involvement with elements of parish life.

The project had its origins in the November, 1975, bishops' meeting when Bishop Albert H. Ottenweller of Steubenville, Ohio, spoke about the special need for assistance that persons in parish ministry were experiencing. Since then the matter has been under study by the NCCB Administrative Committee, the NCCB Committee on Pastoral Research and Practices, and a task force.

Film Profits and Problems

New York (NC) — The motion picture box-office hit a record $2.3 billion in 1977, Jack Valenti, president of the Motion Picture Association of America, described 1977 returns as "the most spacious in the history of the U.S. film industry."

The big news was, of course, the incredible success of "Star Wars," which took in $127 million domestically. Though "Star Wars" outdistanced the field, all of 1977's top ten films earned more than $20 million, headed by "Rocky" with $54 million and "Smokey and the Bandit" with nearly $40 million.

In all, 27 films earned $10 million or more in rentals and 32 films reached $8 million or more. According to Valenti, "this is the largest group of high grossing films in any one year since accurage statistics became available."

The word "rental" describes the revenue realized by producers and distributors. The year 1977 appears to have been an extraordinary one for them. But what about theater owners or exhibitors who provide the rental income? The average exhibitor is not quite so enthusiastic. His share of box office receipts continues to decline as distributors demand ever higher rentals. Moreover, contrary to the statistics just cited, many exhibitors complain that there are not enough quality films available to sustain a profitabe 52-weeks-a-year theater operation. For many exhibitors, survival is a very real question.

The USCC Department of Communication's Office for Film and Broadcasting has selected the following as the ten best films of 1977, in alphabetical order:

Black and White in Color—Allied Artists (PG)

A Bridge Too Far—United Artists (PG)

Cria!—Jacon Allen (PG)

Harlan County, U.S.A.—Cinema 5 (PG)

Iphigenia—Cinema 5

Jacob the Liar—Macmillan

The Lacemaker—Cinema 5

Star Wars—Fox (G)

We All Loved Each Other So Much—Cinema 5 (PG)

A Woman's Decision—Tinc Productions.

Prayer Can Reduce World Tensions, Says President

Washington (NC) — President Jimmy Carter told more than 3,000 people at the National Prayer Breakfast that it is not "being overly optimistic" to believe that prayer and a sense of a shared faith can help reduce world tensions.

He made his point in part by referring to the religious ties that bind Israel, the Arab countries in the Middle East and the U.S.

Referring to Isreali President Menachem Begin, Carter said, "I like him, I admire him and I respect him because in our conversations and our quiet, lonely, private times together there is the fervor of a deeply committed religious man who worships the same God that I do and that you do."

Referring to Egyptian President Anwar Sadat, Carter said that when they talk, Sadat never fails to point out that "Egyptians and Jews are both sons of Abraham who worship the same God and share a common belief and a common faith."

Speaking of his own faith, Carter said, "To me, God is real.

"To me, the relationship with God is a very personal thing. God is ever present in my life. He sustains me when I'm weak, gives me guidance when I turn to Him."

Christ, he said, is the "perfect example for me to emulate in my experiences with other human beings."

Carter said he prays with his wife each night and "I turn to God in a quiet and personal way" often during the day.

Carter, who has described himself as a "born-again" Christian, said there has been a great deal of public discussion about what it means to be "born again."

"For those of us who share the Christian faith," he said, "the words have a very simple meaning . . . Through a personal experience, we recommit our

Continued on page 8

New Testament Translation a Sell-Out

Cochin, India (NC) — A new translation of the New Testament into modern Malayalam, the regional language of Kerala, was a sell-out even before all 100,000 copies of its first pringing were off the presses.

To meet excess orders of about 75,000 already pending, a second edition is in progress.

The translation, sponsored by the Kerala Catholic Bishops' Conference and prepared by the Pastoral Oreintation Center here, was released in mid-December.

The Catholic Church in Kerala and the Bible Society of India have also announced a joint venture to produce an interconfessional translation of the Old Testament into modern Malayalam in the next three to five years.

Kerala is the most Christianized region of India. Its population includes about 4 million Christians, 3 million of them Catholic. Catholics in Kerala account for 40% of the Catholic population of all India.

Pope Calls Christians to Austerity

Vatican City (NC) — Pope Paul VI told Catholics at his general audience that "only austerity can make Christian life strong and authentic."

The Pope urged Catholics to make Lent a time of "psychological and moral renewal."

"For Christians already baptized," said the Pope, "Lent will not be only a simple remembrance of the first great purifying and generating sacrament, but it will be a psychological and moral renewal, brought about through Baptism itself."

The Pope said that while the Church has dropped many past Lenten rules, serious Catholics must adopt a "personal austerity" of life during Lent and also "listen to the divine word in an attentive and regular fashion."

"Concerning the fast and abstinence obligation, does nothing remain of the past tradition, so binding, so severe and almost so ritualized?" asked the Pontiff.

Continued on page 8

A Living Valentine

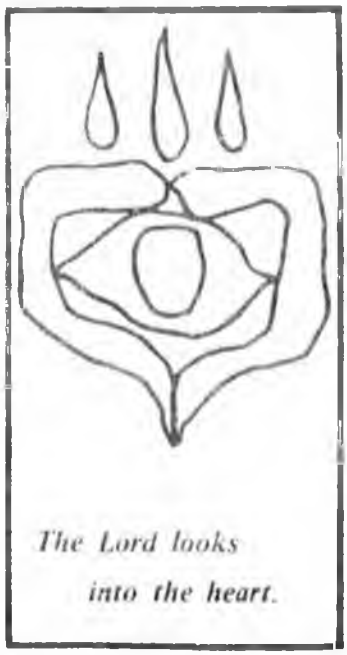
Washington (NC) — As a priest, Fr. Frank Ponce is priceless, but as a singing Valentine he's worth $181.60.

That's the amount he collected for serenading the staff at the U.S. Catholic Conference here on Valentine's Day. Fr. Ponce is a research assistant for the bishops' Spanish-speaking secretariat.

With guitar in hand, the priest sang in English, Spanish and French for 17 departments and individuals who made a donation to neighborhood shelters for the homeless.

Among others, the singing Valentines went to daughters, mothers, wives, husbands, freinds, and in one case, a Catholic newspaper editor in Denver.

Receiving the proceeds from the venture were church-run night shelters near the USCC building in downtown Washington. The shelters are open seven nights a week and provide supper and breakfast for people who stay there, in addition to a place to sleep.



SAMUEL LOOKED AT ELIAB and saw a man of lofty stature, surely the one chosen by the Lord. The Pharisees saw the works of Jesus and saw the works of a sinner. Our judgments are not to be trusted, and for this reason, we leave judgment to God. We see only the appearance, it is God who sees to the heart. (Readings for March 5, Fourth Sunday of Lent: I Sm. 16:1, 6-7, 10-13; Eph. 5:8-14; Jn. 9:1-41)

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Publishers: Most Rev. Francis Hurley, Apostolic Administrator of Juneau; Most Rev. Robert L. Whelan, S.J., Bishop of Fairbanks.

General Editor: Carol J. Crater

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BOLIVIA–

mise for freedom of thought," they said.

They warned Catholics, however, against political parties upholding "programs or ideologies contrary to the faith and hostile to religion."

They added that Catholics must not vote for parties that in any way "suppress the fundamental rights of the human person."

Although some 30 political groups have voiced interest in the elections, no opposition group has actually launched an electoral campaign. The only active candidate is a former Banzer aide, Gen. Juan Pereda, who held the ministry of interior in the military junta.

Some opposition leaders contend that 14 years of military rule have weakened the parties and their appeal to the people.

ACTIVISTS–

blood "be a sign leading us to repentance."

Twenty persons from various nonviolent communities in Washington and Baltimore participated in the protest.

The latest Pentagon incident came shortly after several persons, including an Oblate priest from St. Paul, Minn., had been sentenced for earlier protests at the government's military headquarters.

Oblate Fr. Carl Kabat was sentenced to six months in jail by Magistrate Harris Grimsley for pouring blood on the river entrances to the Pentagon during demonstrations there Dec. 28, the Feast of the Holy Innocents.

The priest had earlier received a six-month sentence, all but ten days of which was suspended, for an incident at the Pentagon during Holy Week, 1977, and had been put on probation. U.S. District Judge Orin Lewis revoked the probation after Fr. Kabat's most recent arrest, however, and ordered him to serve the remianing five months and ten days sentence for the Holy Week protest. The sentences are to be served consecutively.

Fr. Kabat is in the Alexandria City Jail pending an appeal of his sentence, said Schuchardt who called the sentence "arbitrary and discriminatory." He claimed the judge is "seeking to make an example of one person."

Fr. Kabat was in Juneau's Cathedral Parish for several weeks in 1973, replacing Fr. Robert Mihelyi while he was on his vacation.

AUSTERITY–

"What remains for strong and faithful souls," he said, "is personal austerity in what we eat, in our free time and in our work, and charity for our neighbor, for the suffering, for those needing help, for those waiting for our aid and pardon --all of this remains, along with the obligation to abstain from meat on Fridays in Lent.

"Only austerity makes Christian life strong and authentic," concluded the Pope. "May austerity, which goes against today's fashionable softness, be the sincere, strength-giving and unostentatious means we choose for carrying out Christian penance."

In a sermon later in the day, the Pope called sin a "radical failure of man, and a rebellion against God."

"The denial of God and the loss of the living sense of His presence have led many to give sin a sociological, psychological, existential or evolutionary interpretation," said the Pope. "This empties sin of its tragic seriousness."

Quoting St. Augustine, the Pope said that if we want our prayer to "fly to God, give it two wings: fasting and almsgiving."

SILENCED JESUIT–

permission to publish, be removed from future editions of Fr. McNeill's *The Church and the Homosexual*, published in 1976.

A self-described "celibate homosexual," Fr. McNeill urged the Church to accept homosexual activity as morally good when it is based on authentic commitment of mutual love and respect.

While saying they did not agree with all of Fr. McNeill's views, the Protestant theologians said he and others were providing "fresh insight" o.. an important facet of human sexuality.

"We believe that the exclusion of this qualified and prudent scholar from public discussion of a question about which he is knowledgeable, on the apparent ground that his tentative conclusions are unwelcome, places a most serious obstacle to the pursuit of truth," they said.

"This way of proceeding bespeaks an anti-intellectual spirit at odds with the freedom of inquiry which so largely characterized the procedures of the Second Vatican Council."

BISHOPS' AGENDA–

for Family Ministry" during its three-day meeting.

The pastoral plan is a response to a USCC Ad Hoc Commission on Marriage and Family Life report, finished last June after two and a half years in preparation. During their May meeting, the bishops are expected to consider the proposed plan. The ad hoc commission and the study came about on recommendations from the advisory council.

The advisory council, which consists of eight bishops, seven priests, seven religious and 38 laypersons, invited Fr. Donald Conroy, USCC family life representative, to present the family ministry proposal. The group also asked Dolores R. Leckey, director of the NCCB Laity Secretariat, to report on her office's activities.

The council made other recommendations to the Administrative Committee and Administrative Board, among them:

—That the council be given an opportunity to review those sections of the new Code of Canon Law that concern the laity's role and shared responsibility.

—That the bishops' conference continue to study the rights of women and Indians, prison ministry and land ownership.

—That the bishops compose a pastoral letter on racism.

The council also decided that at future meetings it would study evangelization, non-ordained ministerial roles, and ministry among the alienated and neglected in the Church.

PRAYER–

lives as humble children of God."

Carter said America's founding fathers wrote the separation of church and state into the constitution, because they had seen kings and other leaders try to "cloak" wrongdoing in the guise of the church.

But that separation does not mean that Americans are not called upon to pray, he said. He said the Constitution and the Declaration of Independence were written by believers.

HB
634

EXHIBIT 6

VALUATION SUMMARY

PENSION COSTS

	Consolidated Employer Contribution Rate	Past Service Rate	Total Employer Rate
State of Alaska	9.90%	2.20%	12.10%
City of Skagway	9.90%	(.53%)	9.37%
City and Borough of Sitka	9.90%	2.60%	12.50%
City of Fairbanks	9.90%	2.61%	12.51%
City of Haines	9.90%	(.45%)	9.45%
University of Alaska	9.90%	.87%	10.77%
City of Valdez	9.90%	2.39%	12.29%
City of Kodiak	9.90%	1.59%	11.49%
Alaska Municipal League	9.90%	9.12%	19.02%
City of Kenai	9.90%	.88%	10.78%
Municipality of Anchorage	9.90%	2.25%	12.15%
North Star Borough	9.90%	.69%	10.59%
Ketchikan Gateway Borough	9.90%	(.11%)	9.79%
Matanuska-Susitna Borough	9.90%	2.03%	11.93%
City of Soldotna	9.90%	(1.58%)	8.32%
City and Borough of Juneau	9.90%	1.09%	10.99%
City of Wrangell	9.90%	1.26%	11.16%
City of Bethel	9.90%	(.66%)	9.24%
Valdez City Schools	9.90%	(.21%)	9.69
Hoonah City Schools	9.90%	2.91%	12.81%
Nome Municipal Utilities	9.90%	1.43%	11.33%
City of Kotzebue	9.90%	(1.64%)	8.26%
Galena City Schools	9.90%	(.51%)	9.39%
King Cove City School District	9.90%	.98%	10.88%
City of Petersburg	9.90%	1.35%	11.25%
Bristol Bay Borough	9.90%	12.08%	21.98%
North Slope Borough	9.90%	2.55%	12.45%
Wrangell City Schools	9.90%	7.39%	17.29%
Unorganized Borough Schools	9.90%	(11.78%)	0.00%
Sitka Community Hospital	9.90%	1.28%	11.18%
City of Cordova	9.90%	.96%	10.86%
Nome City Schools	9.90%	4.46%	14.36%
City of King Cove	9.90%	(1.11%)	8.79%
Selawik City School District	9.90%	1.27%	11.17%
Juneau Borough School District	9.90%	2.08%	11.98%
Copper River School District	9.90%	.77%	10.67%

VALUATION SUMMARY

PENSION COSTS

	Consolidated Employer Contribution Rate	Past Service Rate	Total Employer Rate
Upper Railbelt Region Schools	9.90%	1.22%	11.12%
Iditarod Area School District	9.90%	.11%	10.01%
Kuspuk School District	9.90%	.15%	10.05%
Chugach Regional School District	9.90%	.06%	9.96%
Lower Yukon School District	9.90%	.12%	10.02%
Kodiak Island School District	9.90%	1.87%	11.77%
Cordova Community Hospital	9.90%	3.27%	13.17%
City of Delta Junction	9.90%	(.88%)	9.02%
Alaska Housing Finance Corporation	9.90%	2.94%	12.84%
Northwest Arctic School District	9.90%	.64%	10.54%
Southeast Islands School District	9.90%	(.02%)	9.88%
Pribilof Region School District	9.90%	.58%	10.48%
Lower Kuskokwim School District	9.90%	.77%	10.67%
Yukon Flats School District	9.90%	2.99%	12.89%
Yukon-Koyukok School District	9.90%	(2.03%)	7.87%
Aleutian Region School District	9.90%	.71%	10.61%
Lake and Peninsula School District	9.90%	.50%	10.40%
Chatham School District	9.90%	5.33%	15.23%
Bering Straits School District	9.90%	.17%	10.07%
Annette Island School District	9.90%	1.40%	11.30%
S. W. Reg. Schools	9.90%	.43%	10.33%
S. E. Reg. Res. Center	9.90%	.04%	9.94%
South Central Regional Resource Center	9.90%	(.14%)	9.76%
	9.90%	2.01%	11.91%

January 31, 1978 Bill Files to Hess

Legislative Board of Retirement Benefits analysis and recommendations on:

House Bill No. 637

This bill is being reviewed to determine fiscal impact. No detailed analysis is possible at this time. Therefore, the board reserves judgment until more information is available.

SUMMARY OF HOUSE BILL NO. 637

Retirement system affected: TRS

Permits a teacher to receive creditable outside service for service rendered if that service required, as a condition of employment, a teaching certificate, and the service was performed in out-of-state public schools or out-of-state approved or accredited non-public schools, or a nationally accredited institution of higher learning; or an approved and accredited non-public school in Alaska.

to Hess

Legislative Board of Retirement Benefits analysis and recommendations on:

House Bill No. 635

No detailed fiscal analysis is possible on the basis of data currently available. It is being reviewed.

A majority of the board recommends that HB 635 not pass; two members recommend that it pass; and one member was absent.

One minority member agrees with the bill in concept but feels that the definition of "teacher" needs clarification.

SUMMARY OF HOUSE BILL NO. 635

Retirement system affected: TRS

Permits part-time professional and administrative personnel of the University of Alaska or the community colleges to become members of TRS. To receive the credit, professional and administrative personnel of the community colleges must also be employed to conduct the academic degree programs and activities of the community college.

January 31, 1978 to Hess

Legislative Board of Retirement Benefits analysis and recommendations on:

House Bill No. 634

Data which would permit an accurate fiscal analysis are not available at present; however, the fiscal impact of HB 634 is estimated to be significant.

With the exception of one absent member, the board unanimously recommends that HB 634 not pass.

SUMMARY OF HOUSE BILL NO. 634

Retirement systems affected: PERS, TRS

Permits a vested teacher to obtain service credit under TRS for service as a public employee up to a maximum of ten years. Requires a teacher claiming this service credit to make retroactive contributions for the period of time that creditable service is claimed.

Permits a retired teacher receiving benefits under TRS to receive an increased benefit for public employment service, actuarily adjusted to reflect a retroactive contribution.

Prohibits a teacher from claiming credit for the public employment service under both PERS and TRS.

Permits a vested public employee to obtain credited service under PERS for service as a teacher if that service would qualify as creditable service under TRS. The creditable service granted may not exceed 10 years. Requires an employee electing this option to make retroactive contributions for the period of time that service credit is claimed.

Permits a person receiving retirement benefits under PERS to receive an increased benefit for teaching service, actuarily adjusted to reflect a retroactive contribution.

Prohibits counting the service credit granted for teaching service to satisfy eligibility requirements for normal retirement or for normal retirement before reaching normal retirement age.

Prohibits an employee from claiming credit for the teaching service under PERS if credit for the same service was claimed under TRS.

Takes effect July 1, 1978

HB

635

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

POUCH Y - STATE CAPITOL
JUNEAU ALASKA 99811
907 465-3800

MEMORANDUM

October 25, 1977

SUBJECT: Pending Bills Which Affect State Retirement Systems

TO: Members of Legislative Board of Retirement Benefits

FROM: Ken Humphreys, Research Analyst K.H.
Jim McKenzie, Staff Attorney J.M.

Enclosed are the following materials.

1. Pending bills which affect state retirement systems:

HB 7	HB 441
SCS CS HB 10	HB 456
CS HB 25	HB 507
HB 161	SB 60
HB 267	SB 62
HB 278	SB 73
HB 284	SB 90
HB 332	SB 91
HB 364	SB 175
HB 369	2d SSSB 215
CS HB 384	SB 258
HB 385	SB 287
HB 386	SB 303
HB 398	SB 305
	SB 360

2. Suggested amendments to compensate for legislative changes of the past session.

3. Summaries of pending bills which affect state retirement systems (assuming the adoption of suggested amendments).

4. Copies of AS 14.25 (TRS), AS 39.35 (PERS), and AS 22.25 (Judicial Retirement System) along with current supplements.

Discussion

1. Pending Bills. The enclosed bills are those which we feel may have an effect on state retirement systems. They are being analyzed (in amended form) by an actuary to determine what their fiscal impact would be. The actuary may find that some of these bills do not, in fact, have any effect on state retirement systems. In many cases one or more substitute bills have been introduced in place of the original. Only the most recent form of the bill has been included here. You may notice the absence of two bills which appeared on the list distributed at your September 15 meeting--HB 69 and CSSB 233. These have not been included because their provisions were entirely incorporated in ch. 128, SLA 1977. In general, bills which provide for pay raises or for hiring additional state employees have not been included. While it is arguable that these bills have an effect on state retirement systems, we felt it was better to exclude them because they would make no change in state retirement systems and would affect them only in the sense that the state would incur the cost of making contributions to cover ıe new employees and increased salaries. The final decision of which bills to consider rests, of course, with the Board.

2. Amendments. Attached to the bills listed above are suggested amendments to compensate for legislative changes of the past session. The most important retirement bill passed last

session was SCS CSHB 343 (Finance) am S, which became ch. 128, SLA 1977. This incorporated many of the provisions of the bills listed above and changed many sections of the retirement laws which these bills would amend. It also changed part of the vocabulary of the PERS laws. It is not practical, therefore, to consider these bills without amendments which bring them up to date. In some cases the suggested amendments delete virtually everything in the original bill. A good example of this is HB 267. As introduced, this was a 30 page bill. When amended to compensate for legislative changes of the past session, it will be only a single page. Since some of you may not be familiar with the amendment process, let us consider the suggested amendment to HB 267 as an example of how amendments work. (Please refer to this part of the enclosed materials.)

Amendments to bills are designed to give mechanical, and highly literal, direction to the person who will prepare the bill in final form. The first directive in the suggested amendment to HB 267 is:

"Page 1, line 9 - page 30, line 9:

delete all material and insert the following in its place: * * * *"

This means that, starting with page 1, line 9 (immediately after the enacting clause) and continuing through page 30, line 9 (the last line of the bill), everything is deleted and replaced with the material you see set forth in the amendment. Essentially the material in the amendment is substituted for the original bill. Sec. 1, which amends AS 39.35.330(b), is derived from sec. 14 of the original bill. All of the changes sought to be made by sec. 14 of the original bill were enacted as part of ch. 128, SLA 1977 except that ch. 128 allows credited service for leaves of absence without pay of up to 10 days in a year, while HB 267 would allow no credited service for any leave of absence without pay. Hence, sec. 1 would amend the law (as it exists now) to remove the phrase "which exceeds 10 working days in any calendar year." This is done by setting out AS 39.35.330(b) (as it exists now) and placing the phrase to be deleted in all-capital letters, surrounded by brackets. Secs. 2 and 3 derive from sec. 32 of the original bill. All of the changes sought to be made by sec. 32 of the original bill were enacted as part of ch. 128, SLA 1977 except that ch. 128 allows a person to be absent from the state for up to 60 days without suspending his entitlement to a cost-of-living allowance, while HB 267 would permit only a 30 day period of absence from the state. Hence, AS 39.35.480(b) and (d) are set out (as they exist now) with the number "60" placed in brackets (to show it is to be deleted) and the number "30" underlined

and placed in front of the bracketed material (to show it is to be inserted).

Not all of the suggested amendments take the form of deleting the entire bill and substituting new material. It is important to read the amendment carefully, and perform mentally the operations it directs on the bill, in order to understand a bill in amended form. Jim McKenzie would be happy to answer, by phone or letter, any questions about the suggested amendments to any bill.

In general, when the original bill contains a date, that date has been advanced one year in the suggested amendment. A bill which does not have an amendment stapled to it does not appear to require amending to compensate for legislative changes of the past session.

3. Summaries. The enclosed summaries of the bills listed above assume that the suggested amendments have been adopted and, hence, are summaries of the bills in amended form. A summary is intended to present the salient features of the bill it describes, but should not be considered a substitute for reading the bill itself (as amended). Jim McKenzie would be happy to explain further any particular bill which causes confusion. It is expected that the actuary's analyses will

provide some enlightenment as to the fiscal consequences of these bills.

4. Retirement Chapters. The enclosed retirement chapters are from the Alaska Statutes. The Cumulative Supplements should be referred to for up-to-date versions of the sections which appear therein. The supplements are not yet available in final form; please ignore the extraneous marks on these proof copies.

KH/JM:jm
Enclosures

cc: Hon. Mike Miller
Hon. Steve Cowper
Hon. Robert Ziegler

STATE OF ALASKA
THE LEGISLATURE
LEGISLATIVE AFFAIRS AGENCY

POUCH Y STATE CAPITOL
JUNEAU, ALASKA 99811
907 465 3800

December 5, 1977

Representative Charles H. Parr
St. Rt. 50599
Fairbanks, Alaska 99701

Dear Representative Parr:

This opinion is based on the following fact situation, as related to me by Earl Wischmeier, Division of Retirement and Benefits, Department of Administration.

Facts

Bus drivers and food service employees of the Anchorage school district are covered by the Public Employees' Retirement System of Alaska (PERS) rather than the Teachers' Retirement System (TRS). They work only during the school term (roughly nine months a year). If they were members of TRS they would receive one year's service credit in that system for working one school term; however, since they are members of PERS they are only entitled to credited service for the fraction of the calendar year actually worked (roughly three-quarters of a year for a school term). For a number of years the Anchorage school district reported one year's credited service for its bus drivers and food service employees for each school term they worked. In November 1975, Mr. Wischmeier informed the school district that this practice was not permitted under the PERS laws and should be corrected. Some 18 months later the school district began reporting credited service in compliance with PERS requirements and made retroactive reductions in the credited service of its bus drivers and food service employees which had previously been over-reported.

Opinion

You have inquired whether the action of the Anchorage school district in retroactively reducing the credited service of

its bus drivers and food service employees, as set forth above, is prohibited by the constitutional injunction against diminishing or impairing accrued retirement benefits. In my opinion, the answer is "no."

Discussion

Article XII, sec. 7, Constitution of the State of Alaska says: "Membership in employee retirement systems of the State or its political subdivisions shall constitute a contractual relationship. Accrued benefits of these systems shall not be diminished or impaired." The key to answering the question you have posed is whether the service erroneously reported by the Anchorage school district is an "accrued benefit." Under the PERS laws (AS 39.35) employees covered by the system are entitled to credited service for "periods of employment." Unless a leave of absence with pay has been granted, there is no statutory authority for reporting a full year's credited service to PERS when, in fact, the period of employment was nine months. Neither the Anchorage school district nor the bus drivers and food service employees made contributions to PERS to cover the additional benefits the employees would receive for the unearned credited service that was reported. AS 39.35.520 reads:

> Sec. 39.35.520. Adjustments. When a change or error is made in the records maintained by the system, or an error is made in computing a benefit, and as a result an employee or beneficiary receives from the system more or less than he would have been entitled to receive had the records been correct or had the error not been made, (1) the records or error shall be corrected and (2) as far as practicable, future payments shall be adjusted so that the actuarial equivalent of the pension or benefit to which the employee or beneficiary was correctly entitled shall be paid. If no future payment is due, a person who was paid any amount to which he was not entitled is liable for repayment of that amount, and a person who was not paid the full amount to which he was entitled shall be paid the balance of that amount.

This section makes a person liable for benefits that were paid erroneously, either by a reduction in future payments or by repayment of the amount erroneously paid him.. It would seem to follow even more strongly that errors in the system's records may be corrected before benefits are paid in the first place. It seems clear, therefore, that the

credited service which was over-reported by the Anchorage school district is not an "accrued benefit" within the meaning of Article XII, sec. 7 of the state constitution and may (indeed, should) be reduced retroactively to reflect the period of employment actually worked.

Sincerely,

James A. McKenzie
Legislative Counsel

JAM:hjd

STATE OF ALASKA

JAY S. HAMMOND, Governor

DEPARTMENT OF ADMINISTRATION

DIVISION OF RETIREMENT & BENEFITS

POUCH CR
JUNEAU, ALASKA 99811

January 13, 1978

The Honorable Charles H. Parr
House of Representatives
Alaska State Legislature
Pouch V
Juneau, Alaska 99801

Dear Representative Parr:

I would like to respond to your letter of January 5, 1978, regarding costing of audio, dental and visual coverage for retirees under the Public Employees' and Teachers' Retirement Systems. I have requested that our consultant contact our carrier to secure a cost proposal for these additional benefits. As soon as these proposals are received, I will make these costs available to you.

I have also received the four draft bills which you wish me to review and make sure are technically correct.

1. The draft bill relating to the cost of living allowance provided under the PERS seems to be in compliance with the general structure of the definition section and therefore I would conclude is technically correct.

2. Regarding the draft bill relating to creditable outside service under the Teachers' Retirement System, I would suggest that AS 14.25.220(8)(c) as drafted be changed to read:

> "an institution of higher learning accredited by a nationally recognized accrediting agency as listed in the Education Directory; Colleges and Universities by the National Center for Education Statistics, or".

This language is consistent with a cleanup bill which we intend to introduce to clarify what the nationally recognized accrediting agency is and I would think could appropriately be included in your bill.

I would also suggest that 14.25.220(8)(d) as drafted be changed to read:

> "an approved and accredited non-public school in Alaska".

This would remove any question that the word "state" means the State of Alaska.

02-84LH

NOTE: Please Include Your Social Security Number In All Correspondence & Requests

I would also recommend that AS 14.25.220(8) as drafted include a section (e) which reads:

> "an approved or accredited institution of higher learning in Alaska".

This would allow service in institutions such as Alaska Methodist University and Sheldon Jackson Junior College to be bought in as outside service.

3. Regarding the draft bill relating to creditable service for professional and administrative personnel at the University of Alaska and the Community Colleges, I would suggest that the following format be utilized:

> "AS 14.25.220(15), "Teacher or member means a person eligible to participate in the system and who is covered by the system including:
>
> (a) any certificated full time or part time school teacher, principal, superintendent, or school nurse in a public school in Alaska;
>
> (b) the commissioner of education, or supervisory positions requiring certification for appointment in the Department of Education;
>
> (c) resident personnel in full time or part time teaching positions under the University of Alaska and those full time or part time administrative positions which require academic standing; all administrative positions placed under the system must be approved by the administrator."

This proposed language would include part time teachers and part time personnel at the University of Alaska and Community Colleges as proposed in your draft bill. However, in addition it will also provide us with the statutory ability to correct misclassifications at the University which were identified to you at the various meetings held by the interim committee. This particular problem has existed for years at the University and I am attempting to take the necessary action to correct this situation. I have also included similar language in our housekeeping bill, which will be introduced to the legislature shortly.

4. Regarding the draft bill relating to transferability of credited service between the Teachers' Retirement System and the Public Employees' Retirement System, I would sincerely recommend the language in House Bill 284. The language contained in HB 284 represents several months' effort by many individuals within this division to insure that the language properly supports the 56 individuals who would be affected, as well as to administratively minimize the expense to administer this benefit. In addition, the

language in HB 284 has been reviewed extensively with the System's actuary to insure that an actuarially sound benefit as offered can be established.

I find that from a technical standpoint your proposed draft bill includes many areas that have not been addressed. I recognize the purpose of the bill and feel this same purpose can be achieved by supporting HB 284. The drafting of conditional service or the transferability of credited service is probably one of the hardest bills to draft because of the complexities and unique differences of the two retirement systems. Again, I would recommend that you give favorable approval to my recommendation in this particular area. I am sure that as time goes on you will be able to appreciate this recommendation.

I sincerely appreciate the consideration you have shown me in allowing me to help you with your draft bills. I want to make it perfectly clear that my intent is not to in any way alter the intent of any of your bills and that my purpose is to make the best information available to all parties so that an informed decision can be made. I recognize that the language of the statutes rests primarily with the legislature and I wish to make it my position to make the best information available, even though I may not necessarily agree with the final decision that is taken by the legislature.

Sincerely,

Paul B. Arnoldt

Paul B. Arnoldt
Director

PBA/ms

HB

664

OPHTHALMOLOGIST
WILLIAM F KINN, M D
BRUCE J WOLF, M D
SAMUEL A McCONKEY, M D

OTOLARYNGOLOGIST
RONALD E TINSLEY, M D
RICHARD P RAUGUST, M D
BRUCE G WHIPPLE, M D

PLASTIC AND RECONSTRUCTIVE SURGEON
WILLIAM W WENNEN, M D

EYE, EAR, NOSE & THROAT CLINIC

February 7, 1978

Mr. Charlie Parr
Chairman
Health, Education and Social
Services Committee
Alaska State House of Representatives
Alaska State Capitol
Room 112
Juneau, Alaska 99811

Dear Mr. Parr:

On behalf of the physicians in the State of Alaska who are concerned with eye care, I would like to again thank you for giving me some time out of your obviously quite heavy schedule in order that I might become better acquainted with House Bill 664, an act relating to optometry. I was able to see several members of your committee on my recent visit to Juneau and hopefully will have an opportunity to introduce myself to the remainder when I get to Juneau in the future. I plan this to be the first of several background papers that you and your committee might wish to consider in your deliberations on House Bill 664.

I think it is appropriate that I give you some background into my education and status within the ophthalmologic community in Alaska. I received an undergraduate degree in premedicine at West Virginia University in Morgantown, West Virginia in 1962. I had my medical school training at the Medical College of Virginia, graduating with a degree of Doctor of Medicine in 1966. I served a year of surgical internship and a year or surgical residency at the same institution, completing that course of study in 1968. In October of 1968, I was inducted into the armed forces as a surgeon with the United States Air Force, stationed at Eielson Air Force Base near Fairbanks, Alaska. Following a 30 month tour of duty, I was in the private practice of general medicine in Fairbanks, Alaska for one year. In 1972, I became associated with the Medical University of South Carolina in an ophthalmology residency program, completing that course of study in June of 1975. From January until March of 1975, I was also a teaching fellow in ophthalmology, concerned with the education of medical students at the Medical University of South Carolina. In July of 1975, I returned to Fairbanks, Alaska and have been in the private practice of ophthalmology with the Eye, Ear, Nose and Throat Clinic since that time. I am a Diplomat of the American Board of Ophthalmology. This accrediting board was the first medical specialty board established in America at a time when optometry was in its infancy and long before licensing boards for optometry existed. The privilege to practice my specialty is the culmination of 13 years of post high school education. This is in contrast to the average six to eight years spent by optometrists in post high school education today and is in greater contrast to the four years or less post high school education of approximately 50% of all optometrists presently practicing in the United States.

1919 LATHROP STREET, P O 1248, FAIRBANKS, ALASKA 99707, PHONE 456-7767

WHAT OTHER STATES HAVE DONE

House Bill 664 is a continuation of a nationwide move on the part or organized optometry to be legislated into the practice of medicine. Since 1971 until 1977, nine states had passed similar laws. In 1977, as of August the 25th, 14 states had denied the use of drugs to 8,275 optometrists. There were five states that passed drug related optometric bills. Four of these states, namely Montana, Wyoming, New Mexico, and Kansas, are certainly in the category of rural states and indicates that the major direction of optometry toward pressing this legislation today is most certainly in rural areas. The defense against that argument that optometrists can provide their care where no ophthalmologists are available, is as follows: In those communities where no ophthalmologists practice, there are physicians with medical "know-how" to deal with eye problems on an urgent basis and refer them for ophthalmologic care to nearby cities. A colleague of mine, Dr. Charles Bobo, Greenwood, South Carolina, studied the population that presented to a small rural community hospital emergency room over the course of one year from July 1, 1975, to June 30, 1976, and in his independent study, showed that 80% of the patients seen in this emergency room sitting were capably treated by the general practice family type physician and only 20% of those needed to be seen by an eye specialist. This certainly refutes the attempt by ambitious optometrists to make a case for being allowed medical functions in rural areas by claiming that there are too few ophthalmologists. The Eye, Ear, Nose and Throat Clinic in Fairbanks, Alaska, of which I am a partner, has, for years, been carrying out not only ophthalmologic but ear, nose and throat clinics in remote areas and in bush communities for the care and welfare of patients that prefer to live in a rural setting. It might be mentioned that our prices for these clinics are exactly the same as they are in our offices in Fairbanks, Alaska.

Find enclosed a copy of some random court rulings as to what other states have had to say in defining optometry and optometric responsibilities.

I will follow this report with others over the next several days, outlining various other points of interest concerning consumer protection and other pertinent data as may be important in your committee's consideration of this bill.

Sincerely yours, I remain,

Sam A. McConkey, M.D.

SAM:ls
cc: Representatives: M.F. Beirne
Don Bennett
Thelma Buchholdt
C.V. Chatterton
Samuel A. Cotten
Alfred C. Nakak
Al Ose
Randy Phillips

ALABAMA (Supreme Court of Alabama)

"Dilation of the pupil...forbidden by law."

"'Optometry' (from Greek. ***optos, visible, plus, ***metron, measure; literally, eye measurement). The science of measuring the accommodative and refractive powers of the eye without the use of drugs. It is defined in various statutory laws regulating the practice as "the employment of any means, other than the use of drugs, for the measurement of the powers of human vision and the adaptation of lenses for the aid thereof.' The practitioner of this art is called an optometrist... While no attempt is made to teach the diagnosis and treatment of eye diseases, dilation of the pupil with drugs is forbidden by law.

"'Optometry,' apart from statutory definition, is defined as the employment of any means other than the use of drugs for the measurement of power of vision and the adaptation of lenses for the aid thereof...the measurement of the range of vision, and does not authorize the diagnosis for treatment of eye disease."

Hampton v. Brackin's Jewelry & Optical Company

DISTRICT OF COLUMBIA (U.S. Court of Appeals of D.C.)

"Empirical rather than learned"

"'Optometry is a mechanical art requiring skill, manual dexterity, and knowledge of use and application of certain mechanical instruments and appliances designed to measure and record errors and deviations from normal which may be found in the human eye, rather than the knowledge and learning appropriate to professions or callings which deal with causes and conduct rather than with conditions and effects, and is in its nature empirical rather than learned.

"'Oculists' and 'ophthalmologists' pursue a calling quite distinct from that of 'optometrists,' having relation to the practice of medicine and surgery in the treatment of diseases of the eye, whereas the calling of 'optometrists' relates to the measurement of the powers of vision and the adaptation of lenses for the aid thereof."

Silver v. Lansburgh & Bro.

"Function...is to measure" (D.C. Code, T. 20, 261-282)

"The District of Columbia statute governing practice of optometry does not contemplate that an optometrist shall be a graduate physician or shall, like an oculist (ophthalmologist), diagnose or treat diseases of the eye, since function of 'optometrists' is to measure the refractional abnormalities of the eye and prescribe, and sometimes grind, the lenses to correct them."

ILLINOIS (Supreme Court of Illinois)

"Other than the use of drugs"

"...'Optometry' to be the employment of any means other than the use of drugs, medicines or surgery for the measurement of the power of vision and adaptation of lenses for the aid thereof, is broad enough to include every measurement of the power of vision and fitting glasses to aid vision."

People v. Griffith

"Measurement of the range of vision"

"'Optometry' means measurement of the range of vision. Also, locsely, measure of other visual powers, hence, scientific examination of the eyes for the purpose of prescribing glasses, etc., to correct defects, without the use of drugs."

Babcock v. Nudelman

MASSACHUSETTS (Supreme Judicial Court of Mass. Suffolk)

"More akin to physical science of optics"

"One who practices optometry exclusively is not commonly to be treated as 'practicing medicine,' 'optometry' in its origin and nature being more akin to physical science of optics than to science of medicine, and its emphasis being upon supplying physical means to aid bodily powers rather than upon cure of disease. 'Ophthalmology' has relation to the practice of medicine and surgery in the treatment of diseases of the eye, and 'optometry' has relation to the measurement of the powers of vision and the adaptation of lenses for the aid thereof."

Sachs v. Board of Registration in Medicine

MISSOURI (Kansas City Court of Appeals)

"Mechanical means"

"...employment of objective mechanical means to determine accommodative or refractive states of eye and range, power, or vision of eye constituted practice of optometry."

State v. Etzenhouser

NEW JERSEY (Supreme Court of New Jersey)

"Other than the use of drugs"

"'Ophthalmologist' has a relation to the practice of medicine and surgery in treatment of diseases of the eye, while practice of 'optometry' relates to the measurement of powers of vision and adaptation of lenses for aid thereof...the employment of any means other than the use of drugs."

N.J. State Board of Optometrists v. S.S. Kresge Co.

NEW YORK (Supreme Court, Appellate Division)

"Calling quite distinct"

"'Oculists' (ophthalmologists) pursue a calling quite distinct from that of 'optometrists.' The first has relation to the practice of medicine and surgery in the treatment of diseases of the eye, and the second to the measurement of the powers of vision and the adaptation of lenses for the aid thereof. It is the primary function of the 'optometrist' to employ means to determine the need for lenses for the correction of defects of eyesight, and the increase of the power and range of vision. He forms a judgment as to the need, and then provides the corrective lens."

Dickson v. Flynn

OHIO (Court of Appeals of Ohio)

"The business of an optometrist"

"The word 'optometrist' made up of 'opto' meaning of or relating to the eyes of vision, and 'meter,' a unit of measure, indicates what the business of an optometrist is."

Kime v. Aetna Cas. & Sur. Co.

PENNSYLVANIA (Supreme Court of Pennsylvania)

"Other than the use of drugs"

"It is substantially correct to define 'optometry' as the employment of any means other than the use of drugs for the measurement of the powers of vision and the adaptation of lenses for the correction and aid thereof."

Martin v. Baldy

TENNESSEE (Supreme Court of Tennessee)

"Optometry...occupation or vocation"

"...ophthalmologists being recognized as learned professions relating to the practice of medicine and surgery in treatment of eye disease, and optometry an occupation or vocation calling for degree of mechanical skill and experience in fitting glasses to eyes."

Saunders v. Swann

UTAH (Supreme Court of Utah)

"Subjective and objective means"

"...defines optometry as the employment of 'subjective and objective' mechanical means to determine the accommodative and refractive conditions of the eye."

State ex. rel. Hallen v. State Board of Examiners in Optometry

WISCONSIN (Supreme Court of Wisconsin)

"Not one of the learned professions"

"Although certain standards of education are prescribed by statute concerning the practice of optometry, 'optometry' is not one of the learned professions and an 'optometrist' may be an employee."

State ex. rel. v. Kindy Optical Co.

STATE OF ALASKA

NOTICE OF ADOPTION OF
EMERGENCY REGULATION

As required by AS 44.62.250, notice is given that the Board of Examiners in Optometry adopted on this date 12 AAC 48.063 and 12 AAC 48.065 and amended 12 AAC 40.070 and 12 AAC 48.080 as emergency regulations relating to advertising of ophthalmic prosthesis devices, routine vision examination and unprofessional conduct.

Copies of these regulations may be obtained by writing to:

Department of Commerce
and Economic Development
Division of Occupational Licensing
Board of Examiners for Optometry
Pouch D
Juneau, Alaska 99811

Date:

RECEIVED
DEPARTMENT OF
COMMERCE
FEB 14 9 02 AM '73
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Curtis M. Johnson, O.D.
Chairman
Board of Examiners in Optometry

E. E. BACH, O.D.
PHILLIP W. BACH, O.D., PHD.
OPTOMETRISTS
BOX 192
ANCHORAGE, ALASKA 99510

February 14, 1978

The Honorable Thelma Buckholdt
House Education & Social Services Committee
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Mrs. Buckholdt:

I wish to request your support for a bill that you will soon be considering as a member of the House, Health, Education and Services Committee.

This bill amends the Alaska Optometry law to permit the use of Diagnostic drugs by Optometrists. Diagonstic drugs assist in the detection of pathology of the eye, one of the legal repsonsibilites of the Optometrist in the course of his examination of the eyes and vision.

So far twenty two states have adopted this measure in the interest of providing the best safeguards to the public health. That Optometrists will be qualified will be demonstrated to your committee.

I urge your support for the House Bill 664. I would appreciate a response to my request.

Respectfully,

E.E. Bach, O.D.
Suite 204
Denali Professional
Center
3401 Denali Street
Anchorage, Alaska 99503

EEB:pb

DR. ED CRAIG
OPTOMETRIST
348 Main Street
KETCHIKAN, ALASKA 99901

Dial 225-3975

February 6, 1978

Representative Thelma Buchholdt
Pouch V
Juneau, AK 99811

Dear Representative Buchholdt:

I solicit your support of HB664 which will legislate the use of diagnostic drugs by optometrist during the course of eye examination for glasses.

Historically optometry has been a drugless profession. Through modern technology optometry has more sophisticated equipment in the examination room. This equipment enables the optometrist to think in terms of the patient's general health and visual demands. Optometry now has slit lamps, tonometers and retinal cameras, all of which afford a better view of the patient's retina. These procedures require dilation of the pupil to see more of the retina, or an anesthetic to numb the cornea to record the interocular pressure.

These drugs also afford an additional tool for examining the very young child, the retarded adult or the non-English speaking individual.

Optometry is defined as a primary health care profession. The optometrist functions as the principal point of contact within the total health care system for persons seeking relief of visual complaints. If a pathological condition is observed during the course of examination for glasses, referral is made to the proper health care practitioner for treatment.

The safety of these drugs is established in the literature. Because of the small doses, low concentration and limited duration of action, it is established that the small amount absorbed by the body is inactivated in a short period of time and no harmful effects to the patient is found.

In conclusion, I ask your support of this legislation because optometry could do an even better job for the public if we had these additional tools to work with.

I will attempt to answer any questions you may have. I would appreciate your reply.

Respectfully,

Ed Craig, O.D.

E. E. BACH, O.D.
PHILLIP W. BACH, O.D., PHD.
OPTOMETRISTS
BOX 192
ANCHORAGE, ALASKA 99510

February 10, 1978

The Honorable Thelma Buchholdt
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Ms. Buchholdt:

I recently had the pleasure of seeing your son and daughter, Chris and Ti, as patients.

Now I wish to request your support for an item of great importance. The House Health, Education and Social Services Committee, of which you are a member, will soon be considering House Bill 664. This bill amends the Alaska optometry law to permit the use of diagnostic drugs by optometrists. It brings the law into line with optometrists' professional qualifications. Diagnostic drugs assist in the detection of pathology, one of the legal responsibilities of the optometrist in the course of his examination of the eyes and vision. Thus far some 22 states have approved this measure in the interest of providing the best safeguards to the public health.

I urge your support for this important measure.

Respectfully,

Phillip W. Bach

Phillip W. Bach, O.D., PhD
Suite 204, Denali Professional Center
3401 Denali
Anchorage, Alaska 99503

PWB:pb

OPHTHALMOLOGIST
WILLIAM F. KINN, M.D.
BRUCE J. WOLF, M.D.
SAMUEL A. McCONKEY, M.D.

OTOLARYNGOLOGIST
RONALD E. TINSLEY, M.D.
RICHARD P. RAUGUST, M.D.
BRUCE G. WHIPPLE, M.D.

PLASTIC AND RECONSTRUCTIVE SURGEON
WILLIAM W. WENNEN, M.D.

EYE, EAR, NOSE & THROAT CLINIC

February 8, 1978

Representative Charlie Parr
Chairman
Health, Education and Social
Services Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr:

This is the second in a series of background reports that I hope will be valuable to you and your committee in your deliberations of House Bill 664.

CONSUMER EFFECTS AND CONSUMER PROTECTION

As regulations evolve to guide the delivery of health care under a federalized system, the role of paraprofessionals in medicine is being defined. A short time ago, most optometrists were "eye examining - glasses fitting" employees of chain and jewelry stores. Now they are a national political effort attempting to legislate themselves into the position of primary eye care practitioners; House Bill 664 is such an attempt, and as presented, this bill is vague, illogical, and unacceptable and is not in the public interest.

Optometry organized for its present effort many years ago and began to implement programs for presenting generally persuasive nonmedical evidence to legislators in many states recently. Before medicine could rally its forces to articulate the logic which is clearly on the side of medicine and the public, several legislatures were persuaded to transform optometrists into quasi-physicians.

Ophthalmologists have been forced to assume responsibility for protecting the public health against optometry. This situation is unfortunate because optometry was once respected for many decades by medicine and the public for having provided vision improvement (not health care) for millions of Americans. The result of their present legislative attempts to intrude upon the practice of medicine could be continuous disharmony and perhaps even the destruction of optometry as a respectable science. Nurses, ambulance attendants, and others who have been trained under the supervision of medicine are appreciated, enjoy a good reputation, and are classified as paramedical personnel, but optometrists insist upon being nonmedical and refuse to accept medical supervision. It is possible for optometry to join the American health care delivery system under qualified medical supervision if vision care is to be included, as is currently done in the U.S. military services and in other countries; but until then, optometry is risking its reputation as a fine profession and the state legislators are being encouraged to transform optometrists into quasi-physicians by legislative fiat which is not in the public's best health interest.

1919 LATHROP STREET P.O. 1248, FAIRBANKS, ALASKA 99707, PHONE 456-7757

A recent poll nationally showed that the public fears blindness second only to cancer. Americans deserve to expect better primary care for possible eye or related bodily disease and not what optometrists are remotely prepared to offer. Despite the claim of their nonphysician educators, optometrists, by background, training, and experience, do not have the capability to diagnose medically related eye problems or eye diseases, drops or no drops. The diagnosis of disease is the practice of medicine. Optometrists are not trained to practice medicine. Many individuals can recognize departures from normal and even make diagnostic guesses, but definite diagnosis and the ability to recognize fine differences between one disease and another rests solely with the physician. It requires understanding, not only of disease but also knowledge of its response to medical and surgical methods of treatment. Ophthalmic diagnosis further requires an understanding of diseases as they effect not only the eye but the body as a whole. Only an ophthalmologist, schooled first in medicine, has this ability. We can not divorce the eye from the human body.

Ophthalmologists and organized medicine have no vendetta against optometry. Optometrists practicing in their traditional role are needed. They are a value testing for glasses and performing those functions for which they have education and experience. The concerted political effort by optometry to become the primary eye care group, however, is not acceptable, logical, or reasonable. Physicians look upon this with alarm. It is a serious threat to quality eye care and patients will suffer. Optometrists are not able to make medical determinations because it is not within the scope of their training. By contrast, legally limiting the profession of optometry to the area of activity in which they are trained to function will not reduce their effectiveness. It will help safeguard their whole profession from the potentially irresponsible action of a few and will promote the health of the public.

If all that I have said is true, then one might reasonably ask why an expansion of the traditional role of optometry is being considered. The answer lies in two areas primarily. First, the desire of legislators to contain the cost of medical care, and second, the need for optometry to improve its collective status.

The legislators have been lead to believe that if optometrists provide basic eye care, the cost might be less than care provided by ophthalmologists. The hypothesis seems attractive on the surface, but in truth, optometrists tend to over prescribe glasses for minimal refractive errors; whereas, ophthalmologists do not. Thus, the total cost of examination and glasses by an optometrist often exceeds that given by an ophthalmologist. If lessened expense is the object, refractive care delivered by trained ophthalmic assistants working under the direct supervision of ophthalmologists costs less and gives the patient better care. Such care now exists in certain prepaid health plans and university eye departments. Duplication of effort and poor referral routes also raise the cost of eye care given by optometrists. Frequently, a patient with a serious eye problem first consults an optometrist for examination, is referred on to the patient's physician for a reexamination, and finally sees the ophthalmologist, who should have been consulted in the first place. Too often, optometrists are reluctant to refer directly to an ophthalmologist, and this custom is expensive.

Optometrists, as well as other paraprofessionals, desire to improve their status. This need is no small factor motivating optometrists to spend large amounts of money and personal effort as they move to "expand the scope of optometry." The way to gain this expansion, as organized optometry sees it, is not through education but by legislation. The public relations experts for optometry have coined phrases for optometrists like "GP's of the eye," "dentists of the eye," and "optometric physicians." Such labeling is fraudulent and misleading. In the Optometric Weekly of July 7, 1977, there was a statement that an expanded definition of optometric services in the Army had been approved. This was not true, has been refuted, and has resulted in the issuance of a mandate from the United States Department of Defense that there shall be medical supervision of optometrists in all branches of the military. Yet optometry has loudly and falsely proclaimed in the state legislatures of this country that civilian optometrists should be allowed the unfettered use of eye drops like their brothers in the military.

Of late, we have seen advertisements in leading newspapers in the country and heard radio ads inserted by state optometric societies using material supplied by the American Optometric Association which are deliberately false and misleading, particularly in those densely populated states whose legislatures have not seen fit to grant optometrists the right to use drops and diagnose or treat eye disease. These ads are now being prohibited by the state attorney's general and departments of consumer protection.

In the summer of 1977, the Washington Society for the Prevention of Blindness successfully stopped an optometric advertisement aired in the guise of a public service announcement: "The Washington Optometric Association reminds you that an eye examination will detect early symptoms of diabetes, arteriosclerosis, and hypertension." Excerpts of a protest to the Consumer Protection Division of the Washington Attorney General's office prompted removal of this fraudulent advertising after the Washington State Attorney General said in part, "This health service message, couched in such broad terms, might have the capacity to mislead a layperson to expect and rely on a wider range of medical services than are actually obtainable from optometrists."

Many optometrists are not enthusiastic about organized optometry's effort to encroach upon the practice of medicine. Recently, Richard Ball, writing in the Optometric Weekly, posed a question to his fellow optometrists when he wrote, "Should we be first class O.D.'s or second class M.D.'s."[1] This stand is supported by the deans and some professors of several colleges of optometry.[2] Also, many optometrists are becoming gun shy because of the mounting resistence to their legislative attempts to encroach upon medical practices. Organizations such as Leagues of Women Voters, labor unions, federations of state, county, and municipal employees, and leading newspaper editorials throughout the land oppose the making of pseudophysicians of optometrists.[3] They recognize that these back door attempts at redefining optometry only serve to further confuse the public as to the capabilities of the two practitioners in the eye care field. A number of ophthalmologists who were formally optometrists and then went to medical school and by way of the ophthalmology residency route became qualified ophthalmologists,

vigorously oppose this legislation because they know better than all others that the medical eye care rendered by eye physicians is the only medical eye care that should be available to the public.[4]

Optometrists and ophthalmologists should compliment and support each other. Disregard for excellence, such as would result from enactment of the proposals put forth in Bill 664, will adversely effect the superior level of eye care currently offered to patients in Alaska.

In closing, I might quote from a thesis entitled, "The Expansion of Optometry into Medical Practice": "The regulation of the practice of optometry is not for the benefit of the licensees but for the benefit of the state and its people...no where does case law state that public protection will be qualified, i.e., that...the risk (may be increased) 'a little bit' but not 'a lot.' The intent is protection...the language is explicit."

Please find enclosed some pertinent editorial comments, as well as some consumer articles that have appeared in other parts of the country as concerns this legislation. Thank you very much for your time in reading through this material.

Sincerely,

Sam A. McConkey, M.D.

SAM:ls
cc: Representatives: M.F. Beirne
Don Bennett
Thelma Buchholdt
C.V. Chatterton
Samuel R. Cotten
Alfred C. Nakak
Al Ose
Randy Phillips

REFERENCES

1. Ball, R., "Should we be first class O.D.'s or second class M.D.'s," Optometric Weekly, volume 67, page 874 through 895, 1976.

   Optometric Weekly, April 3rd, 1976, James C. Miller, O.D., Nappanee, Indiana, "(I) think optometry has too many quasi-physicians now! If these optometrists want to be physicians, they should have gone to medical school...if we believe the end result will be to our benefit or to the benefit of the public, we are inane."

   In Optometric Weekly, April 3rd, 1976, under a column headed "Vox Oculi," over half the optometrists writing in agreed that they could never appreciate the difficulty and intensiveness involved in treating eye disease until he or she is educated to a point of being able to handle it on a daily basis. "There is no present need for the move and the necessary education is not available for optometry to attempt to secure drug utilization." Richard Ball, American Optometric Association, Interprofessional Relationships Committee.

   September 15, 1976, American Optometric Association News, James A. Rakes, optometric resident, V.A. Hospital, Lexington, Kentucky. "The day will come when optometrists can treat disease with the approval of ophthalmology, but they will have to earn it through the same hard work that ophthalmology residents must go through. There is no shortcut to therapeutics."

   Optometrist, Philip C. Lafrance, Laconia Eye Clinic, Laconia, New Hampshire, "Optometrists, in their many years of training, are not adequately trained to correctly define an eye disease."

2. Dean Henry B. Peters of the University of Alabama School of Optometry writing in the Journal of the Americal Optometric Association, June, 1977, said, "not one of our schools is prepared by either faculty resources or available clinical experiences to accept this challenge (of preparing optometrists to treat eye disease) at the present time." "Optometric educational institutions have serious responsibilities within the present practice of optometry and precious few resources to carry them out...the resources necessary to adequately prepare students and practitioners to treat eye disease are simply not available." "It is going to be difficult or impossible...to provide the educational requirements for the expansion of optometry into the area of treatment of ocular disease."

   Meredith W. Morgan, O.D., Dean emeritus of the School of Optometry of the University of California at Berkley, "As far as I know, there is not a school with the curriculum adequately designed to educate students in pharmaceutical therapy and there is not a school with adequate resources to establish such a curriculum."

3. New York Federation of Women's Clubs, Inc., April 30, 1976, a drug bill in New York State. They took a public stand against the passage of this bill. The New York State AFL/CIO, a nonmedical union, advised its constituency that "optometry is not a medical profession and optometrists are not engaged in medical practice. Optometry is confined to a limited area of the measurement for and fitting of eye glasses that traditionally is outside medicine." Please find included copies of several editorials from leading newspapers throughout the country.

4. Five optometrists who furthered their education by going to medical school and became M.D.'s (ophthalmologists) have testified as follows: "Although we had courses in anatomy, physiology, histology, and many other scientific disciplines, including some courses about drugs, our training was superficial compared to medical school training. Furthermore, it was directed with an entirely different perspective in mind, that of examining the eye for vision defects and correction thereof." The five M.D.'s who thus spoke out in unison are Charles Denton, O.D., M.D.; Roger DeShaies, O.D., M.D.; Roger L. Hiatt, O.D., M.D.; Marshall Johnson, O.D., M.D.; and William Roberts, O.D., M.D.

   American Optometric Association News, September 15, 1976, James A. Rakes, O.D., an optometric resident at the V.A. Hospital in Lexington, Kentucky, "An optometrist will never appreciate the difficulty and intensiveness of educating the ophthalmology resident until he sees it on a daily basis." He also noted that the experience that he was having had "opened his eyes to the inadequacy of the average optometry student's background in pharmacology and pathology."

THE ATLANTA CONSTITUTION

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PAGE 4-A, WEDNESDAY, JANUARY 11, 1978

Pulse of the Public

Optometrists and Ophthalmologists

MARIETTA—The controversy over Senate ill 20, which would allow optometrists to use angerous drugs, is an issue very few people an address based on first-hand knowledge and xperience.

I am one of only three people in Georgia a position to do so. Currently, I am an oph-almologist (M.D.) practicing in Marietta. An phthalmologist is an eye specialist. Prior to ecoming an ophthalmologist, however, I was optometrist (non-physician).

After completing medical school to be-ome an ophthalmologist and having attended ptometry school earlier, I can say without eservation the difference in an optometrist's aining and an M.D.'s is overwhelming. The phthalmologist's training is essential to per-rm medical services and to safely use drugs.

I became an ophthalmologist because I anted to be allowed legally to diagnose and eat medical and surgical eye disease. To do requires the use of drugs. As an optometrist was neither trained to use drugs nor did I eed them to perform the services for which I ad been licensed.

The training an optometrist receives does ot compare to the training of a medical doc-r. Although optometric training has been mewhat improved since I was a student, it ill remains inferior to that of an M.D. Anyone ggesting that an optometrist is professionally uipped to use serious drugs is playing a dan-rous game with human lives and precious ye sight.

The drugs involved in S.B. 20 are power-l. They have no place in the optometry ofession. The public should not be subjected use of the drugs by optometrists who are not ined to practice medicine.

There are no short cuts to medical exper-tise. The same option I exercised is available to every optometrist in Georgia. If an optometrist wants to practice medicine, that optometrist should be required to become a medical doctor as I have.

IRVING T. STALEY, M.D.

Opticians Oppose Bill

DUNWOODY—The Georgia Society of Dispensing Opticians, which has over 600 statewide licensed members, strongly opposes Senate Bill 20 which would allow optometrists, who are not medical doctors, to use diagnostic drugs in eye examinations.

Opticians, who are skilled technicians licensed to fit, adjust, and dispense eye glasses from the prescription of an ophthalmologist or optometrist, serve an important and unique role in the delivery of eye care to the public. Because of our position in the area of public eye care, we are compelled to express an opinion regarding S.B. 20. Ophthalmologists are medical doctors (M.D.s) who specialize in the treatment and diagnosis of medical and surgical eye disease. Optometrists are not medical doctors. Optometrists are licensed to evaluate the eyes for visual behavior and prescribe glasses accordingly.

The clincial and patient training of an optometrist is unequivocally inferior to that of the ophthalmologist. To allow these non-physicians to use drugs which are unnecessary in eye screening examinations poses an unwarranted, serious hazard to public health.

Optometrists are not trained sufficiently to treat reactions which can arise in the process of administering drugs; moreover, the public should not be subjected to serious drugs unnecessarily.

The greatest danger to the public should S.B. 20 become law, is mis-diagnosis and delayed recognition of disease. The proper legal role of optometry is not to make specific diagnosis and determine whether a patient is to be treated or not, but to screen for the presence of eye disease in the course of an examination. To do otherwise constitutes the practice of medicine which is not the role of the optometrist.

As president of the Georgia Society of Dispensing Opticians, I, along with our statewide membership, vigorously oppose S.B. 20 in the best interest of public health.

DAVID F. MELDRUM

Letters will be subject to standard editing and must bear the writer's signature and address. Short letters are best. On request the writer's name will be withheld.

The Boston Globe

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Doctoring the eyes

Public confusion about the distinction between ophthalmologists and optometrists is understandable. Both are called "doctors," although only ophthalmologists actually have medical degrees, and both diagnose and treat eye conditions. But the distinction between the two professions has always been blurred and ophthalmologists fear that a bill allowing Massachusetts optometrists to administer drugs during eye examinations would further confuse the public, lead to missed diagnoses of serious eye diseases and endanger public health.

Optometrists are seeking the legislated right to use drugs, in the form of eye drops, for three kinds of examinations: local anesthetics to aid in measuring pressure on the eye, mydriatics to make the pupil larger and give a better view of the eye's back wall, and cycloplegics to eliminate muscular movements that hamper thorough examinations.

But some of these drugs can be dangerous. In some cases, severe nervous disorders have resulted from examinations in which the drugs have been used. Convulsions are rare but known to occur. Death has also resulted from application of even these mild, surface-applied drugs, although also rarely.

Optometrists argue that they are fully trained today to treat the occasional negative reaction to eye drugs which they wish to use. In Massachusetts, for instance, optometrists undergo four years of schooling after receiving their undergraduate degree, which often is in the sciences. They say that they are taking more drug application training, both in class and in clinics, than is needed for the limited authority they are seeking. They point out that 22 states, including Rhode Island and Maine, have already passed legislation enabling optometrists to apply diagnostic drugs and that serious complications have been negligible.

Nevertheless, serious complications are a possibility and patients have a right to be secure in the knowledge that a medical technique used by a doctor, a paraprofessional, a nurse or anyone else in the health delivery field is safe. They also have the right to know that should a complication arise they will be quickly and properly treated.

The Massachusetts legislation, H6670, has passed the House but received an unfavorable report from the Senate Ways and Means Committee. It is scheduled for a floor vote, possibly today. Senators should be cautious in voting on this legislation because many medical doctors, who are the best-trained authorities in society concerning the application of diagnostic and other drugs, believe the bill contains inadequate safeguards for the public. And where the public's health is in question, the prudent course would be to follow the doctors' advice.

THE POST'S OPINION

Keep Eye Care Standards High

If it does anything in the field of eye care, the Colorado General Assembly should strenghthen further the standards of protection against misuse of dangerous drugs in eye diagnosis, not relax those standards to suit the demands of optometrists.

Colorado optometrists are supporting House Bill 1094 in the current legislative session. If passed, the bill would give optometrists the right to use drugs in diagnostic procedures.

Optometrists are non-medical specialists. They test your eyes for refractive errors and measure their focusing powers. They may provide or prescribe glasses and/or exercise to improve sight.

Now, it would be most convenient for them to use a whole host of drugs to dilate, constrict or anaesthetize the pupil. The procedure would be simplified; the patient might get by a bit cheaper.

The word "might" in that sentence is important, however, because the patient also might have his eyesight impaired by use of those drugs. In some cases, death could result.

At present, the use of drugs is restricted to opthalmologists. Opthalmologists are medical doctors who specialize in defects and diseases of the eye.

While opthalmologists may prescribe glasses or contact lenses, there is considerable interplay in their relationship with optometrists. When serious eye problems are suspected, such as glaucoma, the optometrist sends his patient to the opthalmologist.

There are insufficient numbers of the latter to prescribe glasses for everyone who needs them. Both bodies of expertise thus find work; the optometrist offers a somewhat less expensive option for the person simply in need of glasses.

But under H.B. 1094 the optometrists could extend their service by moving into the use of drugs in diagnosis.

There are several things to keep in mind. One is that drugs don't just wash out of the eye. They go into the tear ducts and are absorbed by the body.

Here are some of the drugs available for eye diagnosis:

- Neosynephrine in 10 per cent solution. This concentration is 80 times stronger than the neosynephrine solution used in nasal drops. It can cause a stroke if improperly used.
- Atropine. One drop of atropine in one per cent solution can keep a patient's pupil dilated for 10 days.
- Phospholine iodide. This is a pupil-constricting agent, used in combination with the dilating drugs. Absorbed in the body, this drug can affect the enzyme system and could—in rare circumstances—cause death if used in combination with anaesthetics.

The anaesthetic drugs are valuable in detecting glaucoma because they help in measuring eyeball pressure. Again, they are potentially dangerous and must be handled by experts.

The bill proposed by the optometrists would require pharmacology training. This is not good enough. The optometrist needs only five years of training, three of which are in professional studies. The opthalmologist spends a minimum of 11 to 12 years in pre-med, med school, internship and residency. Obviously, a medical school offers qualitative advantages as well.

The subject is not one for easy answers. One could not object to a move toward parity if training were parallel and equal. But the public needs total protection where the use of dangerous drugs is involved. The standards should remain high; the only question the assembly should ask in the interests of citizen health is this: are those standards high enough?

Albuquerque Journal
Albuquerque, New Mexico
February 7, 1977

Editorials • Comment

ALBUQUERQUE JOURNAL

Optometrists Win: People Lose

The top-heavy 7-2 vote by which the New Mexico Senate Public Affairs Committee gave its do-pass to the optometrists' diagnostic medicine bill is cause for alarm; it is to be hoped it is not indicative of things to come.

It was simply a case of lawmakers without medical training passing on the medical qualifications of others without medical training.

If a summer short course can qualify two thirds of the state's optometrists to administer and understand all the possible ramifications of diagnostic drugs, then it must follow that the American people are supporting a grossly overtrained and overly qualified medical profession. The latter, of course, is a conclusion that no one with health problems is willing to, or can afford to, accept.

Sentinel Star
Orlando, Florida
December 10, 1976

Sentinel Star

"Not for its sake alone — but for the sake of society and good government — the press should be free" — James A. Garfield

Orlando, Florida, Friday, December 10, 1976

Eye To Eye On Eye Drops

WE DON'T always agree with physicians. In fact, in our years of reporting local medical society news there have been notable occasions when we differed sharply with what has been called that group's "closed shop" policies.

Physicians can be secretive when it suits them, occasionally indifferent to the point of callousness, and frequently too immersed in their own small world to make an appreciable contribution to communities that support them in styles ranging from comfortable to luxurious.

But we see eye to eye with the Florida Society of Ophthalmologists which seeks to amend a questionable statute the State Board of Optometry claims permits optometrists to prescribe drugs and eye drops.

Ophthalmologists are doctors of medicine or doctors of osteopathy whose training in pharmacology has given them an intimate knowledge of the risks and benefits of drugs administered to living tissue. They have completed medical training, served a supervised internship and residency, specialized and passed their state boards.

Optometrists have had classroom training only in correcting faulty vision through mechanical procedures. They are qualified to prescribe lenses for certain eye deficiencies, but they lack the pharmacology and training to treat diseased tissue.

Eye drugs can cure or cripple. They can produce high blood pressure, skin rash, fever and convulsions. They can bring on glaucoma, delirium, mental confusion and blindness. They should be prescribed by qualified physicians exclusively.

Florida ophthalmologists are justified in proposing legislation to restrict their use and the fact that Atty. Gen. Robert Shevin has described the present law as "vague" should alert legislators to its danger.

Chronicle-Herald
Augusta, Georgia
January 30, 1977

Sunday Chronicle-Herald

"The history of liberty is a history of limitations of governmental power, not the increase of it. When we resist, therefore, the concentration of power, we are resisting the processes of death, because concentration of power is what always precedes the destruction of human liberties." — Woodrow Wilson

A Prize-Winning Newspaper
1976
Better Newspaper Contests

Kill Senate Bill 20

The Georgia Society of Ophthalmology and the Medical Association of Georgia are acting in the best interest of the people in their opposition to a measure that could, as they claim, "create physicians by legislation rather than education."

The measure is Senate Bill 20. It deserves defeat. It concerns ophthalmologists — who are physicians, specializing in vision problems, with a minimum of 12 years of specialized training — and optometrists, who examine eyes for glasses and receive only six years of training, none of which is in a hospital setting.

Senate Bill 20 would allow the optometrist to use medications without supervision of a physician, such as an ophthalmologist. It is true that in large institutions such as Veterans Hospitals and the Nation's armed forces, optometrists are permitted to use and dispense drugs. Nevertheless, there is always an ophthalmologist nearby who could handle any emergency arising out of the utilization of the drugs.

Experts say that many of the drugs used in the treating of eye disorders affect the autonomic nervous system, and convulsions, lung and heart irregularies as well as accute glaucoma attacks could arise. A basic weakness in the bill, say foes, is the fact that optometrists are not trained in how to counteract adverse effects of drugs.

We think, in light of this, that if an optometrist wants to legally dispense medications a course of action available to him is one an ophthalmologist already has taken: Enroll in medical school and undergo years of specialized training.

The State
Columbia, S. C.
February 12, 1977

The State

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The Eye Of The Storm

A SEEMINGLY innocuous bill pending before the House Medical Affairs Committee has South Carolina's medical profession in a state of apprehension — and optometrists in a state of anticipation.

At issue is a proposal to amend the existing statute relating to optometrists so as to permit their use of "topical ocular diagnostic pharmaceutical agents" in their examination of eyes. They contend, rather plausibly, that their diagnoses of optical conditions can be helped through the use of certain chemical agents in specific cases.

This contention is meeting vigorous opposition from *physicians* who specialize in the diagnosis, care, and treatment of diseases and other abnormal conditions of the eye. These ophthalmologists, to give them their official medical identification, fear that the general public will suffer if optometrists (who are not trained and licensed as doctors of medicine) are authorized to employ potentially harmful drugs in the examining of eyes.

Both the ophthalmologists and the optometrists readily admit that the two groups play essential, although separate, roles in eye care. Under ordinary circumstances, optometrists who come across indications of eye disease will refer their patients to an ophthalmologist. Conversely, ophthalmologists may refer patients to optometrists when visual needs involve only the prescribing and fitting of lenses, whether conventional or contact.

But they part company with respect to the use of drugs by optometrists. Furthermore, the concern over possible ill effects extends not just to the ophthalmologists but to the entire medical profession, as evidenced by the S.C. Medical Association's recent adoption of a resolution urging the legislature, "for the protection of the people of South Carolina," *not* to allow optometrists to assume the medical functions inherent in the use of drugs.

The State agrees with the physicians of South Carolina in this matter. Without in the least derogating the very useful services rendered by optometrists, we nonetheless feel that medical treatment should be limited to those practitioners who have been medically trained. Eyesight is too precious — and too perishable — to be subjected to ministrations which, however well intentioned, might result in permanent loss or impairment of vision.

Both the ophthalmologists and the optometrists have their hands full in meeting the current demand for eye care. Let us hope they can continue working within their respective fields of preparation and competency as currently defined by law and custom.

Tallahassee Democrat
Tallahassee, Florida
February 7, 1976

Tallahassee Democrat

Malcolm B. Johnson
Editor

William M. Phillips
Managing Editor

W. H. Harwell Jr.
General Manager

Published Daily at 277 N. Magnolia Dr., Tallahassee, Florida 32302

As our editors see it

Safeguards are needed in eye care business

There is some professional dissent pervading the eye care business.

Dictionary definitions list an optometrist as a practitioner who measures vision and corrects visual defects without the use of drugs or surgery. Florida law, however, puts no prohibition on the profession of optometry. The law defines optometric services "to be the diagnosis of the human eye and its appendages and...determining the refractive powers of the human eyes, or any visual, muscular, neurological or anatomic anomalies ... and the employment of lenses, prisms... and any other means or methods for the correction, remedy or relief of any insufficiencies or abnormal conditions of the human eyes."

This is pretty powerful stuff. Optometry which is a measuring science now sounds like a medical science.

Ophthamologists as medical doctors specializing in the treatment of disease or defects in the eye are understandably concerned over the license given the optometrists by Florida law. They maintain that to "diagnose" the human eye and employ "any means" to correct abnormal conditions is not within the realm of optometry.

They're right. Optometrists serve a need in the community for the measuring of visual inaccuracies and the prescription of corrective glasses. Their training does not include enough pharmacology to safely prescribe drugs, nor enough anatomy to accurately diagnose disease.

Most optometrists are practicing within the logical limits of their profession. They do not attempt to treat diseases of the eye nor prescribe drugs for improvement of eye conditions.

But the potential for jeopardizing health standards is there. The law should be made more specific.

Thus far the legislators have declared that the "professions" should fight it out by themselves. Legislators have also claimed that this isn't their battle, that legislating a more precise definition does not fall within their jurisdiction.

What they neglect to mention is that the state has police powers that may be invoked to provide for the health and safety of its inhabitants. Defining the limits to the profession of optometry will not reduce the effectiveness of optometrists. It will safeguard the profession from the potentially irresponsible actions of a few and promote accurate and effective health care of the many.

Tallahassee Democrat
Tallahassee, Florida
August 5, 1976

Define professional limits

By COLLINS CONNER
Democrat Staff Writer

When you're sick, do you go to a doctor? More to the point, when you go to a doctor, do you go to a doctor?

The health care field is growing by leaps and bounds. Most of us are confused and disoriented enough trying to weave our way through the physician specialties. What adds to the confusion are other categories of health providers that seem to straddle the fence between medical doctors and other health professions.

Like podiatrists, who aren't M.D.s but do provide physician services for problems with the feet. Or naturopaths, or osteopaths or chiropractors. None of these are medical doctors, but all provide health care.

They are all allowed to use drugs in their courses of treatment. And under the list of which professionals are allowed to dispense and prescribe their drugs through the services of a pharmacist, they are all included as "practitioners."

★ ★ ★

WHETHER OR not the public understands the intricate limits to the practices of these health providers, the providers themselves do. And so too do other professionals whose duties intermingle with these providers.

That isn't the case with optometrists. Not only is the public sometimes confused about the limits to optometry, but other professionals, such as the pharmacists, and even the optometrists themselves interpret those limits in varying ways.

According to the state statute defining an "optometrist," he is able to use any means to examine, diagnose and treat impairments to or disease of the eye.

The optometrists asked the Florida Attorney General's office if that statute gave them the right to use drugs in their diagnosis and treatment.

CONNER
. . . Seeking drug use

And the Attorney General's office replied, "well, the statute doesn't exclude that possibility."

Enter confusion.

★ ★ ★

A SOUTH Florida druggist had a prescription telephoned to his store by an optometrist. The druggist informed the optometrist that under the statute governing pharmacists, he was not allowed to fill that prescription.

The optometrist said all that had changed. After all, the Attorney General said it wasn't forbidden for the optometrists to prescribe drugs.

So the pharmacist filled the prescription. And in doing so, according to the Florida Board of Pharmacy, the druggist put himself in a precarious position.

Stuck in the middle, the pharmacist's board must make a compromise between a statute that says optometrists can prescribe drugs and a statute that says pharmacists can't fill their prescriptions.

★ ★ ★

THE PHARMACISTS are advised to supply the optometrist with medicines he wishes to use for diagnostic purposes, but not to fill prescriptions for medicines needed for treatment of eye problems.

It's as though the druggists must say, "I can give him medicine in general which he may use as he pleases, but if I fill his patient's prescriptions, it will indicate that I am cooperating in the treatment of a patient which will reflect on my liability."

The debate, for the most part, is way past the comprehension and interest of the average citizen. That's the whole point in having the Legislature define professional limits — to safeguard the interests of an unknowing population.

In this case, the Legislature hasn't considered the safety of the public. It hasn't even considered the risks to the professionals involved.

From stupid statutes mighty snafus grow.

Ruidoso News
Ruidoso, N. M.
December 9, 1976

Stuph & Junk

. . . by

Cale Dickey

YOUR EYES AT STAKE

New Mexico's opthalmologists are rankled at optometrists . . . 'cause optometrists are pushing for rights to administer drugs in the treatment of eye disorders . . . which is roughly akin to taking a horse suffering from colic to a farrier for treatment.

Simply stated an optometrist is trained to examine your eyes for defects, to prescribe corrective lenses and to suggest exercise therapy.

An opthalmologist is a medical doctor . . . that's M.D. . . . who took additional schooling to specialize in eye disorders and their treatment . . . and there are the delicate eye operations performed by opthalmologists . . . and while a farrier might correct a limp in a horse, an optometrist isn't licensed to practice medicine, because optometrists don't receive a degree as a medical doctor with their degree in optometry that lets them refer to themselves as "doctor".

A good optometrist is a credit to himself his community and his clientele . . . he does he's thing by fitting you with glasses so that you can see well . . . for this service he receives an adequate stipend . . . he's happy . . . and you have good fitting glasses . . . but because a good automobile mechanic can keep your car running smoothly doesn't mean he can fix your clock. And even the best glass eye doesn't do a thing for your peripheral vision.

DeKalb News Sun
DeKalb, Georgia
February 9, 1977

One Man's Opinion

by

William C. Crane

Eyes Are Important

An amendment to Code Section 84-1101 is being proposed in the General Assembly. This amendment pertains to you and your eyes, and should be of paramount importance to you the public.

Basically it would allow an optometrist to use pharmaceutical agents for diagnostic purposes if the optometrist has received pharmacological training and accreditation from an accredited institution of higher learning and certification by the Georgia State Board of Examiners in Optometry.

-0-

IT WOULD seem that as written the bill is too vague as to requirements and drugs allowed.

Remember your eyes are your most valuable asset other than your life.

How wonderful to see a blue bird, a sunny spring morning, Jonquils blooming in the twilight, a beautiful girl running down the street, a group of boys playing soccer. The rainbow after the rain, the mountain valleys and lakes, the ocean at sunrise or sunset. Nothing can surpass the sheer beauty that the eyes convey to your brain.

-0-

THIS WRITER believes in seeing an optometrist for prescription glasses and an opthalmolgist for eye trouble involving the use of drugs or surgery. For your information the following description and training of each profession is printed for your guidance and if after reading this you believe that further thought should be given to passage of this bill, then call your senators and representatives and voice your thoughts.

-0-

"AN OPHTHALMOLOGIST is a primary care physican qualified to provide comprehensive diagnostic eye examinations for both systemic and ocular diseases and the initiation of medical treatment including the prescribing of indicated medication and lenses. He is educated, trained and licensed as a Doctor of Medicine (or Osteopathy) and is the portal of entry for the public into medical care systems. His education usually includes four years of college, plus four years of medical school one year of internship and 3-4 years of ophthalmology residency, for a total of 12-13 years of 'basic training.'

-0-

"AN OPTOMETRIST is a limited practitioner, whose formal education (two years pre-optometry college classroom required study, plus a four-year college curriculum in optometry) limits him to testing for vision problems unrelated to disease. Optometrists test depth and color perception and the ability to focus and coordinate the eyes. When necessary, they prescribe and fit lenses. Some are taking additional classroom training in an effort to expand their services into the practice of medicine. Ocular pharmacologists who are M.D.'s testify that classroom training is inadequate and that this trend is a public health hazard.

(Views expressed by our columnists do not necessarily reflect the editorial opinion of the DeKalb News/Sun.)

The New Mexican
Santa Fe, New Mexico
February 2, 1977

NEW MEXICAN **Opinion**

Santa Fe, N.M., Wed., Feb. 2, 1977

Defeat eye bill

The Senate Public Affairs Committee is scheduled to hear a controversial bill proposed by the state's optometrists which would establish a dangerous precedent in providing eye care.

The measure, Senate Bill 123 introduced by State Sen. Ray Leger, a Las Vegas Democrat, would permit the state's optometrists to prescribe eye treatment drugs.

The bill is being advanced as a consumer oriented proposal which would reduce the cost of care and make more care available throughout the state. National optometrists organizations have launched a nation-wide push for such measures which have been successful in some states.

The state's opthalmologists—licensed medical doctors—bitterly oppose the bill. They argue that an optometrist, who is not a medical school graduate and who does not have medical training, should not be permitted to prescribe drugs—in some cases dangerous drugs which can have harmful side effects.

Optometrists counter by saying that they have already received or will receive more than 70 hours of training from optometry schools in the use of these drugs.

In our opinion, it is impossible to compare 70 hours of training from an optomery school to the four years of medical school, one year of intership, and three to four years of opthalmology residency which each opthalmologist must undergo before he can be licensed.

Permitting optometrists to prescribe drugs would build in a false sense of security for many patients which may cause them to ignore or overlook serious problems.

In literature it has been said that the eyes are the windows to the soul. In medicine the eyes are an important window and indicator to how the rest of the body is functioning.

If there is something wrong with a patient's eyes that requires the use prescription medicines, it should be a doctor looking into those eyes, not an optometrist.

The legislature has the responsibility to protect the public's health and safety by defeating this measure.

The New Mexican
Santa Fe, New Mexico
February 7, 1977

NEW MEXICAN **Opinion**

Santa Fe, N.M., Mon., Feb. 7, 1977

Limit eye drugs

Should the New Mexico Legislature enact a vague law which permits optometrists to use certain drugs for diagnostic purposes even though some of those drugs can cause harmful side reactions?

That is the baaasic problem facing the House of Representatives now that the Senate has passed a controversial bill backed by the state's optometrists.

Last week a New Mexican editorial opposed this bill on the grounds that optometrists should not be allowed to treat eye patients with prescription drugs.

This brought out a flock of optometrists protesting that they were not seeking the use of prescription drugs to treat eyes, but were merely asking for the right to use a limited number of drugs for diagnoses.

The version of the bill which passed the Senate last week, was amended to limit optometrists to using these drugs for diagnostic work. Even now there is still debate between optometrists and opthalmologists and their lawyers over what the bill does nor does not permit or the original bill did or did not permit.

Optometrists say they need to use these drugs, for which they have received special training, to dialate eyes and perform more accurate, complete eye examinatmions. There are 17 states which permit optometrists to use these diagnostic drugs.

New Mexico's optometrists contend the state's prohibition imposes a financial hardship on state residents seeking adequate eye care.

Opthalmologists counter that the optometrists refuse to be specifc on exactly what type of drugs they want to use. Even optometrists admit that some of the diagnostic drugs involved can cause harmful side reactions in some people, although both groups say reactions are rare.

Opthalmologists, who are trained medical doctors, contend that optometrists, who do not have medical training, are not fully prepared to handle these reactions including possible heart and respiratory problems and convulsions.

There is no specific limitations on the drugs which can be used, although optometrists say they do not intend to use all drugs which fall under the category "ocular diagnostic pharmaceutical agents." The final Senate version of this bill is too vague. It should be as specific as possible about what drugs and under what conditions optometrists should be permitted to use.

We repeat our original concern, that some of these drugs can be dangerous, if used on the wrong patient, in the wrong concentrations and under the wrong circumstances. To protect the public's health the legislature has a responsibility to be as specific as possible.

Evening Independent
St. Petersburg, Florida
June 15, 1976

independent thinking

Efficient?

The crack management team that recently gave the City of St. Petersburg such a fine rating for administra-

EVENING INDEPENDENT

Opinion

16-A Tuesday, June 15, 1976

We hope [illegible] and that of every other [illegible] king privileges — got the [illegible] message.

Clear Case

Their position may not be visionary, but Florida ophthalmologists have made it clear: "Diagnosis" of medical eye problems and use of "any means" of treatment are properly the duties of well-trained medical men — not just optometrists.

And most optometrists don't dispute that.

But a few apparently are prescribing drugs for patient eye problems, when chiefly optometrists are to measure vision and correct defects without drugs or surgery.

The Florida law, it turns out, allows optometrists to use "any means" in "diagnosis." Obviously, a further clarification of that statute is in order.

At least, that's how we see it.

Orlando Sentinel Star
Orlando, Florida
June [illegible], 1976

Sentinel Star
Orlando, Florida

Florida

14A
Sat. June 19
1976

EDITORIAL

Limit Prescription Drug Use

THE FLORIDA Society of Ophthalmology is petitioning the legislature to prohibit optometrists from prescribing drugs in its treatment of eye ailments. Favorable legislative action would nullify a recent decision by the Florida State Board of Optometry allowing use of drugs for diagnosis and treatment of disease by optometrists.

The opthalmologists' petition should receive legislative priority.

We have nothing against the optometric practice of prescribing glasses to correct vision if the affliction is not caused by eye disease. Indeed, one editor doesn't mind admitting she chooses her own reading glasses at McCrory's spectacle counter.

But permanently impaired vision and even blindness can result from drugs prescribed by an unqualified practitioner, and optometrists, whose training is limited to fitting corrective lenses by mechanical means, do not qualify as physicians.

Ophthalmologists, on the other hand, are medical school graduates who have served internships and residencies and have specialized in the treatment of eye disease.

In the interest of public health, prescription drugs should be dispensed at the discretion of physicians only.

ALBUQUERQUE JOURNAL

Robert A. Brown, Senior Editor Gerald J. Crawford, Editor

Wednesday, November 24, 1976

Fences Work Two Ways

The pending legislative confrontation between the medical doctors in the New Mexico Medical Society and the optometrist-members of the New Mexico Optometrical Assn. has the earmarks of a showdown between two professional closed-shop monopolies.

But this time we're inclined to side with the Medical Society and its members, primarily because of the health-and-safety risk involved in placing diagnostic drugs in the hands of those not trained in the care of the entire human body and all its parts.

But poetic justice suggests that the optometrists, in their efforts to trespass on the precincts of another privileged sanctuary, should be governed by the same rules with which they have protected their own. No long memory is required to bring back the days when the optometrists enjoyed free rein in New Mexico's legislative halls, even to the point of infiltrating the legislature and, for brief spans, virtually controlling it.

In those days the optometrists were able to impose rules making it a crime for a pharmacist, a jeweler or any other non-optometrist to even look at a pair of eyeglasses. Worse still, they succeeded in imposing and enforcing a muzzle on the free press, prohibiting newspapers and broadcasters in the state's border cities from publishing price-oriented advertisements from optometrists in adjoining states.

The optometrists have worked hard at perfecting the pattern of the professional sanctuary. It would seem only equitable now that they should live within that pattern.

Albuquerque Journal
Albuquerque, New Mexico
November 24, 1976

Jim Bishop

Our Eyes: Only Two For Each Customer

Glaucoma, whether chronic or acute, is treatable. It cannot be cured. The world of medicine has reached a stage where it can stop the threat of blindness in its tracks. It cannot restore sight; merely stop it at whatever level it has attained when treatment begins.

MOST OF US are fairly faithful in having an annual examination. Our brains are imprisoned in fragile structures called the body. Our doctors examine the parts and give us counsel about weight, blood pressure, heart, lungs, kidney function, many things.

He merely peeks into each eye to see if the blood vessels are engorged. He gives it as much attention as his peek into your ears.

An optometrist can prescribe proper glasses. An optician will grind them and fit them. Only the ophthalmologist is qualified to look inside your eyes, study the optic nerves and tell you that your windows on the world are in reasonably good health.

Eyes are rationed. Only two to a customer.

JIM BISHOP, NATIONALLY SYNDICATED COLUMNIST, APPEARING IN OVER 200 NEWSPAPERS, TOTAL CIRCULATION EXCEEDS 20 MILLION

from HESS

HB 664

14 states permit Optometrists drugs to dilate pupils for diag. purpose

2 states permit use drug for treatment of conjunctivitis

HB 664

Bigelow O.D. w/ ANHS

optom. w/ ANHS - 3½ yrs. have used drugs no adverse reactions

beneficial to use - cause reaction in rural areas - 1-10,000 times
Eskimos - narrow anatomically angle - more susceptible to glaucoma

have to be lic. somewhere

265-3348
279-6661 ext. 348

miotics cycloplegics
mydriatics

HB 664
"topical" drugs

~~W. Virginia - Charleston -~~
Delaware
Kansas
Louisiana - Baton Rouge -

~~California~~

Maine Augusta -

~~Montana~~

~~New Mexico~~

Oregon - Salem

Penn. - Harrisburg

Rhode Island - Providence

Tenn. - Nashville

~~Wyoming~~

~~S. Carolina~~
N. "

Alaska Nurses Association
523 West Eighth Avenue
Suite 111
Anchorage, Alaska 99501
(907) 274-0827
. . . a constituent of American Nurses' Association

April 7, 1978

Representative Charles Parr
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

The AaNa Legislative Committee has reviewed H.B. 664 and has met with representatives of the optometrists. The committee supports the intent of H.B. 664 giving the controls on the use of pharmaceutical agents by only those practitioners who are educated in the diagnostic use of these agents. We believe that citizens deserve health care by persons who are educated to competently provide services and do not believe that services should be denied when there is no increased risk involved. It is also apparent that large numbers of Alaskan's served by the military and the public health service now receive care from optometrists who use the pharmaceutical agents in question without suffering undue risk.

Between 20 to 30 states now permit optometrists the practice in question. It is our understanding that basic education programs in medicine, dentistry and optometry include essentially the same emphasis upon pharmacology. We understand that being permitted to use the pharmaceutical agents in question will promote more effective diagnosis of visual problems and will reduce the number of false referrals.

The AaNa supports H.B. 664.

Sincerely,

Clair Martin

Clair Martin, R.N., Ph.D.
Legislative Co-Chairperson
Legislative Committee

cc: Dr. William Faulkner
Barbara Walker, AaNa Lobbyist

March 31, 1978

Rep. Charlie Parr, Chairman
Pouch V
State Capital
Juneau, Alaska 99801

Dear Mr. Parr,

I am writing in regard to House Bill 664. I do not feel optometrists should be allowed to use certain medications for the eyes. I feel it would be dangerous as they are not physicians and are untrained in the use of drugs for treating eye problems. I feel only trained physicians should be able to use medications and I urge you to defeat House Bill 664.

Respectfully,

Michele A. Bone

Michele A. Bone
Speech and Language Pathologist
P.O. Box 8340
Ketchikan, AK 99901

cc: Rep. Terry Gardiner
Rep. Oral Freeman
Sen. Robert Ziegler

March 21, 1978

To: Rep. Charlie Parr

Re: House Bill #664

Dear Rep. Parr,

I am very concerned about the pending legislation that would allow optometrists the legal permission to use certain drugs. I want you and your colleages to defeat this proposal for the following reasons:

I have had direct experience with optometry in Arizona, Oregon, and in Alaska that has shown me that as a group, optometrists are very resistant and hesitant to refer their patients to physicians when the optometrist observe a medical problem or the signs of a potential medical problem. I have seen this trend activity result in serious conditions for a member of my family and others. I have seen this happen in Ketchikan.

While I believe some optometrists are probably ethical, I fear that many engage in the above described activity. They do this because they don't want to lose patients and therefore business. It only takes a few to endanger many members of our society.

The drugs in question may be relatively harmless or potentially dangerous, I don't really know. I strongly feel that by allowing optometrists the use of some drugs, this will reinforce and promote their tendency to not refer medical problems to the appropriate professionals.

I sincerely hope that you recognize the dangers in what I've described. These are the reasons I'm against this bill and why I want you to vote against it.

Thank you for your consideration,

Stanley J. Bambauer

Stanley J. Bambauer
2141 Third Ave.
Ketchikan, AK 99901

copies to Rep. Terry Gardiner
Rep. Oral Freeman
Sen. Robert Ziegler

Pouch V
State Capitol
Juneau, Alaska 99801

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

April 7, 1978

Representative Charles H. Parr
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

I appreciated your consideration of House Bill No. 664 on Tuesday, April 4, but feel I must make some comments on the remarks made by Dr. Robert Page, ophthalmologist of Juneau. Dr. Page pointed out two situations where ophthalmic drugs caused emergencies in patients. He did not point out, however, that in neither of these cases could this have happened in the office of an optometrist, nor is there any evidence nationwide to show that optometrists have misused or have had emergencies in the use of these agents they could not handle. The instance where the patient was given a bottle of topical anesthetic to treat a scratched cornea was done by someone other than an optometrist in Juneau and it is common knowledge amongst eye practitioners that these agents do soften corneal tissue, retard healing and open the tissue for infections of any and all sorts. It would seem to me this is a misuse of this drug by someone other than an optometrist and has no bearing on the skill or knowledge of optometrists concerning these agents. The other crisis occurred in the emergency room where you can expect to have a patient under stress with a drug of unknown concentration mixed with an irrigating solution, apparently during a procedure to help open up the tear ducts which sometimes causes minor bleeding, which means there would be an opening directly into the blood stream. The eye was probably also inflamed which means the vessels near the surface of the skin would be enlarged and therefore more apt to rapidly absorb more than normal amounts of the agents used. Again, there's no correlation between a reaction under these conditions and any hypothetical reaction that may occur on a calm, uninjured, healthy patient in the office of an optometrist. These kinds of undocumented reports of adverse drug reactions are commonly used by the medical community in their arguments against the optometric use of these agents when there is absolutely no correlation between the misuse of the agent or the stressful condition under which the agent was applied by a physician and the conditions under which they would be used in the office of the optometrist.

I am sure you must realize by now that the optometrist refers his eye emergencies and eye pathologies to the office of ophthalmologists and you can rest assured that if any serious cases or emergencies had occurred as a result of optometrists using these drugs in any of the states, some of which have been using them for years, the medical community would have promptly reported them to you. The reaction to cycloplegic drug taken home by a patient is also another example of exaggeration concerning the possible side effects of the agents. When a youngster has a reaction to a cycloplegic drug, the medical treatment for this reaction is to discontinue the use of the drug. This is a common instruction given to parents where these agents are used and, of course, could be just as easily given by the optometrists as they can by the ophthalmologist.

Dr. Page also stated that he believed optometrists were going to be following marginal cases of high intra-ocular tensions, a conclusion he arrived at from my statement that because of the variability of some electronic tonometers and because of their inability to be used in clinics in rural areas, it would benefit the patient and the optometrist to be able to use a more reliable screening instrument for glaucoma and one that is more transportable, which requires the use of topical anesthesia. I did not say, nor did I intend to infer, that it was the intent of optometry to follow marginal cases. They would be referred just as they always are, but the use of these agents, particularly in rural clinics, will allow the optometrist to more easily identify the marginal or suspicious pressure patient for referral. It is also routine treatment of anterior chamber depth.

You will also be told that the military approach to optometric use of these agents has always been to be under the close supervision of medical personnel which, of course, does not happen in Alaska as shown in the letters you have received from military optometrists. The Surgeon General has recently changed a long standing policy concerning optometrists using these agents to imply that now all optometrists will have a physician looking over their shoulder while they are using these agents. The reason for this change was because of extreme pressure from organized ophthalmology on the Surgeon General, because optometrists in other states have used this argument successfully in rightly convincing legislators that these agents are safe for optometrists to use and beneficial to the patient. There isn't any more record in the military than there is in the private sector to show that optometrist's patients suffer serious adverse reactions to these drugs.

It has also been stressed to you that optometrists can't possibly know how to handle these agents because they do not have medical training. I guess dentists would have the same problem because none of the five dental schools in the state of California, for instance, are affiliated with a medical school. I have no knowledge of whether or not they share professors with any of the medical schools, but I do have what I consider reliable information that dentists learn dental procedures from other dentists as optometrists learn optometric procedures from other optometrists. The same is true of physicians who learn medical procedures from other physicians. It is true that some of the procedures used in optometric practices are similar to those used in ophthalmological practices, but it is ridiculous to hear that these procedures are the property of organized medicine who have worked mightily to preserve their monopoly in the health care delivery system which, of course, has the same effect of any other monopoly in a free enterprise system.

Sincerely,

Roy A. Box

Dr. Roy A. Box
Legislative Chairman

RAB:jj

PHONE 586-2159
OR 586-2901

DR. ROY A. BOX and DR. GILBERT H. KEMP
OPTOMETRISTS
611 WILLOUGHBY AVENUE • JUNEAU, ALASKA 99801

April 4, 1978

Arlene Montano, Chairman
Board of Nursing
1.5 Mile Chena Ridge
SR Box 100033
Fairbanks, AK 99701

Dear Miss Montano:

I have received a copy of your letter to Mr. Parr concerning eye physician McConkee's statement that "I said nurse practitioners prescribe medications" during the hearing for House Bill #664. I have relistened to my tape of these hearings and did not mention nurse practitioners prescribing medication during my comments. Apparently Dr. McConkee was hearing what he wanted to hear and not what I was saying. My comments about people prescribing medication was directed towards village health aides, many of whom do not have working relationship with physicians, and whom I know personally do not contact physicians more than once or twice a month.

I am extremely sorry that my comments were not acurately reported and I would like to assure you that neither I nor the Alaska Optometric Assoc. have any intention of deriding the skill and very important services provided by nurse practitioners nor are we interested in reducing the functions also provided by village health aides, but merely were pointing out the fact that other people who are not physicians routinely handle and prescribe medications that are potentially dangerous, and have very few adverse reactions.

Yours very truly,

Roy A. Box, O.D.

RAB:jc

cc: Charlie Parr

Louisiana

Director of Legal Research: Olive R. Mafey
Director of Governmental Research: Anne Dunn
(504) 389-6141

Maine

Legislative Research Office
Director: David Silsby
(207) 289-2101

Office of Legislative Assistants
Coordinator: Helen T. Ginder
(207) 289-2486

Oregon

Research Coordinator: Lyle Allen Green
Room S-420
(503) 378-8871

Pennsylvania

Joint State Government Commission
Chairman: Rep. Fred J. Shupnik
Research Director: Ronald C. Steele
(717) 787-6422

Rhode Island

General Assembly Research

Research Analyst: Karl Morrissey

(401) 277-2351

Tennessee

Legislative Council Committee

Research Librarian: Julia McCown

(615) 741-4856

(Office of Legislative Services & Office of Legal Services both vacant)

Dr. Winters
Ronald H.

PhD
Pharmacol
O.S.U.

asst dean school par.
assoc. dean Heal Related Prof's w/ st. U.

2 questions:

1) does design of bill ensure adequate ed. & training?
2) is worth doing - to improve care? safe?

(316) 689-3600
(316) 686-4334

Response:

Oregon - Idaho

1) competency evaluated in standardized - must prove comp.
no "grandfather clause"

2) cost & benefit
safety & efectivness

1) what agents
2) dosases
3) how administered

rare incidence of glaucoma
can tell
taught for screening
check 1st
- can constrict pupil to counter act -

1) Short duration of action (minutes)

2) Small dose - 1-2 drops solution

3) not likely more than 20% in blood stream - since dropped in eye - relatively speaking safe

~~effects~~? effectiveness?

increase op. to detect disease

better to refer patient

lrg. gain for patient

safe, effective

appropriate safeguards - proper training

encourages passage

Wil Kamm
97208

ALASKA
STATE LEGISLATURE

MEMORANDUM

How about amending the board of Optometry Statute to include an ophthamologist? That way the test would be fair, for sure.

sub. "detection" for "diagnosis"

20/200 vision
20/40 vision

Introduced: 1/19/78
Referred: Health, Education & Social Services and Judiciary

IN THE HOUSE BY THE COMMERCE COMMITTEE

HOUSE BILL NO. 664

IN THE LEGISLATURE OF THE STATE OF ALASKA

TENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to the practice of optometry."

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

* Section 1. AS 08.72.300(2) and (3) are amended to read:

(2) "optometry" is the employment of means or methods [, OTHER THAN THE USE OF DRUGS,] for the diagnosis of an optical deficiency or deformity, visual or muscular anomaly of the human eye, or the prescription or application of lenses, prisms or ocular exercises for the correction or relief of the human eye;

(3) "practicing optometry" means the diagnosis [, BY MEANS OR METHODS OTHER THAN THE USE OF DRUGS,] of an optical deficiency or deformity, visual or muscular anomaly of the human eye, or the prescription of lenses, prisms or ocular exercises for the correction or relief of the human eye, or the holding of oneself out as being able to do so;

* Sec. 2. AS 08.72 is amended by adding a new section to read:

Sec. 08.72.305. USE OF DRUGS FOR DIAGNOSIS. (a) No person practicing optometry may use drugs for diagnostic purposes unless he has

(1) passed the board's examination on the subject of pharmacology as it relates to optometry and the use of topically applied diagnostic drugs; or [AND]

(2) completed a course approved by the board and offered by a recognized school or college and passed an examination, given by that school or college, which relates to topical application of drugs to the eye.

(b) No person practicing optometry may administer drugs except for

a diagnostic purpose.

(c) Topical anesthetics, mydriatics, cycloplegics and myotics, may be used for diagnostic purposes by a person practicing optometry under conditions approved by the board.

miotics

not diagnostic

HB 664

ALASKA PHARMACEUTICAL ASSOCIATION

P.O. Box 1185
Anchorage, AK 99510
March 28, 1978

Mr. Charlie Tarr
Chairman, HESS Committee
Pouch 5
Juneau, AK 99811

Dear Mr. Tarr:

The following is the resolution passed by the Alaska Pharmaceutical Association at their state convention on February 19.

> "Whereas: Optometrists do not possess the pharmacological background necessary to ensure patient safety and moreover since according to current laws, dispensing is not allowed; be it Resolved that the Alaska Pharmaceutical Association unanimously disapproves of House Bill No. 664 and urges the defeat of this bill."

C. A. Decker

C. A. Decker
Secretary-Treasurer

CAD/d

March 24, 1978

Rep. Charlie Parr, Chairman
Pouch V
State Capital
Juneau, Alaska 99801

Dear Rep. Parr,

As a Registered nurse with thirty years experience I ask you to give serious consideration to House Bill #664. Placing drugs in the hands of and allowing them to be administered by untrained persons poses a serious threat to the health of the consumer. Do not be mislead into thinking these drugs mentioned in HB #664 are safe, as they all have potential side effects and it is our duty to protect the people from possible harm by allowing medications to be administered only by trained medical people. I would like to go on record as being opposed to HB#664 and urge you to vote against it.

Sincerely,

Ethelbelle Kondzela

Ethelbelle Kondzela, R.N.

CC: Sen. Robert Zeigler
Rep. Oral Freeman
Rep. Terry Gardiner

OPHTHALMOLOGIST
WILLIAM F. KINN, M.D.
BRUCE J. WOLF, M.D.
SAMUEL A. McCONKEY, M.D.

OTOLARYNGOLOGIST
RONALD E. TINSLEY, M.D.
RICHARD P. RAUGUST, M.D.
BRUCE G. WHIPPLE, M.D.

PLASTIC AND RECONSTRUCTIVE SURGEON
WILLIAM W. WENNEN, M.D.

March 20, 1978

Representative Sam Cotten
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Re: House Bill 664

Dear Representative Cotten:

It was, needless to say, a real education for me to have had the opportunity to see and participate in the legislative process before the House HESS Committee last week. It would appear that you and your colleagues are daily presented with well prepared arguments for and against issues that you, as representatives, must decide upon. This task, obviously, is much more difficult if the legislation concerns technical or professional issues with which you may be unfamiliar. It's unfortunate that House Bill 664 is before you as a legislative action. Issues such as this should be handled medically and obtain appropriate certification rather than by legislative fiat. We are not in the political arena because we want to be, we are in it because medicine is clearly being maligned at the expense of the public health. We did not bring this proposal to you, optometry did. On behalf of the ophthalmologists (medical doctors), let me make quite clear that this is in no way "special interest legislation," in the usual sense. The medical community, and in this case ophthalmology in particular, is the most informed segment of the community at large to present to our elected officials the facts. One wouldn't ask a fuel oil dealer for information on how to build an oil pipeline and expect that this would be the best advice one could obtain.

As you are well aware, this is the fourth year of such effort on the part of organized optometry to pass such a bill in legislatures across the country. Until 1974, there were only eight states where optometrists were using drops for "diagnostic purposes." Six of these eight states had statutes that were inadequate, i.e., did not address the question of drug use (Florida, Indiana, New Jersey, Idaho, Minnesota, and Nevada). Optometry took this to mean that drugs were not prohibited, and so they have been using drops in these states. In 1974, a nationwide effort was undertaken, the effects of which have now reached us.

Ophthalmology was not ready for it and before it could get its "act together," a well funded and aggressive optometric effort got this legislation through several states, among them were California where an early multimillion dollar effort in this "always the first" state succeeded. Oregon passed this legislation by one vote in a legislature whose senate was presided over by an optometrist. It, however, failed in Washington before ever being admitted as formal legislation.

1919 LATHROP STREET, P.O. 1238, FAIRBANKS, ALASKA 99707, PHONE 456-7767

In 1977, "diagnostic drug bills" passed in five states (Montana, Wyoming, New Mexico, North Carolina, and Kansas), while it was defeated in seventeen states. Four of these states were "rural states," the main thrust of optometry being an unequal distribution of ophthalmologists and optometries; thus, our addressing this problem before your committee. No states thus far this year have had such bills made law. It has been defeated in four states this year (Georgia, Missouri, Mississippi, and South Dakota).

The trend should be quite evident - defeat at the rate of four to one in states where there has been an informed legislature and public. I hope this may answer the question of what other states are doing. I must admit to philosophical differences in this approach, but I understand the reasons for doing it.

Please don't consider a compromise position on this legislation. Vote to defeat House Bill 664.

I would appreciate your passing this on to the other HESS Committee members. I plan to write a letter on the topic of Alaska natives to Representative Nakak soon, and I would hope that he will have copies made for you.

Sincerely,

Sam A. McConkey, M.D.

SAM:ls

PRESIDENT OF ALASKA STATE ASSOCIATION

OF OPHTHALMOLOGY

FOR HOUSE BILL 664, MARCH 13, 1978

Alaska Is fortunate to be blessed with an abundance of professional people of all types. The Alaskan way of life seems to appeal to those professions which some areas of the country have difficulties in attracting. Currently our state possesses an extraordinary array of physicians in almost every major city and certainly ophthalmologists are quite generously represented. Because of this generous supply of physicians, Alaskans should feel no great compunction to settle for anything less than first rate medical care, whether it be on the family practice level or on the specialized level. Ophthalmologists are proud that they are quite capable of offering Alaskans first rate medical and surgical eye care. Having come from all parts of the "lower 48", Alaskas ophthalmologists can offer its citizens some of the most innovative ideas from the countries major medical centers. Indeed we are to the point now where we can even offer the people sub-specialties within the field of Ophthalmology.

Given this rather encouraging medical picture one might reasonably ask the question: "How can we improve the Alaskans eye care status by legislation which would expose them to drugs which are dispensed by non-medical professionals?" Given such generous supply of ophthalmic physicians trained for 12 years in all aspects of medicine and surgery, what could possibly be gained by extending the use of drugs to non-medical professionals? I will go over for you some of the arguments offered by optometrists to justify such legislation:

1. Optometrists can provide eye care cheaper than eye physicians (or ophthalmologists) can! I would like to suggest that each of you conduct a study of the relative values given for eye care costs around our state. I would suggest to you that in Anchorage and on the Kenai one can obtain a complete eye exam from an ophthalmologist for the same fee and in many instances for less money than an optometric exam. As an illustration I'd like to submit to you a bill given a patient for a routine eye exam by an optometric clinic in Anchorage. For the stated sum of $64.00 one could easily obtain 1½ exams by an ophthalmologist physician. Concerning costs I'd also like you to consider that during the past 15 years there has never been a bid turned into the public health service by an optometrist for primary eye care that was significantly lower than those bids offered by an ophthalmologist . In fact one optometric clinic in south east Alaska consistantly turns bids 1½ times higher than all other providers! Thus in Alaska there is no cost difference between an optometrist and a physician.

2. Optometrists claim that they can better screen for eye disease with the use of drugs! It is a well known tenent of medical diagnosis taught to all 3rd year medical students that the cornerstone of all screening procedures is the medical history. This is nowhere more true than in the field of eye c re. If the examiner can take an accurate medical history he should be able to decide which cases need referral to an ophthalmic physician and surgeon. An educated exam without the use of drugs should confirm that impression arrived at from the medical history. I'd like to offer two vivid examples which occured in Anchorage ^ last year. which demonstrate this point.

½ Kenai

A middle aged man from Nome went to an Anchorage optometric clinic because of decreasing VA and a history of diabetes. He was examined by one of the optometrists who assured him his problem was one of cataracts and nothing need be done for the time being. The man returned to Nome and was seen one year later by an ophthalmologist, at which time the diagnosis of diabetic eye disease was made and the appropriate Laser treatment given. Because of the delay in diagnosis this man lost valuable time in obtaining proper medical treatment. I'd like you to consider that drops were not needed to arrive at a correct diagnosis, but what was needed was a sound medical background and an accurate history taking. No amount of drugs applied to the eye or elsewhere on the body will ever substitute for these basic medical skills! A second illustrative case I'd like to present is one of a 12 year old boy who first saw an optometrist about 1 year previously because of severe crossed eyes. The boys mother creating a disabling cosmetic blemish was advised that surgery would be of no help and the only hope was to undergo exercises of the eye muscles. The boy was brought to the optometrist religiously for the exercises. All the while the boy suffered in school because of his self consciousness caused by his cosmetic blemish. Finally he was referred by the school nurse to an ophthalmologist, who operated on the boys eye muscles and within a matter of days ~~had~~ the boys eyes were straight. The cosmetic blemish releived, the boys school work improved, his social status soured and the teachers are pleased. Again no amount of drug applied to this boy could substitute for a sound medical and surgical judgement. The problem again is

not one of insufficient drugs but one of mistaken roles in the eye care field. The difference between a measuring decipline such as optometry and a medical and surgical decipline became all too apparant when cases such as these are reviewed.

3. Optometrists remind us that drugs are used by their decipline in other countries! Therefor this practice should be permitted in the United States.
Although America strives to be bigger and better in many areas we should be proud that we are not a world leader in the field of cultivating the use of drugs by unqualified members of society. We should recall that in China one can purchase antibiotic, and other potentially harmful drugs over the counter in herb stores. Most observers in this country feel that such promiscous use of drugs by society is not in the best interests of establishing a health care system which is to be emulated by other civilized countries!

4. Dentists use drugs the optometrists say and they are not physicians! In understanding this statement one should realize that for the first two years of their training the dental student and the medical student undergo the same basic science studies, in the same classrooms, by the same professors and underwritten by the same exams. During the second half of his training the dentist undergoes clinical training in a clinic where he is supervised by not only physicians but by surgeons whose subspecialty is Ear, Nose and Throat. In such a setting the dental student sees patients sick from trauma, and treats them, sick from infections and treats them and sick from general body disease and also treats these. Indeed the medical training of the dentist is so well established that in times of war and natural disaster he

is called upon to act as a "screening officer" so that physicians can work with more acutely ill patients. Thus it can be seen that the dentist is indeed a medical practicionor by education as well as by practice and in no sense of the term by legislative fiat!

5. Optometrists are trained by pharmacists and pharmacologists for over 100 hours in the use of drugs on the human, ~~therefor~~ they are sufficiently trained to expand their practice! professionals in the pharmaceutical trade, PhD's or otherwise are well trained in the chemistry of drugs, the toxicity of drugs and possibly in the use of drugs. These are highly skilled people who serve an essential role in the health care industry. Despite this specialized training such professionals are not versed in other aspects of clinical medicine. They do not understand the problems of sick people, ~~The~~ problems of patient acceptability of drugs and above all they can not be expected to interpret responses in humans to drugs. These professionals are analogous to the mechanic in the airline industry. Despite the aircrafts mechanics expertise in all aspects of engines and fuselage he is not to be entrusted with the responsibility of acting in the capacity of a pilot. So too despite the pharmacists expertise in the chemistry of drugs he can not be entrusted to act as a clinician or a physician and use those same drugs on the human body. Indeed there is not a state in the land which would consider licensing pharmacists to use drugs on humans. If the pharmacist teacher cannot be entrusted with the use of drugs how can the optometrist student be given that priveledge?

6. We must use drugs optometrists say, because there are so many sophisticated pieces of equipment available to us to use! There are retinal cameras, gonioscopes, and slip lamps now available and if we are to use these new tools we must use drugs! While the names of these ophthalmic tools sound impressive to the layman do not be decieved into feeling they should be part and parcel to the optometrists office equipment. Such sophisticated tools, although new to the optometric exam room have been use by ophthalmologists for at least the past 30 years! Such ophthalmic tools are used for medical and surgical diagnosis and are by no means necessary to fit eyeglasses. Indeed one piece of equipment claimed essential by the optometrist is the retinal camera and this tool is used strictly to treat and document eye pathology. It could have no concievable use for the practicing optometrist! To claim the necessity to use drugs because of the sophisticated tools available is tantamount to my claiming the necessity to fly because of the sophisticated tools available for the aircraft. (POINT A) It is truley a sad state for organized optometry since they decided to expand their field of endeavor via legislative fiat rather than the time tested educative process. Such unqualified expansionist attitude can only serve to adversely affect optometric credibility. Examples of the resulting decline in credability are not difficult to find. On the national level one should recall the Quasar TV commercials of a few years ago which purportedly had the backing of the Americal Optometric Association.

Buy Quasar the ads urged because they are better for your eyes. This all sounded strange to me, so I wrote to the optometric association and was advised that the conclusions were based on the work of a prominent professor of optometry in the midwest. I wrote to him and he was perfectly aghast that he was being misquoted because his work never supported such conclusions!

On the local level I refer you to an article which appeared in the Anchorage Times December 3, 1977. The article describes a computor device which one of the optometry clinics in Anchorage purchased and it goes on to describe how the "physicians" can also use the computor to diagnose glaucoma and cataracts. It is a well known fact among all eye physicians that this computor was designed to measure a refractive error and refractive errors only. This machine in no way can diagnose eye pathology! Again such optometric practice indicates not a shortage of drugs available to them but simply a paucity of sound medical knowledge upon which to base any attempts to expand themselves into the field of medical diagnosis and treatment. A sound medical history and an exam without drops can do more to diagnose cataracts and glaucoma than all the computors designed to date!

This legislature can encourage optometry to continue to provide good quality eye care services in the tradition of the past 50 years. You can do so by urging them to excell in those areas they are well trained for and not expand into a decipline which is foreign to them. You can remind them of the plea of one of their most revered professors

(Dr. Peters) who urges them to strive to be first class optometrists as opposed to second class physicians. You can remind them that if they have an insatible urge to use drugs on people then they should do as so many of their rank have done across the country, and that is to re-cycle themselves thru an accredited medical school cirriculum. In this fashion they would truely have earned the priviledge to use drugs and surgery on their fellow man!

TESTIMONY

HOUSE BILL 664

HESS COMMITTEE

ALASKA STATE LEGISLATURE

MARCH 13 - 14, 1978

Mr. Chairman, Members of the Hess Committee:

My name is Sam A. McConkey. I am a Doctor of Medicine, Licensed to practice medicine and surgery in Alaska, and am a certified Diplomat of the American Board of Ophthalmology. I am a partner in the Eye, Ear, Nose and Throat Clinic in Fairbanks, Alaska. The Alaska Association of Ophthalmology, of which I am a member, is authorized to speak for the ophthalmologists in the State of Alaska. I wish to speak in opposition to House Bill 664.

This is a subject that, until recently, might have been more properly dicussed only before medical groups. Physicians, as a whole, and opthalmologists, in particular, have a natural tendency not to speak out publicly until it is clear that a danger to the public health exists, as is the case with Legionarie's Disease in Philadelphia or the threat of a polio epidemic. When health threats become public issues, as is demonstrated by the attempt at the legislation before you (House Bill 664), we have a duty to speak out.

Alaskans deserve to expect better primary care for possible eye or related disease than that which optometrists are remotely prepared to offer. Despite the claim of their nonphysician educators, optometrists, by background, training, and experience, do not have the capibility to diagnose medically related eye problems or eye diseases, drops or no drops. The diagnosis of disease is the practice of medicine. Optometrists are not trained to practice medicine. Ophthalmologic diagnosis requires an understanding of disease as it affects not only the eye but the body as a whole. Only an ophthalmologist, schooled first in medicine, has this ability.

You will be seeing so=called optometric fact sheets and will be hearing optometric testimony as to their capabilities in pharmacology, diagnosis, and pathology. According to the Random House Dictionary of the English Language, pharmacology is the science dealing with the preparation, uses, and effects of drugs; diagnosis is the process of determining by medical examination the nature and cicumstance of a diseased condition; and pathology is the science or study of the origin, nature, and course of diseases. These are all scientific studies associated with general medical studies, and no optometry school is equipped to prepare medical students.

Dean Henry B. Peters of the University of Alabama School of Optometry, writing in the Journal of the American Optometric Association in June, 1977, said, "Not one of our schools is prepared by either faculty resources or available clinical experience to accept the challenge (of preparing optometrists to treat eye disease) at the present time." "It is going to be difficult of impossible to provide the educational requirements for the expansion of optometry into the areas of treatment of ocular disease." Similarly, Meridith W. Morgan, O.D., Dean of the School of Optometry of the University of California at Berkley, said, "As far as I know, there is not a school with the curriculum adequately designed to educate students in pharmaceutical therapy and there is not a school with adequate resources to establish such a curriculum." These comments from var-

ious optometric educators across the land, as well as optometrists in the private sector, could be presented here for hours.

Optometrists have incorrectly implied that their courses in pharmacology compare favorably with those of medical and dental students and nurse practitioners, but they haven't told you that the medical students and dental studenst go far beyond textbook courses in pharmacology and spend many hundreds of hours in courses in therapeutics. This is the application of pharmacologic knowledge to patients with disease and the recognition and management of local and bodily drug reactions. Even pharmacists never consider themselves adequately trained to evaluate drug dosage or adminsiter drugs. It has been stated that optometrists have an equal educational background with nurse practitioners and that nurse practitioners can use drugs without restriction. This is absolutely not true. There are current guidelines being drawn up today by the licensing board for nursing in the State of Alaska to establish rules and regualtions for nurse practitioners. Under these, they will have prescription ability but only under a close collaborative relationship with a physician. These requirements must be met before a nurse practitioner will be licensed in Alaska.

Optometrists certainly won't tell you that the average ophthalmologist, in addition to medical school and internship, has, in his three year residency, spent more than twice the number of hours required in the entire optometric curriculum, devoted soley to ophthalmology lectures and constant clinical exposure to the diagnosis and treatment of disease. Optometrists will fail to mention that optometric clinical exposure is almost totally in the realm of examining eyes for glasses and so-called "visual training" and that this exposure is very scant in numbers of patient contacts. In optometry school, there's no hospital training whatsoever nor are optometry students exposed to sick eyes or sick patients.

In a recent study conducted by the American Board of Ophthalmology and instigated by the Federal General Accounting Office, the results were no only that we have too few ophthalmologists in this country, but the number of optomtrists presently being graduated is "clearly excessive when compared to the amount of work available to them," and therein lies a key factor in the rapidly developing political efforts of optometry, to expand their capabilities by legislative acts' they need to make work for themselves.

According to figures obtained in February of 1978, from the Department of Commerce, Division of Licensing , there are 38 licensed optometrists in Alaska. Their educational background is as follows:

24 attended Pacific University College of Optometry
5 attended Illinois College of Optometry (4 graduated prior to 1960; 1 graduated 1976)
3 attended Southern College of Optometry
2 attended University of Houston College of Optometry
1 attended Southern California College of Optometry
1 attended Los Angeles College of Optometry (which is no longer listed as an optometric school)
1 attended Northern Illinois College of Optometry (which is no longer listed as an optometric school)
In one case, it's unknown to the Department of Commerce where he went to school.

The following is a summary of pharmacology training at these various institutions:

Pacific College of Optometry has NO M.D., PhD., or anyone with a masters or bachelors degree in pharmacology teaching at that institution.

Illinois College of Optometry prior to 1960 had NO M.D., PhD., or anyone with a masters or bachelors degree in pharmacology teaching. The one graduate of 1976 may have been exposed to one professor in the category of PhD. or masters or bachelors degree.

Southern College of Optometry has NO M.D., PhD., or anyone with a masters or bachelors degree in pharmacology instruction at that institution.

University of Houston College of Optometry has NO M.D., PhD., or anyone with a masters or bachelors degree in pharmacology teaching at that institute.

Southern California College of Optometry has NO M.D. teaching in pharmacology. It has two instructors listed as either a PhD. or masters or bachelors degree.

It follows that, at least from all the available evidence, the MAXIMUM number of optometrists in the state that had any textbook pharmacology training from any qualified instructor at all is TWO, one from the Illinois College of Optometry who graduated in 1976 and the one graduate of Southern California College of Optometry. It is apparent that the MAXIMUM number of optometrists in the state that had any pharmacology training from any M.D. or PhD. in pharmacology is ZERO. Also, the MAXIMUM number of optometrists in this state that had any instruction at all from any full time M.D. is ZERO. It would seem reasonable that there would be an ophthalmologist either in the teaching staff or in the clinical training portion of optometric education, but from the available evidence, it seems that NO optometrist currently licensed and practicing in Alaska had any full or part-time instruction, either by lecture or in a clinical atmosphere by an ophthalmologist. In the Blue Book of Optometry which was last issued in 1976, only TWO of the six board members of the State Board of Optometry are listed as even having a bachelors degree from any school. House Bill 664 is unreasonable in assuming that a hurry-up course in pharmacology could render the optometrist capable of using drugs, especially when the Bill places in the hands of

the Board of Examiners in Optometry the right to determine the educational and professional competence of its own practitioners. How can members of a board, who themselves have never had training in the use of drugs and the diagnosis of disease, be given the power to pass in the qualifications of their own people in these medical areas?

We are given to understand that the necessity for amending the statutes as currently written is to prevent the continued breaking of the law by optometrists. You will hear that inclusion of the word "diagnosis," coupled with the exclusion of drops, is continuing to make optometry liable to misdemeanor charges under the law, and that drops, as requested by House Bill 664, would then allow optometrists to diagnose properly. This is comparing apples and oranges. Education cannot be legislated. Physicians argue that our license is not given, but earned; 13 years of dues paid to protect the public from paraprofessions who have had a minimum of classroom pharmacology training and no exposure in a clinical situation, sick patients, or "real life" pharmacologic consequences of drug administration.

In the Alaska statutes, there are four key words relating to optometry. They are: Diagnosis, deficiency, deformity, and anomaly. From Dorland's Medical Dictionary, diagnosis is defined as "the art of distinguishing one disease from another, the determination of a case of disease. Deficiency is defined as "a lack or defect, i.e., taste deficiency, an hereditary defect in the sense of taste, analogous to color blindness in vision..." Deformity defined as "distortion of any part or general disfigurement of the body." Anomaly as "a marked deviation from a normal standard." With these definitions in mind, the HESS Committee, who has been thrust into the forefront as defenders of the public health and well being, may well want to consider, rather than House Bill 664, statutory changes such as:

1) Eliminating the word "diagnosis" from the statute with substitution of the word "detection." The American Law Reports, annotated, gives numerous references to the practice of optometry and what constitutes the practice of optometry. In reference to the term diagnosis, it says, "It would be applying a severe rule and stretching language beyond its natural force if we should say that such an action on the part of an optometrist is diagnosing diseases...the quoted phrase must involve the act of determining what disease exists. This, the optometrist does not attempt to do."

2) The lay public and the medical profession as a whole accepts the fact that 20/20 means normal visual acuity. By definition, it follows that anything less than 20/20 corrected vision would be the absence of health; therefore, disease. It might be quite appropriate that the HESS Committee consider legislation making it mandatory in the optometric statutes that any patient seen by an optometrist who can not be refracted better than 20/40 be referred to an ophthalmologist for determination of his visual incapacity and determination of the cause of his decreased visual acuity. Ophthalmologists are qualified to accept this responsibility, optometrists are not!

In summary, I should say that my wish is for cooperation, not competition, in health professions. Optometrists do not need to use drops to practice good optometry. You, as legislators, must guard the public welfare for there can be no compromise in the quality of medical care to which Americans and Alaskans are entitled. The role of the optometrist is a vital one and can be expanded through the use of new optics technology and ideally by working as members of the eye care team under ophthalmologic direction. This is working in the armed forces and large teaching institutions and in large multispecialty clinics, such as the Kaiser groups. Optometrists and ophthalmologists should compliment and support each other. Disregard for excellence, such as would result from enactment of the proposals put forth in Bill 664, will adversely effect the superior level of eye care currently offered to patients in Alaska.

In closing, I would like to leave you with a quote from a thesis entitled, "The Expansion Of Optometry Into Medical Practice." "The regulation of the practice of optometry is not for the benefit of the licensees but for the benefit of the state and its people. Nowhere does case law state that public protection will be qualified, that the risk may be increased a little bit but not a lot. The intent is protection. The language is explicit."

Thank you for your patience. I will certainly leave you with copies of my presentation and various other data to support my position in opposition to House Bill 664.

Position Paper, House Bill No. 664 Division of Public Health

An act relating to the practice of optometry.

This bill would permit the use of selective drugs, including topical anesthetics, mydriatics, cycloplegics and myotics by optometrists, and as such would delete from the definition of optometry in AS 08.72.300 (2) and (3).

(2) "optometry" is the employment of means or methods, other than the use of drugs for the diagnosis of an optical deficiency or deformity, visual or muscular anomaly of the human eye, or the prescription or application of lenses, prisms or ocular exercises for the correction or relief of the human eye. It would also change (3) "practicing optometry" by means or methods other than the use of drugs, of an optical deficiency or deformity, visual or muscular anomaly of the human eye, or the prescription of lenses, prisms or ocular exercises for the correction or relief of the human eye, or the holding of oneself out as being able to do so.

The intent of the bill would be to permit optometrists to use prescription drugs. This significantly increases the scope of optometry as presently defined. The Division of Public Health recognizes that there is pressure to permit the use of medications and drugs by physicians other than medical doctors and dentists. While sympathetic to the optometrists in their wish to increase the scope of their activities, we are concerned that this precedent may be unwise. The Division of Public Health has reviewed House Bill No. 664 with the recommendation of do not pass.

POSITION PAPER/Department of Health and Social Service

HOUSE BILL NO. 664

"An Act relating to the practice of optometry."

This bill would permit the use of selected drugs including topical anesthetics, mydriatics, cycloplegics and myotics by optometrists, and as such would delete from the definition of optometry the restriction against the use of drugs.

The intent of the bill would be to permit optometrists to use certain prescription drugs. This significantly increases the scope of optometry as presently defined and poses some increased risk and complications. The use of mydriatics is occasionally associated with the development of acute narrow angle glaucoma which may necessitate emergency surgery. The use of topical anesthetics are occasionally associated with acute, allergic reactions and some risks of danger to the cornea by foreign bodies. Recognizing the unusal, but definite risks and complicating reactions, the Department of Health and Social Services feels the use of prescription medications by optometrists would not be in the best interests of the public.

Recommended by: Robert I. Fraser. 3/13/78
Robert I. Fraser, M.D., Director — Date
Division of Public Health

Approved by: Helen D. Beirne 3/13/78
Helen D. Beirne, Commissioner — Date
Department of Health and Social Services

1.5 Mile Chena Ridge
S.R. Box 10033
Fairbanks, Alaska 99701
March 7, 1978

Representative Charlie Parr
Chairman HESS Committee
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr,

Dr. Sam McConkey has asked me for information on the status of nurse practitioners prescribing medications. Apparently, a statement was recently made by an Optometrist that nurse practitioners prescribe medications. This was intended to justify the proposal in Bill #664 that Optometrists, who work independantly of physicians, be allowed to do the same.

The Board of Nursing (i.e., the licensing board) is currently working with the Board of Medical Examiners to jointly promulgate rules and regulations governing the practice of nurse practitioners. The preliminary draft stipulates that before a nurse practitioner is licensed she must substantiate a collaborative relationship with a physician(s). There are currently nurse practitioners in the State who are prescribing medications, but they all have working relationships with physicians. I hope this clarifies the situation.

Yours truly,

Eileen Montano

Eileen Montano, Chairman,
Board of Nursing

EM/ldb

cc: Sam McConkey
Ruth MacMahon, Executive Officer,
Board of Nursing

EYE CLINIC OF KETCHIKAN
RONALD L. TOKAR, M.D.
Eye Physician and Surgeon
Post Office Box 8636
Ketchikan, Alaska 99901
Telephone
(907) 225-2656

March 9, 1978

Representative Charlie Parr
Pouch V
State Capital
Juneau, Alaska 99801

Dear Representative Parr,

As one of two ophthalmologists in Southeastern Alaska, I would like to reveal and explain my opposition to HB 664.

I recently finished my training as an ophthalmologist last June and now practice in Ketchikan. Below is a review of my training.

4 years undergraduate school--------B.S. Degree
4 years medical school--------------M.D. Degree
1 year internship
2 years general practice in Alaska
3 years residency in ophthalmology
8 months private practice

I have completed and passed a written examination of the American Board of Ophthalmology and later this year will take a two and one half day oral examination. The above is typical of an ophthalmologists training. Please compare it to an optometrists.

I believe that the use of the drugs discussed in HB 664 by a non physician will be hazardous to the public for two principle reasons. First, all of the drugs may have side effects. The optometrists lack the experience and training to safely control these reactions when they do occur. Enclosed is a sample of the inserts required by the Food and Drug Administration to be distributed with each drug. Please read these.

During my ophthalmology training program, a patient experienced a serious reaction after receiving dilating eye drops. The patient, an apparently healthy male in his twenties, underwent a cardiac arrest in the eye clinic after receiving the eye drops. Fortunately, the examining ophthalmologist was capable of caring for the patient who did recover. This is unusual, but can happen. I myself was examining a patient last year when he underwent a seizure which we felt was triggered by the use of dilating drugs.

My second objection is that both the optometrist and the patient will be lured into a false sense of security with the use of drugs by non physicians. Optometrists were traditionally trained to treat the eye with glasses and have no medical training enabling them to recognize serious pathology.

Enclosed is a copy of a letter sent to me by a Ketchikan optometrist. There are numerous defects in the reasoning of this letter. I would like to use an important one to illustrate a point. The statement that if a pathological condition is observed, it would be referred to a proper health care practitioner. Since I have been in Ketchikan (8 months) the writer of this letter has never referred a patient to me for evaluation of pathology.

One can then make several assumptions and I will leave these to the committee to discuss. One could go much further elaborating other arguments against HB 664. I am sure my colleagues will testify to these.

The opposition to HB 664 as you know is opposed by most Alaska Physicians. I would like it to go on record that each and every physician in Ketchikan is opposed to HB 664. You will soon be receiving a letter from the Ketchikan Medical Society stating this fact.

I would appreciate this letter be offered as testimony to your committee Thank you.

Respectfully yours,

Ronald L. Tokar, M.D.

MARIETTA EYE CLINIC, P.A.
653 CHEROKEE STREET
MARIETTA, GEORGIA 30060

Telephone 427-8111

IRVING T. STALEY, M.D.
RICHARD M. BROWN, M.D.

GERALD E. SANDERS, M.D.
JOHN F. BIGGER, M.D.

January 30, 1978

Charles Bobo, M. D.
Vice President
South Carolina Society of Ophthalmology
Post Office Box 369
Greenwood, South Carolina 29646

Dear Dr. Bobo:

Regarding the controversy over House Bill 2158 which would allow optometrists to use dangerous drugs, this issue is one that very few people can address based on first hand knowledge and experience.

I am one of only three people in Georgia in a position to do so. Currently, I am an ophthalmologist practicing in Marietta, Georgia. Prior to becoming an ophthalmologist, I was an optometrist.

After completing medical school to become an ophthalmologist and having attended optometry school earlier, I can say without reservation the difference in an optometrist's training and that of a medical doctor is overwhelming. The ophthalmologist's training is essential to perform medical services and to safely use drugs.

I became an ophthalmologist because I wanted to be allowed to legally diagnose and treat medical and surgical eye disease. To do so requires the use of drugs. As an optometrist, I was neither trained to use drugs nor did I need them to perform the services for which I had been licensed.

The training an optometrist receives does not compare to the training of a medical doctor. Although optometric training has been somewhat improved since I was a student, it still remains inferior to that of an M.D. Anyone suggesting that an optometrist is professionally equipped to use serious drugs is playing a dangerous game with human lives and precious eye sight. The drugs involved in House Bill 2158 are powerful. They have no place in the optometry profession and the public should not be subjected to the use of drugs by optometrists who are not trained to practice medicine.

There are no short cuts to medical expertise. The same option I exercised is available to every optometrist. If an optometrist wants to practice medicine, that optometrist should be required to become a medical doctor as I have.

Sincerely,

Irving T. Staley, M. D.

ITS:er
cc

ISOPTO® HOMATROPINE

(Homatropine Hydrobromide)

Ophthalmic Solution

SCRIPTION: A sterile ophthalmic ution. Each ml contains: Active: matropine Hydrobromide 2.0% or %. Preservatives: Benzalkonium oride 0.01% (in 2% strength), zethonium Chloride 0.005% (in strength). Vehicle: Hydroxypropyl thylcellulose 0.5%. Inactive: So- m Chloride, Polysorbate 80 (in 2% ngth), Hydrochloric Acid and/or dium Hydroxide (in 2%) (to adjust), Purified Water. DM-03

CTIONS: A parasympatholytic nt.

DICATIONS: A moderately long ng mydriatic and cycloplegic for loplegic refraction and in the treat- nt of inflammatory conditions of uveal tract.

NTRAINDICATIONS: Contrain- ated in persons with glaucoma or a tory to angle glaucoma and in per- with hypersensitivity to belladonna aloids.

ARNINGS: Excessive use in chil- n or certain individuals may pro- e symptoms of atropine poisoning.

(Cyclopentolate Hydrochloride)

Sterile Ophthalmic Solution

DESCRIPTION: A sterile borate buffered ophthalmic solution. Each ml contains: Active: Cyclopentolate Hydrochloride 0.5%, 1%, or 2%. Preservative: Benzalkonium Chloride 0.01%. Inactive: Boric Acid, Disodium Edetate, Potassium Chloride (except 2% strength), Sodium Carbonate and/or Hydrochloric Acid (to adjust pH), Purified Water. DM-01

ACTIONS: This anticholinergic preparation blocks the responses of the sphincter muscle of the iris and the accommodative muscle of the ciliary body to cholinergic stimulation, producing pupillary dilation (mydriasis) and paralysis of accommodation (cycloplegia). It acts rapidly, but has a shorter duration than atropine.

INDICATIONS: For mydriasis and cycloplegia in diagnostic procedures.

CONTRAINDICATIONS: Should not be used where narrow-angle glaucoma is present.

PRECAUTIONS: In the elderly and others where increased intraocular pressure may be encountered, mydriatics and cycloplegics should be used cautiously. Tonometric examination prior to drop instillation is advisable. Systemic absorption may be minimized by compressing the lacrimal sac for a minute or two during and following instillation of the drops. Sac compression blocks passage of the drops to the wide absorption area of the nasal and pharyngeal mucosa. This is more advisable in the use of the 2% solution and especially in children.

MYDRIACYL®

(Tropicamide)

Sterile Ophthalmic Solution

DESCRIPTION: A sterile anticholinergic agent. Each ml contains: Active: Tropicamide 0.5% or 1.0%. Preservative: Benzalkonium Chloride 0.01%. Inactive: Sodium Chloride, Disodium Edetate, Hydrochloric Acid and/or Sodium Hydroxide (to adjust pH), Purified Water. DM-01, DM-02

ACTIONS: This drug blocks the responses of the sphincter muscle of the iris and the ciliary muscle to cholinergic stimulation, dilating the pupil (mydriasis), the stronger preparation (1.0%) also paralyzing accommodation. These preparations act rapidly and the duration of activity is relatively short.

INDICATIONS: For mydriasis and cycloplegia for diagnostic purposes.

CONTRAINDICATIONS: Contraindicated in narrow-angle glaucoma and in persons showing hypersensitivity to any component of these preparations.

WARNINGS: For topical use only — not for injection. Reproductive studies have not been performed in animals. There is not adequate information on whether this drug may affect fertility in human males or females or have a teratogenic potential or other adverse effect on the fetus.

PRECAUTIONS: In the elderly and others where increased intraocular pressure may be encountered, mydriatics and cycloplegics should be used cautiously. Tonometric examination prior to instillation is advisable. Dilation of iris and accommodative paralysis may be shortened by instillation of pilocarpine solution when advisable. Systemic absorption may be minimized by

(proparacaine HCl) 0.5%

sterile ophthalmic solution

DESCRIPTION

Contains:

proparacaine HCl 0.5%

with: benzalkonium chloride, glycerin, sodium chloride and purified water.

ACTIONS

A rapidly acting topical anesthetic with induced anesthesia lasting 15 minutes or longer

INDICATIONS

For procedures in which a topical ophthalmic anesthetic is indicated: corneal anesthesia of short duration, e.g., tonometry, gonioscopy, removal of corneal foreign bodies, and for short corneal and conjunctival procedures.

CONTRAINDICATIONS

Should be considered contraindicated in patients with known hypersensitivity to any of the ingredients of this preparation.

WARNINGS

Prolonged use of a topical ocular anesthetic is not recommended. It may produce permanent corneal opacification with accompanying visual loss.

ADVERSE REACTIONS

Occasional temporary stinging, burning, and conjunctival redness have been reported after use of proparacaine, as well as a rare, severe, immediate-type, apparently hypersensitive allergic corneal reaction, with acute, intense and diffuse epithelial keratitis, a gray ground glass appearance, sloughing of large areas of necrotic epithelium, corneal filamonts and sometimes, iritis with descemetitis.

Allergic contact dermatitis from proparacaine with drying and fissuring of the fingertips has been reported.

DOSAGE AND ADMINISTRATION

Usual Dosage: Removal of foreign bodies and sutures, and for tonometry; 1 to 2 drops (in single instillations) in each eye before operating.

Deep Ophthalmic Anesthesia: 1 drop in each eye every 5 to 10 minutes for 5-7 doses.

Note: Do not use if solution is discolored (amber).

HOW SUPPLIED

15 cc plastic dropper bottles On Prescription Only

ALLERGAN PHARMACEUTICALS Irvine, California 92713, U.S.A.
Printed in U.S.A. ©1976 Allergan Pharmaceuticals 7048N 31-2/F

May cause pressure increase in normal eye.

PRECAUTIONS: To avoid excessive systemic absorption particularly in children the lacrimal puncta should be occluded by digital pressure for one minute after instillation.

ADVERSE REACTIONS: Conjunctival vasodilatation occurs following instillation. Sensitivity infrequently results; however, if it does, discontinuance and routine therapy will ordinarily be effective.

DOSAGE AND ADMINISTRATION: For refraction: one or two drops topically in the eye(s), may be repeated in 20 minutes if necessary. For therapy: one or two drops topically every three to four hours.

HOW SUPPLIED: In 5ml and 15ml plastic Drop-Tainer® dispensers.

ALCON LABORATORIES, INC.
Fort Worth, Texas 76134 USA
September 1974 29001 Printed in USA

Homatropine

ocular pressure. Use of Cyclopentolate has been associated with psychotic reactions and behavorial disturbances in children especially with 2% concentration. Ataxia, incoherent speech, restlessness, hallucinations, disorientation as to time and place, failure to recognize people, and tachycardia have been reported.

DOSAGE AND ADMINISTRATION: Adults: One drop, followed by a second drop in 5 minutes. Although complete recovery usually occurs in 24 hours, 1 or 2 drops of 1% or 2% pilocarpine reduces recovery time to 3 to 5 hours in most eyes. In patients with darkly pigmented irises, the use of 2% solution is recommended; the 1% solution also has produced satisfactory results. Subsequent instillation of 2% pilocarpine reduces recovery time to 6 hours or less. Children: Pretreatment with Cyclogyl on the day prior to examination usually is not necessary. One drop of 0.5%, 1% or 2% solution is instilled in each eye, followed 5 minutes later by a second application of 0.5% or 1% solution if necessary. On rare occasions, atropine-like symptoms have been produced in children as a result of overdosage with the 2% solution.

HOW SUPPLIED: ½%, 1% and 2% each in 2ml, 5ml, and 15ml multiple-dose plastic Drop-Tainer® dispensers.

Alcon

ALCON LABORATORIES, INC.
May 1976 29003 Printed in USA

Cyclogyl

gentle compression of the lacrimal sac for a minute or two following instillation. Sac compression blocks passage of the drops to the extensive absorption area of the nasal and pharyngeal mucosa. This is most advisable in children and with the stronger solution. Possibility of occurrence in children of psychotic reaction and behavioral disturbance due to hypersensitivity to antimuscarinic drugs should be borne in mind.

ADVERSE REACTIONS: Increased intraocular pressure. Psychotic reactions, behavioral disturbances, and cardiorespiratory collapse in children with this class of drugs have been reported. Transient stinging, dryness of the mouth, blurred vision, photophobia with or without corneal staining, tachycardia, headache, parasympathetic stimulation, or allergic reaction may occur.

DOSAGE AND ADMINISTRATION: For refraction, one or two drops of 1.0% solution in the eye(s), repeated in five minutes. If patient is not seen within 20 to 30 minutes, an additional drop may be instilled to prolong mydriatic effect. For examination of fundus, one or two drops of 0.5% solution 15 or 20 minutes prior to examination.

HOW SUPPLIED: 0.5% and 1.0% solutions in 15ml plastic Drop-Tainer® dispensers.

STORAGE: Store at 46° to 75° F. Do not refrigerate or store at high temperatures. Keep container tightly closed.

Alcon

ALCON LABORATORIES, INC.
Fort Worth, Texas 76134 USA
June 1975 29004 Printed in USA

Mydriacyl

before intraocular surgery, the 10 per cent ophthalmic solution (plain or viscous) or 2.5 per cent ophthalmic solution may be applied topically from 30 to 60 minutes before the operation.

Refraction

Prior to determination of refractive errors, Neo-Synephrine hydrochloride 2.5 per cent ophthalmic solution may be used effectively with homatropine hydrobromide, atropine sulfate, or a combination of homatropine and cocaine hydrochloride.

For *adults*, a drop of the preferred cycloplegic is placed in each eye, followed in five minutes by 1 drop of Neo-Synephrine hydrochloride 2.5 per cent ophthalmic solution and in ten minutes by another drop of the cycloplegic. In 50 to 60 minutes, the eyes are ready for refraction.

For *children*, a drop of atropine sulfate 1 per cent is placed in each eye, followed in 10 to 15 minutes by 1 drop of Neo-Synephrine hydrochloride 2.5 per cent ophthalmic solution and in five to ten minutes by a second drop of atropine sulfate 1 per cent. In one to two hours, the eyes are ready for refraction.

For a "one application method," Neo-Synephrine hydrochloride 2.5 per cent ophthalmic solution may be combined with a cycloplegic to elicit synergistic action. The additive effect varies depending on the patient. Therefore, when using a "one application method," it may be desirable to increase the concentration of the cycloplegic.

Ophthalmoscopic Examination

One drop of Neo-Synephrine hydrochloride 2.5 per cent ophthalmic solution is placed in each eye. Sufficient

mydriasis to permit examination is produced in 15 to 30 minutes. Dilatation lasts from one to three hours.

Diagnostic Procedures

Provocative Test for Angle Block in Patients with Glaucoma: The 2.5 per cent ophthalmic solution may be used as a provocative test when latent increased intraocular pressure is suspected. Tension is measured before application of Neo-Synephrine hydrochloride and again after dilatation. A 3 to 5 mm. of mercury rise in pressure suggests the presence of angle block in patients with glaucoma; however, failure to obtain such a rise does not preclude the presence of glaucoma from other causes.

Shadow Test (Retinoscopy): When dilatation of the pupil without cycloplegic action is desired for the shadow test, the 2.5 per cent ophthalmic solution may be used alone.

Blanching Test: One or 2 drops of the 2.5 per cent ophthalmic solution should be applied to the injected eye. After five minutes, examine for perilimbal blanching. If blanching occurs, the congestion is superficial and probably does not indicate iritis.

HOW SUPPLIED

In Mono-Drop® (plastic dropper) bottle:

Low surface tension solutions

2.5 per cent ophthalmic solution—Neo-Synephrine hydrochloride 2.5 per cent in a sterile, isotonic, buffered, low surface tension vehicle with sodium phosphate, sodium bi-

phosphate, boric acid, and, as antiseptic preservative, Zephiran® Chloride (brand of benzalkonium chloride, USP) 1:7500. The pH is adjusted with phosphoric acid or sodium hydroxide.

Bottles of 15 ml.

10 per cent ophthalmic solution—Neo-Synephrine hydrochloride 10 per cent in a sterile, buffered, low surface tension vehicle with sodium phosphate, sodium biphosphate, and, as antiseptic preservative, Zephiran Chloride 1:10,000. The pH is adjusted with phosphoric acid or sodium hydroxide.

Bottles of 5 ml.

Viscous solution

10 per cent ophthalmic solution—Neo-Synephrine hydrochloride 10 per cent in a sterile, buffered, viscous vehicle with sodium phosphate, sodium biphosphate, methylcellulose, and, as antiseptic preservative, Zephiran Chloride 1:10,000. The pH is adjusted with phosphoric acid or sodium hydroxide.

Bottles of 5 ml.

Winthrop

Winthrop Laboratories Division of Sterling Drug Inc.
New York, N.Y. 10016

PRINTED IN U.S.A. Revised November 1970 (7469-K)

NEO-SYNEPHRINE®
HYDROCHLORIDE

Brand of

phenylephrine hydrochloride ophthalmic solution, USP

Vasoconstrictor and Mydriatic

SOLUTIONS 2.5% AND 10%

VISCOUS SOLUTION 10%

For Use in Ophthalmology

WARNING: PHYSICIANS SHOULD COMPLETELY FAMILIARIZE THEMSELVES WITH THE COMPLETE CONTENTS OF THIS LEAFLET BEFORE PRESCRIBING NEO-SYNEPHRINE.

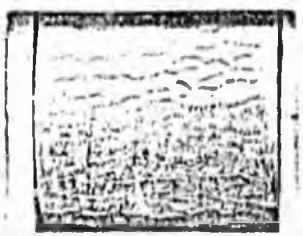
DESCRIPTION

NEO-SYNEPHRINE hydrochloride is a synthetic sympathomimetic compound structurally similar to epinephrine and ephedrine.

ACTION

Neo-Synephrine hydrochloride is used for disorders of the eye because of its vasoconstrictor and mydriatic action.

The ophthalmologic usefulness of Neo-Synephrine hydrochloride is due to its rapid effect, moderately prolonged action, and effectiveness even when administered repeatedly, as well as to the fact that it produces no compensatory vasodilatation. In addition, undesirable systemic side effects are extremely rare.



The action of different concentrations of ophthalmic solutions of Neo-Synephrine hydrochloride is shown in the following table:

Strength of solution (%)	Mydriasis		Paralysis of accommodation
	Maximal (minutes)	Recovery time (hours)	
2.5	15-60	3	trace
10	10-60	6	slight

INDICATIONS

Neo-Synephrine hydrochloride is recommended for use as a decongestant and vasoconstrictor and for pupil dilatation in uveitis (posterior synechiae), wide angle glaucoma, surgery, refraction, ophthalmoscopic examination, and diagnostic procedures.

CONTRAINDICATIONS

Ophthalmic solutions of Neo-Synephrine hydrochloride are contraindicated in persons with narrow angle glaucoma. Neo-Synephrine hydrochloride 10 per cent solution (plain or viscous) is contraindicated in infants.

WARNINGS

As with all other adrenergic drugs, when Neo-Synephrine 10 per cent ophthalmic solution (plain or viscous) or 2.5 per cent ophthalmic solution is administered simultaneously with, or up to 21 days after, administration of monoamine oxidase (MAO) inhibitors, careful supervision and adjustment of dosages are required since exaggerated

adrenergic effects may result. The pressor response of adrenergic agents may also be potentiated by tricyclic antidepressants.

PRECAUTIONS

Ordinarily, any mydriatic, including Neo-Synephrine hydrochloride, is contraindicated in patients with glaucoma, since it may occasionally raise intraocular pressure. However, when temporary dilatation of the pupil may free adhesions or when vasoconstriction of intrinsic vessels may lower intraocular tension, these advantages may temporarily outweigh the danger from coincident dilatation of the pupil.

Elevated blood pressure is rare but has been reported after conjunctival instillation of customary doses of Neo-Synephrine 10 per cent ophthalmic solution (plain or viscous). Since each drop of medication contains approximately 5.0 to 7.5 mg. of phenylephrine, the blood pressure of those patients in whom absorption of a significant part of this dose would be undesirable should be carefully monitored. Caution, therefore, should be exercised in administering the 10 per cent solution (plain or viscous) to patients with marked hypertension, advanced arteriosclerotic changes, children of low body weight (see Contraindications), or as a topical application to any vascular area of the body where considerable absorption can be anticipated.

Rebound miosis has been reported in older persons one day after receiving Neo-Synephrine hydrochloride ophthalmic solutions, and reinstillation of the drug produced a reduction in mydriasis. This may be of clinical importance in dilating the pupils of older subjects prior to retinal detachment or cataract surgery.

Due to a strong action of the drug on the dilator muscle, older individuals may also develop transient pigment floaters in the aqueous humor 30 to 45 minutes following the administration of Neo-Synephrine hydrochloride ophthalmic solutions. The appearance may be similar to anterior uveitis or to a microscopic hyphema.

To prevent pain, a drop of suitable topical anesthetic may be applied before using the 10 per cent ophthalmic solution.

DOSAGE AND ADMINISTRATION

Prolonged exposure to air or strong light may cause oxidation and discoloration. Do not use if solution is brown or contains a precipitate.

Vasoconstriction and Pupil Dilatation

Neo-Synephrine hydrochloride 10 per cent ophthalmic solution (plain or viscous) is especially useful when rapid and powerful dilatation of the pupil and reduction of congestion in the capillary bed are desired. A drop of a suitable topical anesthetic may be applied, followed in a few minutes by 1 drop of the Neo-Synephrine hydrochloride 10 per cent ophthalmic solution on the upper limbus. The anesthetic prevents stinging and consequent dilution of the solution by lacrimation. It may occasionally be necessary to repeat the instillation after one hour, again preceded by the use of the topical anesthetic.

Uveitis: Posterior Synechiae

Neo-Synephrine hydrochloride 10 per cent ophthalmic solution (plain or viscous) may be used in patients with uveitis when synechiae are present or may develop. The formation of synechiae may be prevented by the use of the 10 per cent ophthalmic solution

(plain or viscous) and atropine to produce wide dilatation of the pupil. It should be emphasized, however, that the vasoconstrictor effect of Neo-Synephrine hydrochloride may be antagonistic to the increase of local blood flow in uveal infection.

To free recently formed posterior synechiae, 1 drop of the 10-per cent ophthalmic solution (plain or viscous) may be applied to the upper surface of the cornea. On the following day, treatment may be continued if necessary. In the interim, hot compresses should be applied for five or ten minutes three times a day, with 1 drop of a 1 or 2 per cent solution of atropine sulfate before and after each series of compresses.

Glaucoma

In certain patients with glaucoma, temporary reduction of intraocular tension may be attained by producing vasoconstriction of the intraocular vessels; this may be accomplished by placing 1 drop of the 10 per cent ophthalmic solution (plain or viscous) on the upper surface of the cornea. This treatment may be repeated as often as necessary.

Neo-Synephrine hydrochloride may be used with mioties in patients with wide angle glaucoma. It reduces the difficulties experienced by the patient because of the small field produced by miosis, and still-it permits and often supports the effect of the miotic in lowering the intraocular pressure. Hence, there may be marked improvement in visual acuity after using Neo-Synephrine hydrochloride in conjunction with miotic drugs.

Surgery

When a short-acting mydriatic is needed for wide dilatation of the pupil

HB664 3-14-78 Dr. Marvin Brendahl

I. EYE HEALTH CARE PROVIDERS OF THE CONSUMING PUBLIC

The American Optometric Association defines an optometrist as:

"...a health care professional who is specifically educated, highly trained and state licensed to examine, diagnose, and treat conditions of the vision system Optometrists are highly skilled individuals who examine the eyes and related structures to determine the presence of vision problems, eye diseases and other abnormalities. They gather information on the vision system during the optometric examinations, diagnose any conditions discovered and prescribe optometric treatment such as contact lenses or vision therapy that may be required to provide the patient with clear efficient vision."[1]

A. Although this definition is broad the Alaska legislators have specifically narrowed the definition down considerably. According to the Alaska State Statutes, Title 8, Business and Professions Section 08.72.300, the Statutes define optometry as:

1. "optometry" is the employment of means or methods, other than the use of drugs, for the diagnosis of an optical deficiency or deformity, visual or muscular anomaly of the human eye, or the prescription or application of lenses, prisms or ocular exercises for the correction or relief of the human eye;

2. "practicing optometry" means the diagnosis, by means or methods other than the use of drugs, of an optical deficiency or deformity, visual or muscular anomaly of the human eye, or the prescription of lenses, prisms or ocular exercises for the correction or relief of the human eye, or the holding of oneself out as being able to do so.

Although the optometrist will or have suggested to you that they are legally bound to diagnose eye disease and that they are in a dilemma, i.e., they cannot diagnose eye diseases without the use of drugs. They are in a dilemma if the broader sense of the definition is used as set forth by the American Optometric Association. The Alaska State Legislators have ingeniously removed that delema for the optometrist by limiting diagnosis of visual anomalies muscular anomalies, optical deficiency or deformities and not eye diseases.

The ophthalmologist is a medical doctor who has completed a 3-5 year residency program after one year internship[2] preceeded by 4 years of college and 4 years of medical school. He is trained in the diagnosis and treatment of ocular dysfunction and disease and in the use of all techniques or treatment including drugs, surgery, laser photocoagulation, radiation, etc. Because he has

been trained as a general physician first, his perspective of the eye is broader than the optometrist. He views the eye and its diseases within the context of the whole body physiology and pathology.[3] Further, refraction to the ophthalmologist is viewed as only one necessary step in a differential diagnosis of the patient's complaint, Table 1 demonstrated the overall education and numbers of optometrists and ophthalmologists. From Table 1 it is evident that ophthalmologists have much more training in pharmacology and pathology than the optometrists. Still the optometrists continue to compare their curriculum hours to dental school curriculum hours. This is like comparing apples to oranges. They are not asking to use the drugs dentists use or to diagnose oral pathology. They are asking to do what the ophthalmologist does. Therefore, it is more accurate to compare ophthalmologists curriculum hours to optometric curriculum hours.

Table 2[4] gives a comparison of consumer services offered by ophthalmologists and optometrists. It is quite apparent that there is considerable overlap. This is most apparent with respect to refractions. The optometrist obviously can do some of the things the ophthalmologist can do; the ophthalmologist can do all of the things the optometrist can do, has the education to better interpret the data acquired, and provide medical/surgical treatment. The ophthalmologist is trained to provide complete eye care and to evaluate ocular dysfunction in the context of total body physiology and pathology. Although the overlap of professional services is greatest for refractions, this is a source of considerable consumer spending in both professions.

II. ECONOMICS (AND PRACTICE)?

Table 3[5] shows the substantial number of public dollars which are expended for eye care. A total of approximately $3,135 million dollars were spent in 1975 for vision care services.[6] The national consumer spending for ophthalmic surgery is not listed. This would make the total ophthalmologic dollar spent on eye care far greater than the optometric dollar. If optometrists are allowed to expand the scope of their practice through the use of diagnostic drugs, the price of the basic eye examination would undoubtedly rise. Proposed national health care legislation

can be expected to impact heavily upon these figures. For example, if the Kennedy-Mills proposal were to include coverage of sight correction services, total spending for these services would rise by 21% or $866 million dollars per year. It is obvious that there will be considerable effort by vision care providers to ensure their fullest possible participating in this program. The economic stakes are very high.[7] This makes it very clear why optometry has put on an aggressive nationally organized push to legislate themselves into a better position to compete for this consumer dollar. Even though the optometrists in the State of Alaska suggest that this is not a "money bill" it is. It is merely the first step toward the national optometric goal to become the primary eye care provider. We should expect that in the future the Alaska optometrists to follow the attempt of other states optometric associations to next try for the priveledge to use these same diagnostic drugs as theraputic agents. An attempt was made in West Virginia to legislate the privelage of eye surgery but this was defeated.

The optometrists have claimed at their bill hearings in the lower 48 that they see 70% of the eye consumer and therefore are the point of first entry into the eye care system. Looking first at the source of this claim and national statistics, the fallacy of this claim is demonstrated. They have erroneously assumed that the average number of eye consumers seen by each practitioner is the same. Thus the source of the fallacy: that since they compose 70% of the national work force they see 70% of the eye consummers.

Table 1, indicates the total number of practitioners in each group.[8] The median number of patients seen per week by optometrists was 43.2; the median seen by ophthalmologist was 102.[9] The ophthalmologist sees more than twice as many patients as the optometrist while he comprises only 30% of the work force. It is, therefore, clear that the ophthalmologists care for half the patients, while the optometrists, comprising 70% of the national work force, care for the other half. The statistics in Alaska show that their is a total of 40 optometrists[10] and 25 ophthalmologists.[10] Thus the

ophthalmologists make up 39% of the state work force and the optometrists 61%. Applying the same national ratio of eye consumers seen by optometrists and ophthalmologists, it is evident that the ophthalmologists see 56% of the eye care consumer, but makes up 39% of the state work force. The accuracy of the ratio of two to one was checked in the city of Anchorage by comparing the number of eye consumers seen by the most active ophthalmologist in town-40-50 eye consumers-as compared to the most active optometrist in town-20-25 eye consumers-seen in one day. These figures would seem to indicate that although ophthalmologists are a smaller group than optometrists, the public will work out their services given a free market choice.[11] On this point, the eye consumer in the State of Alaska has ready access to the ophthalmologic eye care providers. Some of the states in the lower 48 are mainly rural and ophthalmologists are congregated in the metropolitan areas and the optometrists are distributed over the rural areas. However, much of Alaska is "bush country", so that the ophthalmologists and optometrists are congregated in Anchorage, Fairbanks, Kenai Peninsula and the southeast. There are only two areas-Kodiak and Bethal-that have a full time optometrist and no full time ophthalmologist, Table-Map 5,6. However, there are other medical doctors in these communities with "medical know how" and there are airports for evacuation in the case of eye emergencies. Furthermore, Kodiak and Bethel are visited on a regular basis by itinernat ophthalmologists. In fact, most areas in Alaska are served by itinerant ophthalmologists both by the Alaska Native Service and by private practicing ophthalmologists, Table-Map 6. In the 14 other states where a similar bill was passed, these states were mainly rural with a maldistribution of ophthalmologists. In these states this was the main reason for passing this legislation. Therefore, this argument for passing house bill 664 does not apply to the State of Alaska, because the distribution of ophthalmologists is essentially identical to that of the optometrists. Thus, the health services of ophthalmologists are readily available to

people in all sections of the state and in many small communities through the itinerant program.

In the states where optometric drug laws are in effect, optometrists who wish to use drugs must take short slide and lecture courses on pharmacology. This has or will create two classes of optometrists, which can only lead to additional consumer confufsion about a profession already shrouded in confusion. In addition, the use of drugs by optometrists could falsely lead patients to believe diagnostic expertise is available from optometrists. It is misleading to the consumer and legislature to imply that any drug is purely diagnostic. Each of the classes of drugs asked for by optometry also are theraputic drugs. Will the optometrists resist the temptation to use these drugs to treat conditions beyond their knowlege and skill?

III. LEGISLATIVE DUTY FOR THE EYE CARE CONSUMER:

As practitioners of an occupation which deals with the integrity of eyesight, optometrists have been recognized by the Washington Legislators as members of a "learned profession".[12] Professionals who deliver health care may be regulated by the state via its police powers to oversee those activities which are involved with health, education and welfare.[13] The healing arts particularly have been the subject of regulatory legislation which specifies strict requirements for the practice of such perfessions.[14] The intent of such restrictive legislation is avowadly the protection of the public against injuries it may suffer from the conduct of such business or calling.[15] The state may reasonably impose any condition precedent to the grant of its consent to practice a healing art, which has a real and rational relation to that objective.[16] The usual means taken by the state in applying these conditions as quality standards has been by imposing licensing requirements and by carefully defining the particular professions involved.[17] Constitutional challenges to this power of the state have been universally defeated when that power has been reasonably exercised.[18]

Licensing requirements usually specify minimum standards of professional competence for the profession covered and frequently the definition of the profession gives braod areas of practice which will be considered appropriate for the practitioner seeking licensure. Additional restrictions upon the practice can be found in state statutes which define unprofessional or unethical conduct. [19]

The above state powers are broad and greatly influence the scope and freedom of practice by the health care provider. Although the right to follow a profession is recognized as a valuable property right which is constitutionally protected,[20] such a right is not absolute; there is no natural or vested right to practice within the healing professions. Any such right is a conditional one.[21]

The justification for such regualtions lies in a perceived right and duty of the legislature to protect the citizens of the state from incompetants and fraudulent health practitioners.[22] The Washington Constitution specifically vests exclusive authority in the legislature to:

> "...regulate the practice of medicine and surgery and the sale of drugs and medicines."[23]

From this, courts have construed legislative authority to regulate, by means of separate statutory licensing requirements, all of the various professions and o cupations engaged in health care delivery. This includes many professions which are not obviously included in "...the practice of medicine..."[24] Further, the state has the power to define what constitutes the practice of any profession and may then confine practitioners of various health disciplines to the particular system of practice in which they have been educated.[25]

This is a logical stance for the legislature to take. If the legislature has an avowed interest in protecting the public [26] it must make some attempt at defining the scope of appropriate practice which each class may safely employ and to license those within each class to practice upon the public

only those skills for which they have demonstrated competant training. That includes courses, testing and most important of all, clinical experience under supervision. This is the manifest legislative intent in enacting licensing statutes.[27] This reasoning is followed with consistency in cases involving almost every viewpoint and aspect of health care.[28]

Great latitude is given by the courts to the legislature in defining its public health goals. However, the goal is universally stated to be the protection of public health. Health legislation is not passed to promote the personal ends of individuals or to enhance the status or prestige of any given class of practitioners.[29] Although the legislature may enact such regulatory legislation as it may consider necessary, there must be a rational basis upon which the legislative determination rest.[30] This cannot be interpreted as meaning anythin less than that such legislation must appear to be rationally directed toward the achievement of the stated legislative goal and to be reasonably rational in the means which it seeks to achieve that goal.

a) Goal- As noted above, the frequently given objective for regulation of health care providers is the protection of the public from incompetant practitioners.[31]

This goal is stated to exist even if it deprives a citizen of a right he otherwise might enjoy in the pursuit of his profession.[32]

This reasoning leads to the conclusion that the legislature has the duty to ensure that its acts and statutes do not tend to increase public exposure to health risk.[33] The stated legislative goal is increased public protection, not increased public risk. Nowhere does case law state that public protection will be qualified-ie, that the legislature may increase the risk "a little bit", but not "a lot". No such slippery subjective terms appear. The intent is protection. The language is explicit.

b) Means - The means by which the legislature attempts to arrive at its stated goal must be reasonable and rational.[34] The means which have been used by all states to regualte the professions have been noted above. The states have attempted to ensure the competency of each practitioner and then limit each to the area of practice embraced within the training which that practitioner has received.[35] If this means anything, it must mean that before the provider is allowed to administer to an uninformed public, (45% of the public does not know the difference between an ophthalmologist and an optometrist)[48] he must provide evidence of training sufficient to ensure the public from health care which is inadequate. Such inadequacy can range from innocuously imporper diagnoses which are nonetheless economically costly, to disabling or fatal mistakes in clinical judgement - either diagnostic or the end result therapeutic.

In so far as it can ever be sure of the quality of professional performance, the state has two related ways to oversee clinical performance.

The state may require evidence of formal professional training which has as its foundation and primary goal, a strong commitment to an understanding and clinical application of those methods, techniques and material to which the public will be exposed and which will place it at risk. Such training must satisfactorily convince the legislature that when it certifies the practitioner, the legislative duty to prevent risk of public harm has been met.

Using the data presented in the first portion of this testimony, it is apparent that optometric training as it now exists in the State of Alaska is not directed toward a broad understanding of human pathology/physiology/pharmocology with supervized clinical experience.[43] Training is limited to a superficial, most theoretical, presentation of data concerning ocular dysfunction with inadequate clinical supervised experience. Not only do the data show that the instruction given the optometric student is very limited but little or no integration of visual disease/function

is made with 'whole body' disease/function. The eye is studied in isolation as an optical instrument. To use an analogy, an operating room nurse could teach an optometrist about eye surgery, just as a pharmacologist Ph.D. can teach an optometrist about pharmacology. However, no one would want an optometrist to perform surgery with an education based only on lectures and theoretical familiarity with the subject. The prescribing and using of drugs, just like the performance of surgery, must be founded on a broad-based curriculum involving many hours of supervised clinical experience using drugs. To allow any health care provider to practice with only limited classroom experience and testing violates the legislative duty to protect the public from risk of incompetency from lack of clinical experience.[43]

As a second step. the legislature can require continuing education for those practitioners who have already completedbroad formal training upon which additional, up-dated information may be rationally correlated. This type of post-graduate instruction always preseumes in-depth background knowledge. It is used to present newly altered clinical concepts or additional practical experience (e.g., using operating microscopes, intraocular lens implant, etc.) for those practitioners with clinical experience sufficient to allow them to understand the usefulness or pitfalls, to see the advantages or clear disadvantages, to comprehend the clinical reliability or dangers of the material which the course is presenting. Crash courses which involve totally new material, presented to practitioners without that clinical judgement or experience necessary to actually grasp the real impact of the data presented, let alone the nuances, can be expected to create clinicians who will test their newly acquired knowlege in the public sphere. The hazards of such an appraoch are obvious. Again, such an approach does not satisfy the legislative duty to reduce public risk.

I must conclude that for the state to allow graduates of optometric schools, who are unarguably well-trained in the limited sphere of practice which optometry has exercised to date, to extend their

clincial practice to include the application of drugs to the eye would be an irrational approach toward the protection of public health.[43] If the curricula of optometric schools demonstrated sufficiently integrated instruction in human anatomy/pharmacology/physiology/pathology to provide the optometric graduate with an adequate basis for making appropriate clinical decisions of diagnosis, then such a legislative extension of clinical opportunity, and responsibility would be reasonable. Crash courses are not an adequate substitue[38] for many hours of supervised clinical experience.[43]

It should be repeated that the strong interest of the state in protecting the public, has traditionally and appropriately placed rigid conditions and restrictions upon the right to affect public health.[39] It should also be repeated that this power to restrict health care practice is recognized as proper regardless of its effect upon the economic interests of those regulated.[40]

It is doubtfull that an informed public would voluntarily accept a role as an on-the-job training clinical practice model so that the optometrists can gain the clinical experience needed to use drugs. The consumer public currently has expectations which include a higher standard of knowledge by the medical service provider than ever before. These expectations directly flow from the public's increased understanding that they each, as individual complex biologic units, are biochemically affected in manifold ways via the environment, foods and drugs. Any legislative change which would franchise greater administration of drugs and which simultaneously does not require firm, convincing evidence of a profound understanding of the disease to be detected, its effect on the human body, the biochemistry of the drug to be used, ignores the public right to be protected from incompetency and the public right to make decisions concerning its health care. The public has a right to understand that any practitioner, presuming to diagnosis ocular disease that usually have total body manifestations, is making diagnostic decisions based upon training which comprehends all of the above principles.

IV. AGENCY ACTION FOR ASSURRANCE OF THE HIGHEST QUALITY EYE CARE FOR THE CONSUMER.

The public should be able to rely upon state certification of competency. Legislation which does not demand evidence of such competency before certification fails in its duty to provide public protection in matters of health.

Currently, states have little control over the calibre of training which optometrists acquire prior to licensure. An optometrist may have trained in an optometric school unaffiliated with any medical center, he may have obtained the minimal training necessary to qualify for graduation, but once having graduated, he can apply for and obtain a license with ease.[41]

The State Board of Optometry certifies the competency to use drugs of those optometrists which it approves for licensing.[42] Two problems are immediately apparent:

1) The members of the Board of Optometry have little personal experience in ocular pharmacology, ocular pathology, and diagnosis. They are themselves graduate of optometry schools which have offered limited training because the board members took their training when little time was devoted to course work in pharmacology, and now have little experience with drugs. It is difficult to see how such a Board can adequately evaluate such clinical ability in optometric applicants for licensure, nor is it clear how such a Board can construct any 'refresher' course that would adequately prepare the optometrist for his broadened responsibilities. What is usually used is a 'canned' course, prepared elsewhere.

2) The ability of the Board to carry out its mandate to protect the public from those few individuals that would use these diagnostic drugs also as theraputic drugs would find themselves in a frustrated position. The Board can do nothing to prevent this and the fine for practicing medicine without a medical license is only $100.00.

The regulation of the profession by the Optometric Board will be considered appropriate so long as it is reasonable and necessary in the interest of health, safety of the people.[44] Licensing of optometrists by a Board itself lacking in the necessary qualifications to evaluate clinical performance and knowledge, is manifestly unreasonable. To grant the right to optometrists to use diagnostic drugs who are poorly qualified to do so, is not a reasonable, or an appropriate, or a necessary means of 'protecting'the public health.

The regulation of the practice of optometry is not for the benefit of the licensee, but for the state and its people.[45] Certainly, if the practice of medicine and surgery is a proper subject for careful and precise legislation, so also should be legislation which concerns eye care and those who provide it to the public.[46]

V. CONCLUSION

Having looked critically at the past trend toward the expansion of optometr.c sercies into medical care, and with the present trend of more and more states defeating this kind of bill, it is proper that some statement be made regarding an appropriate role for this vision care professional.

If the optometrist will be expected to diagnose eye disease, then one of two events must occur:

1) optometric training must be upgraded substantially enough to provide him with clinical expertise sufficient to satisfy appropriate public expectations of high competencey; or

2) optometrists must work in an association with ophthalmologists close enough to provide for the day-to-day transmission of diagnotic information from the M.D. to the O.D., and allow the latter to obtain practical involvement in treatment rationals and administration. This would be similar to the military, Veterans Administration and Alaska Native Service, where the optometrist use these drugs under the direct supervision of the ophthalmologists.[47]

Having once recoginzed the above solutions two problems immediately present themselves. The first solution would require the relocation of optometric schools to permit integration with medical training and include a complete restructuring of optometric training. So much change would be needed that any difference between the ophthalmologist and optometrist would evaporate. However, if any group of practitioners presumes to medically minister to the public it must accept the rigorous training which must preceed such responsibility. There is no quick and easy path to competent understanding of a subject becoming increasingly complex year-by-year. This is particularly true when the results of error or incompetency can be blindness.

The second solution, close day-to-day association of optometrist/ophthalmologist, creates a psychological hurdle - perhaps an economic one as well. Optometrists would be required to visualize themselves in a supportive role. This is difficult for any professional to do, especially if he has historically been conditioned to see himself as a member of a separate group, practicing independently. So long as he can offer only limited eye care, he is in a supportive role to those who offer complete eye care. This cooperative association is currently working well in the Veteran's Administration System, the military and the Alaska Native Service It could work well in private care.

Finally, if state legislatures believe that it is proper to expand the medical opportunities of this health-care group of practitioners via redefinition and short-course catch-up lectures without restructuring fundamental educational requirements and experience, there can be little rationale for not doing the same for <u>all</u> paramedical groups, e.g. naturopaths, acupuncturists, chiropractors, faith healers.

Rationally, the legislature must either strictly require very high state-of-the-art medical training standards to protect its citizens or it should minimize that responsibility and lower its standards to permit each group to economically advance at the public expense. The latter practice would also reduce the educational time and

experience required to produce specialist M.D.'s- but, of course, such physicians would be recognized as marginally or totally incompetent. Should the standard be any different for optometrists who wish to medically diagnose eye disease that is so closely linked with the body as a hole functioning unit?

Thank you for your time and the opportunity to present this view indorsed by the State Ophthalmologic Association.

TABLE I

SYMPOSIUM ON LEGISLATION

Comparison of Optometry and Ophthalmology

	Optometrists	Ophthalmologists
1 - License	In all staes as optometrists	In all states as Physicians and Surgeons
2 - Prerequisite	2 yrs of college (60% if beginning students have baccalaureate degree or higher	Graduation from Medical School(M.D.)
3 - Curriculum	School or college	Medical school internship, Postgraduate (residency)
Pharmacology	64 hours	187 hours general with 18 months clinical and 120 hours ocular with 3 years clinical.
Pathology	20 hours	200 hours general with 3 years clinicl and 148 hours ocular with 3 years clinical
4 - Period of training	4 yr(34-36months)	3-5yr.(36-60months)
5 - Time for education after high school	6-10 yr(54-72 months)	11-14yr(120 months)
6 - Number of active practitioners	21,900	9,322
7 - Number of students	4,985	1,914(residents)
8 - Total number of practitioners and students	24,933	10,496
9 - Total number of eye professionals	24,800(70% of total)	10,629 (30% of total)

TABLE 2

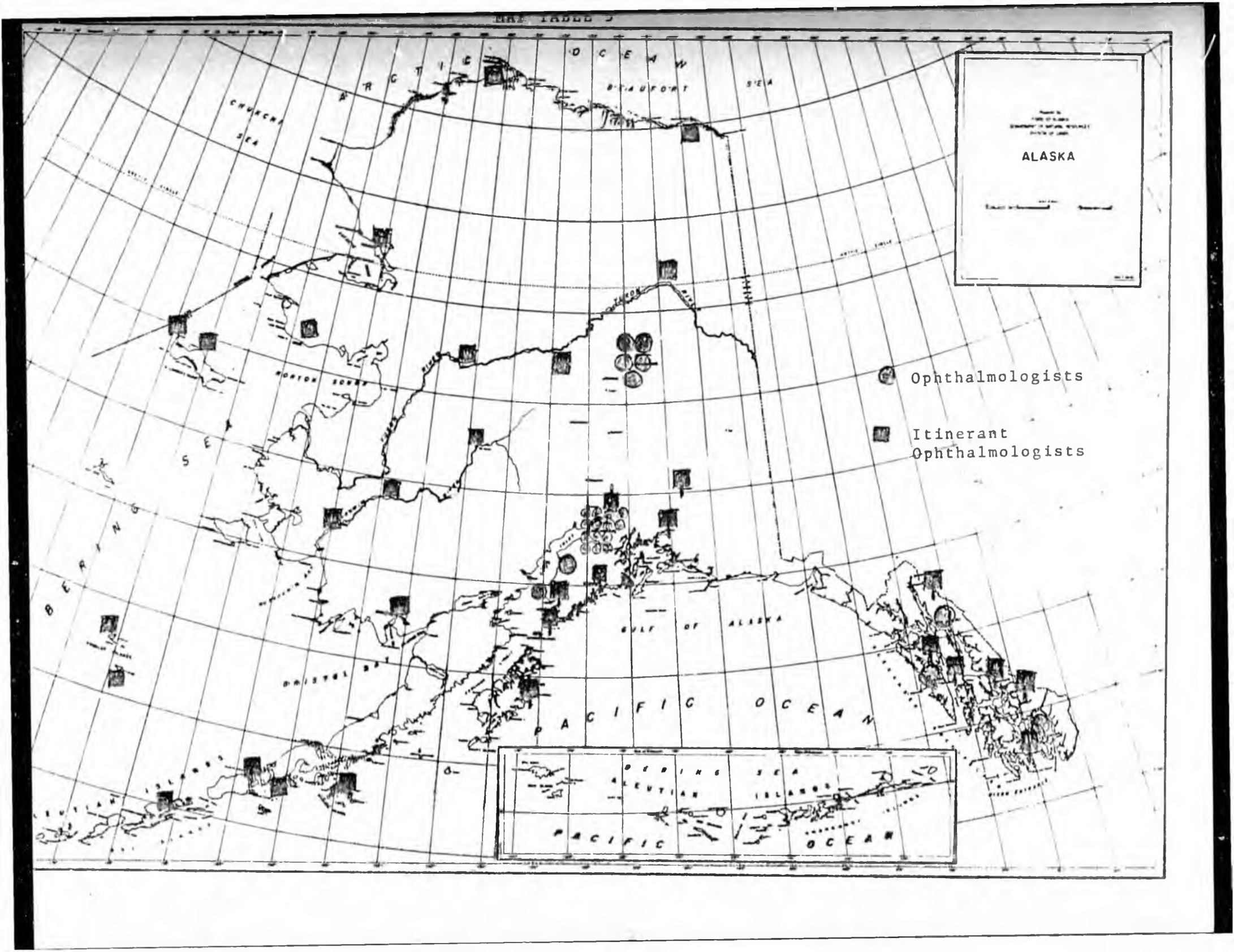
Service offered by Optometrist and Ophthalmologist

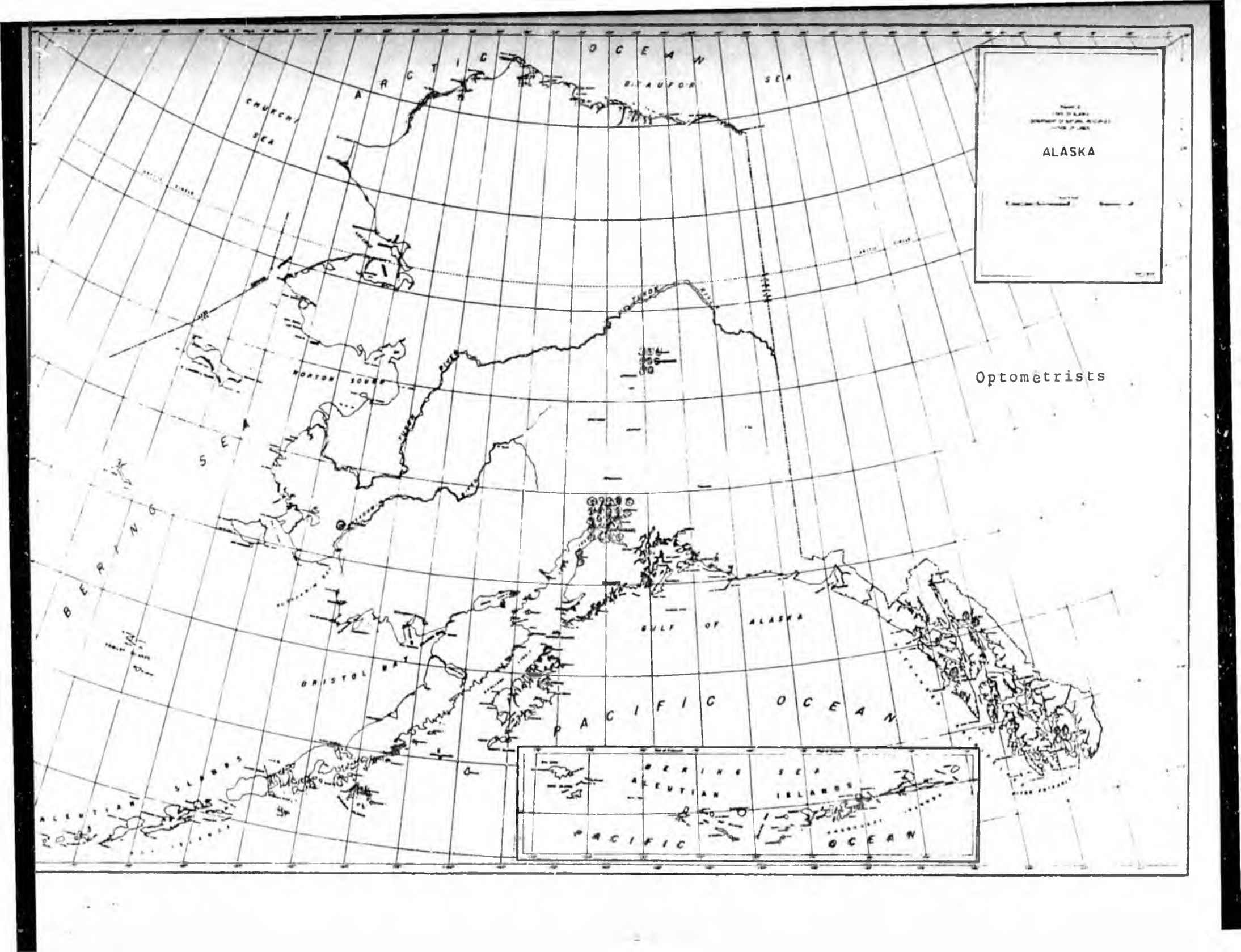
Service	Optometrists	Ophthalmologists
Refraction	99%	99.5%
Ophthalmoscopy	92%	99.5%
Contact Lenses	79%	58%
Visual Fields	75%	94%
Tonometry	66%	99.5%
Orthoptics	50%	53%
Low-vision aids	40%	55%
Biomicroscopy	32%	99.5%
Aniseikonic Testing	8%	9%
Treatment of eye disease	1-2%	100%
West Virginia and North Carolina		
Surgery	0%	99%

TABLE 3

CIVILIAN CONSUMER SPENDING FOR VISION CARE AND SIGHT CORRECTION SERVICES IN 1975

	OFFICES OF OPTOMETRISTS	OFFICES OF OPHTHALMOLOGISTS
A. Expenditures		
General examinations	$525	$510
Medical treatment and therapy	40	500
Ophthalmic Services:		
Corrective Eye glass Lenses	865(49.6%)	180(14%)
Contact Lenses	285	60
Other	30	
	1,745	1,250


ALASKA
Ophthalmologists
Itinerant Ophthalmologists
ARCTIC OCEAN
BEAUFORT SEA
CHUKCHI SEA
NORTON SOUND
BERING SEA
BRISTOL BAY
GULF OF ALASKA
PACIFIC OCEAN
ALEUTIAN ISLANDS
BERING SEA
PACIFIC OCEAN


ALASKA
Optometrists
ARCTIC OCEAN
BEAUFORT SEA
CHUKCHI SEA
BERING SEA
BERING SEA
ALEUTIAN ISLANDS
PACIFIC OCEAN
GULF OF ALASKA
BRISTOL BAY
PACIFIC OCEAN

FOOTNOTES:

1 - Worthen: The Ophthalmologic-Optometric Interface. Transactions of American Academy of Ophthalmology and Otolaryngology *3:OP-155, 1977

2 - Representativ of most ophthalmology residency programs, it is that of the University of Minnesota, Mayo Clinic Graduate School of Medicine. Following graduation from Medical school and a general or specialty internship, the resident enters a program which requires 65 hours a week of ophthalmologic instruction; of this, approximately 8 hours a week is devoted to formal, diadactic lecture, the remainder is clinical or laboratory activity. This weekly schedule continues over a twelve month academic year, for three years. Some of a nine month written home study course administered by the Academy of Ophthalmology. Some programs require an additional one year of ophthalmology. Department of Ophthalmology, University of Minnesota, Mayo Clinic Resident 1974-1977.

3 - Curriculum,University of Minnesota College of Medicine. The basic curriculum required of any candidate for an M.D. degree includes 128 credit hours of 'medical' subjects; this does not includ clinical studies which are specifically directed toward a specialty interest. Although optometrists may agrue that these requirements are not appropriate for them, such an analysis ignores the fact that in expanding their role into the practice of medicine optometrists should be subjected to the same educational requirements. Unfortunately, there is no short-cut to professional competence. This is particularly ture in the rapidly expanding and complex field of medicine. The public has a right to demand strict legislative requirements before practitioners are certified as competent.

4 - Worthen, note 1, OP-158, supra.

5 - Trapnell, The Impact of National Health Insurance on the Use and Spending for Sight Correction Service, 1976. (This study was underwritten by the American Optometric Association, and the Optical Manufactures Association.) It reveals that optical device sales represent 66% of the funds expended for optometric services and 19% of funds expended for ophthalmologist services, at Tabel 1 of the Trapwell Study.

6 - This figure includes $920 million spent for optician and $220 spent by institutions. Those categories of service providers are not included in this discussion since they are not involved in patient care.

7 - This economic impact will be divided not only by optometrist and ophthalmologists, but also by opticians and lens/fram/contact lens manufacturers.

8 - Worthen, note , Op-157, supra.

9 - On Blue Shield Survey: In 1975, actuaries for Blue Shield in Connecticut requested of optometrists data necessary to project the cost of insurance covering optometric examinations. One hundred sixty six out of 266 active optometrists responed listing their age, number of years in practice, and number of eye examinations performed each year, and the cost of an eye examination, exclusive of the cost of glasses, so called service charges or visual training. Similar data was gleaned from ophthalmologists, It was concluded that the average optometrist see 23.3 patients per week. Exclusive of patients seen for medical surgical problems or for follow-up care, the average ophthalmologist, of whom there are 160 in Connecticut, sees 56 patients per week for complete eye examinations. Also, if this patients per examiner data is carried over to fit national figures for the number of practicing O.D.'s and ophthalmologists it indicates that about 60% of the primary eye care is rendered by ophthalmologists in the United States right now.

A report prepared for the Optical Manufacturers Association by a consulting actuarial firm (Trapnell Report-1975) presented data based upon national surveys conducted in 1975. The reporters estimated that approximately one-half of 50 million professional eye examinations were done by ophthalmologists and one-half by optometrists. This report dealt only with persons seeking entry into the eye services field for so-called "sight correction" services and did not count all of the services provided by ophthalmologists otherwise for persons who seek out an ophthal-mologists otherwise for persons who seek out an ophthalmologist for treatment of medical and surgical problems. (Ophthalmologists obviously do 100% of significant eye surgery and treatment of major eye disease) It is remarkable to note that even though there were approximately 10,000 practicing ophthalmologists, as compared to 20,000 optometrists in the United States, that half of the 50 million so-called "routine eye exams" were performed by ophthalmologists during the year 1976.

10- Department of Commerce and Occupational Licensing

11- Obviously, where ophthalmologists are rare, optometrists see the bulk of patients. However, public education, assistance with payment of medical bills via Medicare and Medicaid, the high mobility of todays population, and the trend toward urban population clustering near ophthalmologists and other specialists certainly influence this bias toward ophthalmologists.

12- R.C.W. 18 53.005 Legislative Declaration: "The legislature finds and declares that the practice of optometry is a learned profession and affects the health, welfare and safety of the people of the this state, and should be regulated in the public interest and limited to qualified persons..." (Amendment 1975)

13 - Ellstad v. Swayze, 15 Wash. 2d281, 130 P2d 354 (1942). See also, Ketchum v. King Co. Medical Service Corp., 81 Wash 2d 565, 502 P2d 1197, 1200 (1973)

14 - Swayze, note 13, 353, supra.

15 - Kelly v. Carroll, 36 Wash 2d 482, 219 P2d 79, 90. (1950)

16 - Campbell v. State, Id., at 462

17 - Gellhorn has recently argued that state licensing statutes are in fact attempts by the profession or occupation involved to control competition by means of restrictive admission to practice. Even Professor Gellhorn would admit that the licensing of health professions is necessary and probably rises above such critisism. Gellhorn, The Abuse of Occupational Licensing, 44 University of Chicago L.R.6, 1976.

18 - Semmler v. Oregon State Dental Examiners, 294, U.S.608, 611, (1934);State v. Wilson, 11 Wn. App. 916, 528 P2d 279 (1974)

19 - R.C.W. 18.53.140

20 - Laughney v. Maybury, 145 Wash. 146, 259 P.17 (1927)

21 - Ellstad v. Swayze, note 47, 353, supra, Accord. Dantzler v. Callison, 230 S.C. 75, 94 WE 2d 177, app. dismd. 352 U.S. 939(1956)

22 - Kelly v. Carroll, note 15, 85, supra.

23 - Art. 20, 2

24 - Ellstad v. Swayze, note 13, 353, supra.

25 - State v. Bonham, 93 Wash 489, 161 P 377, 379 (1916)

26 - Kelly v. Carroll, note 22, supra.

27 - State ex rel Fleming v. Cohn, 12 Wash 2d 425, 121 P2d 954 (1942) Accord, State v Hauk, 32 Wash 2d 68;. 203 P2d 693(1949)

28 - 61 Am Jan 2d, Physicians, Surgeons, and other Healers, 19;86 ALR 623, 624

29 - Ex parte Whitly, 144 Cal. 167, 77 P 879 (1904)

30 - "It is enough that...it might be though that the particular legislative measure was...rational..." Williamson v. Lee Optical Co., 348 U.S. 483, 488 (1955), Douglas, J., majority opinion)

31 - See note 15, supra.

32 - Campbell v. State, note 15, supra.

33 - "A law which reduces or prevents any increase in an ...evil tends to safequard the public welfare..." Id. at 462. (emphasis added).

34 - Williamson v. Lee Optical, note 29, supra.

35 - State v. Houck, note 27, 700, supra.

36 - Worthen, note , Op-160, supra.

37 - "...the legislature was careful to require definite knowledge

38 - West Virginia Statute 30-8-5 requires those optometrists who wish to use drugs to complete those requirements which the board of optometry may see fit to extablish. The board of optometry requires attendance at a pharmacology course similar to that described in note 43, infra.

39 - Ellstad v. Swayze, note 13, supra.

40 - Campbell v. State, note 15, supra.

41 - R.C.W. 18.54070

42 - R.C.W. 18.54.070 - In fact, the statute excludes from board membership any optometrist "...who has any connection with any school...of optometry..." It could be presumed that optometrists teaching at optometric schools would be best qualified to judge the qualifications of optometric candidates and possess the most currency in clinical information.

43 - A letter from Leon Candenb, O.D., Director Pennsylvania College of Optometry describes the lecture outling in pharmacology used by Kentucky, Florida, Pennsylvania and New Mexico. This course involves participation by the optometrist in six weekend sessions (Saturday and Sunday) and ends with a three hour examination covering the presented material. A letter from Sam A. McConkey,M.D to the Honorable Charles Parr:

ON OPTOMETRISTS PRACTICING IN THE STATE OF ALASKA

According to figures obtained in February of 1978 from the Department of Commerce, Division of Licensing, there are 40 licensed optometrists in Alaska. Their educational background is as follows:

24 attended Pacific University College of Optometry (1951-1976)
5 attended Illinois College of Optometry (ICO)
4 from 1948 to 1960 and 1 graduated in 1977
3 attended Southern College of Optometry
2 attended the University of Houston College of Optometry
1 attended Southern California College of Optometry
1 attended Los Angles College of Optometry (No longer listed as an optometric school)
1 attended Northern Illinois College of Optometry (No longer listed as an optometric school)
In one case, it is unkown to the Department of Commerce where he went to school.

The following is a summary of pharmacology training at these various institutions.

Pacific College of optometry has NO M.D., PhD., or anyone with a masters or bachelors degree in pharmacology teaching at that institution.

Illinois College of Optometry, prior to 1960, had NO M.D., PhD., or anyone with a masters or bachelors degree in pharmacology teaching. The one graduate of 1977 may have been taught by one professor in the category of PhD. or masters or bachelors degree.

Southern College of Optometry has NO M.D., PhD., or anyone with a masters or bachelors degree in pharmacology teaching at that institution.

University of Houston College of Optometry has NO M.D., PhD., or anyone with a masters or bachelors degree in pharmacology teaching at that institution.

Southern California College of Optometry has NO M.D. teaching in pharmacology; has two instructors listed as either a PhD. or masters or bachelors degree.

It follows that at least from all the available evidence, the maximum number of optometrist in the state that had any pharmacology training from any qualified instructor at all, is two; one from the Illinois College of Optometry who graduated in 1977 and the one graduate of Southern Calidfornia College of Optometry. It appears that the maximum number of optometrists in the state that had any pharmacology training from any M.D. or M.D./PhD. in pharmacology is zero.

The maximum number of optometrist in the state that had any instruction at all from any full-time M.D. on the staff of the school is zero.

The maximum number of M.D.'s in even a part-time capacity on the staff of any school attended by 37 of the 40 optometrists in Alaska, is two. From a survey of the Blue Book of Optometry which was last issured in 1976, it appears that the maximum number of members of the State Board of Optometry that even have a bachelors degree from any school is two of the six board members that are listed. It would seem reasonable that there would be an ophthalmologist either in the teaching or in the clinical aspect of optometric education, but it appears from the available evidence, that the maximum number of optometrists currently practicing in Alaska that had any full or part-time instruction, either by lecture or in the clinical setting by an ophthalmologist is zero.

44 - State v. Spino, 61 Wash 2d 246, 377 p2d 868, 870 (1963)

45 - Pennington v. Benelli, 15 Cal App 2d 316, , P2d 448

46 - Campbell v. State, note 15, 466, supra.

47 - The AAO Nove-Dec. 1977. "AGREEMENT REACHED ON DEFINITION OF MILITARY OPTOMETRIST- The army, Navy and Air Force have agreed on a common definition limiting the services optometrist may render to military personnel. Prior to the new definition, the three military branches had differing definitions which the AAO mailed to all state ophthalmological societies earlier in the year. On June 15th James W. Foristel, AAO Congressional Liason, met with Robert Smith, M.D., Assistant Defense Secretary for Medicine, who was attempting to have all three of the service's Surgeons General agree on a common definition. In September, they reached agreement on the following single definition.

'The optometric clinic provides optometric patient services under medical supervision. Optometrist examine the eyes and

adnexa to include refraction and other procedures, prescribe lenses to correct refractive errors and imporve vision. They refer patients to physicians for diagnosis and treatment of suspected disease. Optometrists use appropriate drugs to perform optometric procedures. When using these drugs, immediate medical care is available in the event of adverse reaction.'"

March 13, 1978

The Honorable Charles Parr
Chairman, Health, Education and
Social Services Committee
House of Representatives
State of Alaska
Juneau, Alaska

Dear Representative Parr:

This is to inform you that my appearance before your committee on House Bill 664 is solely on behalf of the Alaska Optometric Association. Please be informed that I am not in any way representing RCA, Alaska Petrochemical Company, the Alaska Dental Society or the Certified Public Accountants of Alaska on House Bill 664.

Very truly yours,

Henry S. Pratt
Alaska Optometric Association

AAOO RESOLUTION ON DRUG LEGISLATION

At its Las Vegas business meeting, the American Academy of Ophthalmology and Otolaryngology passed a resolution opposing use of drugs by non-physicians. It reads as follows:

"Whereas, The AAOO has for 80 years directed its activities to the public interest, health and welfare of the citizens of this country, and

"Whereas, The AAOO is of the opinion that the use of prescription legend drugs by individuals not trained and licensed to practice medicine and surgery in all of its branches is detrimental to the health and welfare of the citizens of this country; therefore, be it

"Resolved, That the AAOO is opposed to all legislative authorization of individuals not licensed to practice medicine and surgery in all of its branches to use prescription legend drugs for either diagnostic or therapeutic purposes, or both."

AMERICAN ASSOCIATION OF OPHTHALMOLOGY EXECUTIVE OFFICES • 1100 - 17th STREET, N.W., WASHINGTON, D.C. 20036 • TELEPHONE (202) 833-3447

RESOLUTION

"WHEREAS, This Association is of the opinion that any legislative authority granted to independent non-medical practitioners to prescribe or to apply drugs is contrary to the public interest and a detriment to the health and welfare of the citizens of this country; be it

RESOLVED, That this Association is opposed to the legislative authorization of independent non-medical practitioners to prescribe or apply drugs for either diganostic or therapeutic purposes or both."

Adopted by the Board of Trustees of the American Association of Ophthalmology at its Annual Meeting held October 5, 1976 - Las Vegas, Nevada.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 169
(A-73)

Introduced by: Section on Ophthalmology
Harold F. Falls, M. D., Delegate

Subject: Reaffirmation of Position Relative to Legislation Authorizing Diagnosis of Disease

Referred to: Reference Committee B
(John J. Hughs, M. D., Chairman)

Whereas, There continue to be legislative proposals which would extend the definition of the practice of optometry beyond the application of optical principles to embrace the use of drugs and medical diagnosis; therefore be it

Resolved, That the American Medical Association reaffirm that any legislation that would authorize optometrists to engage in the diagnosis or treatment of disease or injury, or the diagnosis of the absence of disease or injury, or to use drugs or medications in any form for any purpose is in conflict with the public interest, and that the Association urge constituent societies unequivocally to oppose and to seek the defeat of any legislation that would extend the scope of optometry into these areas of the practice of medicine; and be it further

Resolved, That the constituent state societies be promptly informed by special communication of this action of the House, and that state societies where such legislation is now pending be officially informed without delay of this supportive action of the House.

****

Adopted by the House of Delegates, American Medical Association, Annual Meeting, June 1973, New York City.

****

Past House Action: A-66:107; A-72:36

(19) RESOLUTION 169 - REAFFIRMATION OF POSITION RELATIVE TO LEGISLATION AUTHORIZING DIAGNOSIS OF DISEASE

This resolution asks the American Medical Association to reaffirm that any legislation authorizing optometrists to engage in the diagnosis of or treatment of disease or injury, or the diagnosis of the absence of disease or injury, or to use drugs in any form is in conflict with the public interest, and that the AMA urge constituent societies to oppose and seek to defeat such legislation. In addition the resolution asks that the constituent state societies be promptly informed of this action.

This resolution was introduced by the Section on Ophthalmology and presents a clear statement of the legislative proposals being made in the various states with regard to optometry. Your Reference Committee is fully in accord with the statement made by this resolution.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 169 be adopted.

TAB 5

SUMMARY OF PROCEEDINGS

1976 ANNUAL CONVENTION

RESOLUTION 76 — PRESCRIBING EYE MEDICATIONS

Resolution 76 asked that the AMA adopt the policy that only physicians licensed to practice medicine and surgery are qualified to prescribe or use eye medications and that they should be the primary entry point for eye care, and also asked that the AMA vigorously oppose any legislative or administrative attempt to give optometrists a license to prescribe or use medications or to serve as a primary entry point in the provision of eye service.

The House considered the following amended Substitute Resolution:

> RESOLVED, That the American Medical Association reaffirm its policy that only physicians licensed to practice medicine and surgery in all its branches are qualified to prescribe or apply eye medications; and be it further
>
> RESOLVED, That the American Medical Association continue to urge that state medical societies oppose any legislation or administrative attempt to give optometrists a license to prescribe or apply medications or to diagnose disease or injury or to diagnose the absence of disease or injury; and be it further
>
> RESOLVED, That the House of Delegates directs the attention of the constituent state societies to the position of the Association as stated in Resolution 169 (A-73).

SUBSTITUTE RESOLUTION 76 ADOPTED AS AMENDED

File — 7 AMA Resolutions 1976

272-1513

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6440
JUNEAU, ALASKA 99801

IPMAFUB AHG

4-043312E073 03/14/73

ICS IPMBNGZ CSP

2059344433 TDBN BIRMINGHAM AL 101 03-14 0223P EST

PMS DR AHARON STERNBERG

WESTERN UNION

JUNEAU AK 99801

IT IS MY UNDERSTANDING THAT MY POSITION ON THE USE OF DRUGS FOR DIAGNOSTIC PURPOSES BY OPTOMETRISTS IS BEING MISREPRESENTED TO YOUR LEGISLATORS. I WISH TO SET THE RECORD STRAIGHT. THIS SCHOOL OF OPTOMETRY AND I SUPPORT THE USE OF DRUGS FOR DIAGNOSTIC PURPOSES BY OPTOMETRISTS. SPECIFIC LECTURES, LABORATORY AND CLINICAL TRAINING IN PHARMACOLOGY ARE REQUIRED PARTS OF THE 4 YEAR CURRICULUM FOR OPTOMETRY STUDENTS AND HAVE BEEN SINCE THIS SCHOOL WAS STARTED. WE BELIEVE SUCH KNOWLEDGE AND SKILL ARE ESSENTIAL FOR OPTOMETRISTS TO DISCHARGE THEIR LEGAL AND MORAL RESPONSIBILITIES TO THE PUBLIC THEY SERVE.

HENRY B PETERS DEAN

SCHOOL OF OPTOMETRY, THE MEDICAL CENTER

UNIVERSITY OF ALABAMA IN BIRMINGHAM

1423 EST

IPMAFUB AHG

KETCHIKAN MEDICAL SOCIETY

3100 TONGASS AVENUE - KETCHIKAN, ALASKA 99901

March 14, 1978

TELETYPE TESTIMONY TO HEALTH EDUCATION & SOCIAL SERVICES COMMITTEE

Ketchikan Medical Society wishes to record its opposition to House Bill 664. Historically, and by Alaska statute, optometry has been a drugless profession. For the good of the people of the state of Alaska, we believe that optometry should remain drugless.

H.B. 664 requires only that optometrists pass a single examination before this significant expansion in their role is permitted. The examination will either be given by the optometry board itself with no legislated previous training requirements, or be given by a recognized school or college following an optometry board approved course of study. There is no mention of criteria for approval. There is no mention of by whom the institution is recognized. There is no mention of accreditation or university affiliation.

Further, the bill contains no definition of a diagnostic purpose, and no provision for any penalty for use of drugs in conditions other than those approved by the board. There is nothing in the bill to prohibit an optometrist virtually any use of this broad list of medications, if that use can be extended to be called diagnostic. Since optometrists by their licensing statute cannot legally have had any experience with these drugs, and since use of these drugs is part of the wider experience of medical doctors, it does not appear that the public is protected by the inexperienced licensing of the untrained to the exclusion of more experienced and qualified medical doctors.

Although optometrists are portraying the drugs they seek to use as harmless, it is precisely because of their effectiveness that they are being sought. Any drug brings with its desired effects certain other undesirable effects and occasional very serious complications. Optometrists are not trained or qualified to deal definitely with any of these complications; to whatever extent the complication involves more than the eye the optometrist is excluded by licensing statute from making anything other than a layman's assessment. We believe that the public deserves better protection than the optometrists offer in this bill.

In summary, although H.B. 664 is laudably brief and seductively simple, we do not believe that it serves the best interests of the people of Alaska.

DEPARTMENT OF THE ARMY
HEADQUARTERS. US ARMY MEDICAL DEPARTMENT ACTIVITY. ALASKA
FORT WAINWRIGHT, [redacted]
ALASKA 99703

AFZT-MD-CL

28 February 1978

STATEMENT

I am presently an Alaska licensed optometrist (#85) practicing in the U.S. Army at Fort Wainwright, Alaska. I have been here over three years, and in the military for over seven years. During all my years as a practicing optometrist in the U.S. Army, I have been authorized to use diagnostic pharmaceuticals in my practice. The use of diagnostic anesthetics, mydriatrics, miotics, and cycloplegics are required for flight physicals, tonometry, internal examinations, cycloplegic exams, etc., required by military regulations.

Upon arriving at Bassett Army Hospital here at Fort Wainwright in 1974, I submitted a request to the hospital Credentials Committee to use certain diagnostic drugs in my practice of optometry which was approved by the committee and endorsed by the Hospital Commander. In my experience in using diagnostic drugs on thousands of patients, I have never had an adverse drug reaction.

Robert P. Hammond

ROBERT P. HAMMOND, O.D.
CPT, MSC
Chief, Optometry

Section II

Items of interest to all members of the command:

DEPUTY CHIEF OF STAFF, PROFESSIONAL ACTIVITIES

a. Community Health Nurse (CHN) Referrals. All CHN referrals being sent to Europe must be addressed:

Commander
US Army Medical Command, Europe
ATTN: AEMPM (Community Health Nurse Consultant)
APO New York 09403

These referrals must be submitted on DA Form 3763 (Army Health Nursing - Case Referral), in duplicate, for each person or family referred. History should be outlined, problem should be identified, and priority of referral should be listed. All TB referrals should include DA Form 3897-R (Tuberculosis Registry (LRA)). A copy of orders assigning the individual or his/her sponsor to Europe must also be included with referrals.

1 Jul 77

(HSPA-H, AUTOVON: 471-6612)

b. Optometry Policy Statement. Army optometrists provide optometric patient services in accordance with accepted medical guidelines. They examine the eyes and adnexa, to include refraction and other procedures; and prescribe lenses to correct refractive error and improve vision. They refer patients to physicians for diagnosis and treatment of suspected disease. They use topical anesthetics and cycloplegic drugs to perform tonometry and cycloplegic refractions. When using these drugs, immediate medical care is available in the event of adverse reaction.

(HSPA, AUTOVON: 471-6527/6602)

DEPUTY CHIEF OF STAFF, LOGISTICS

a. Installation Property Book. All installation property books in HSC will be operated using Army Medical Department Property Accounting System (AMEDDPAS) procedures. MEDCEN/MEDDAC tenanted on installations assigned to other MACOM will be authorized only one installation property book. A single property book will provide for more efficient management of property assets. Biomedical equipment assets must be contained in one data base in order to accomplish effective maintenance management using AMEDDPAS procedures.

(HSLO-M, AUTOVON: 471-6448/6449)

b. Occupational Safety Health Act (OSHA)/Joint Commission Accreditation Hospitals (JCAH) Surveys. The United States Army Environmental Hygiene Agency is presently conducting surveys to identify OSHA/JCAH deficiencies at Health Care Facilities throughout CONUS, Alaska, Hawaii, and Canal Zone. Upon completion of the physical survey and preparation of a report itemizing deficiencies, the report is forwarded to the supporting district engineer for preparation of a cost estimate. This estimate is in three parts: administration; repair and maintenance; and alterations or additions. Copies of these cost estimates will be furnished MACOM engineers and installation facility engineers to assist in the preparation of a project or projects to correct deficiencies identified. MEDCEN/MEDDAC personnel are encouraged to involve themselves in the project development process at the earliest possible time. To date, surveys of MEDDAC have been completed at ten installations; of the ten, three have been forwarded to the Savannah District Engineer for costing. The remainder will be dispatched to the respective district engineer in the near future. It is anticipated that completion of the survey program will require approximately 2 years.

(HSLO-F, AUTOVON: 471-6441/2077)

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY HEALTH SERVICES COMMAND
Fort Sam Houston, Texas 78234

CG HSC BULLETIN NO. 7-77

1 July 1977

THE UNITED STATES ARMY HEALTH SERVICES COMMAND
COMMANDER'S NOTES

The COMMANDER'S NOTES are prepared and distributed monthly to Headquarters staff elements and units throughout the command. These notes are designed to provide management communication on subjects of current interest to all members of the command and the widest distribution is encouraged. Local reproduction is authorized.

Section I

Item of primary interest for commanders:

Relocation of Headquarters, US Army Health Services Command. I am pleased to report that the Headquarters, US Army Health Services Command, has completed relocation to refurbished Building 2792, immediately adjacent to and south of the Academy of Health Sciences, US Army main building on Stanley Road at Fort Sam Houston.

Spurgeon Neel MD
Commander HSC

7-320B "I" Street
Elmendorf AFB, AK 99506
1 March 1978

Dr. Box
611 W. Willoughby
Juneau, AK 99801

Dear Dr. Box,

I was asked to write to you and give you the latest information from the Air Force that I have concerning the use of diagnostic drugs that we can use.

Air Force Regulation 36-1 (dated 1 March 1977) states on Page A27-37: OPTOMETRIST 2. Duties And Responsibilities

a. Conducts Examinations of Eye: With or without the use of diagnostic drugs, examines eyes..... etc.

I know of no other regulation since then that states anything different. There is no place in the regulation that any of our professional activity is under the direct supervision of an ophthalmologist or other physician.

As you know, there are many places where the optometrist functions where there is no ophthalmologist assigned. At those locations the optometrist usually is called upon by the professional staff to do many of the more routine ophthalmological duties, because he knows more about these functions than do the other medical corps specialties. Even at locations such as Elmendorf where we have ophthalmological services, we can use diagnostic drugs and do minor ophthalmological services on our own, but we usually let the ophthalmologist or his technicians do these services.

I am licensed here in Alaska, and would appreciate being on the mailing list of any material associated with the changing of the optometric laws within the state. I am still a few years from retirement, but plan on coming back up here when I retire.

ROGER C. FITCH, Lt Col, USAF, BSC
Chief, Optometry Services
Elmendorf AFB, Alaska

DR. CURTIS M. JOHNSON
DR. D. R. SCHMIDT
OPTOMETRISTS
530 SEVENTH AVENUE
FAIRBANKS, ALASKA 99701

Telephone {456-4010
{452-3232

March 1, 1978

Representative Steve Cowper
Pouch V
Juneau, Alaska 99811

Dear Mr. Cowper:

I had a call today from Dr. Nancy Le Fevre and she was concerned with the mass of paper relating to HB 664 which you sent to her. She thought that as President of the Optometry Board I might be better able to comment on specific points raised in objection.

First of all, let me say that I have a penchent for telling the truth, and for calling a spade a spade, so if any of my comments seem blunt I will apologize ahead of time.

I have no way of knowing how aware you are of the ongoing conflict between optometry and ophthalmology, but there is one very important point to always bear in mind. After you filter through all the histrionics, hysterics, and scare tactics, the conflict boils out to be purely economic. We are competing for the same patients, it is as simple as that. The incidence of eye pathology in a normal population runs about 5%, and it is for this group that the ophthalmologist is trained. The optometrist is trained to treat the 95% with healthy eyes and to refer the rest to the proper discipline.

It does not take too much mathematics to deduce that 5% of the population in Fairbanks, for instance, is not nearly enough people to keep four ophthalmologists busy, so they must resort to prescribing spectacle or contact lenses, for which they have minimal training. In conversations with the local ophthalmologists I find that they practice their specialty about 15% of the time, and the balance of the time they are competing for the balance of the population which is better served by optometry. As I said, purely economic.

Another important point is that we are not attempting to expand the scope of our practice. All of the tests, procedures, etc. are already in our armamentarium, but there are instances where the use of the drugs we are asking for would make the testing easier on the patient and the results more meaningful. A case in point is an instrument mentioned by Dr. McConkey called a tonometer. This instrument is used to measure the internal pressure of the eyeball and is helpful in diagnosing glaucoma. The instrument most ophthalmologists use is called a Schioetz tonometer, costs about $70.00, is placed directly on the eyeball when used and cannot be used without a topical anesthetic.

DR. CURTIS M. JOHNSON
DR. D. R. SCHMIDT
OPTOMETRISTS
530 SEVENTH AVENUE
FAIRBANKS, ALASKA 99701

Telephone {456-4010
{452-3232

He mentions the air-puff tonometer which can be used without anesthetic, and is available to optometry. While it is true that the air-puff is a better and more accurate way of measuring eyeball pressure, it costs $3500.00, is suitable only for permanent installation because of its sophisticated electronic nature, and thus is not suitable for taking to the bush where most of us do travel on a part time basis.

In one of his letters, Dr. McConkey mentions the high incidence of glaucoma in our native population, and how the indiscriminate use of cycloplegics would induce a rash of glaucomatous attacks. I would like to state that I participated in a research project in Point Barrow several years ago with Dr. Francis Young, a noted researcher in the field of vision from Washington State University. Part of the testing required using a very potent cycloplegic. Over a period of two years this drug was used on virtually every eskimo in the village and no glaucomatous attacks were induced. I am not implying that it cannot happen, but it is very rare

Another implication throughout Dr. McConkey's correspondence is that we want the drugs to diagnose so that we may treat eye disease. Nothing could be further from the truth. I can vouch for the fact that none of my fellow practicioners in Alaska are frustrated M.D.'s. The bill speaks clearly of diagnostic drugs only and the only drug mentioned in the bill which could be used for treatment are myotics for the control of glaucoma. I can assure you that if any of my collegues were foolish enough to attempt this, they would be without a license immediately.

Dr. McConkey states that immediately upon passage of this bill, untrained people will begin using drugs. The bill clearly states that proper training must be had before drugs can be used. Twenty two other states have handled this problem very nicely to the satisfaction of their patients, their profession, and their legislators. The new graduates will have the proper training, but for those of us who have been in practice for awhile, it simply means going back to school. At my age that is something I do not relish, but I have been President of the State Board of Examiners for twelve years, and if I wish to continue serving I will have to be one of the first to get the training.

I resent Dr. McConkey's slur about the quality of our educational institutions. A couple of our schools are private, but the rest are university affiliated, many of them along with schools of medicine and and dentistry. I don't know where he got his information but I had my training in ocular anatomy, pathology, and pharmacology from a full time ophthalmologist on the staff of Pacific University over twenty years ago.

This letter is much too long, and I could go on for several more pages but I hope that at least some of your questions have been answered.

Sincerely,

Curtis M. Johnson, O.D.

EYE CLINIC OF KETCHIKAN
RONALD L. TOKAR, M.D.
Eye Physician and Surgeon
Post Office Box 8636
Ketchikan, Alaska 99901
Telephone
(907) 225-2656

March 9, 1978

Representative Charlie Parr
Pouch V
State Capital
Juneau, Alaska 99801

Dear Representative Parr,

As one of two ophthalmologists in Southeastern Alaska, I would like to reveal and explain my opposition to HB 664.

I recently finished my training as an ophthalmologist last June and now practice in Ketchikan. Below is a review of my training.

4 years undergraduate school--------B.S. Degree
4 years medical school--------------M.D. Degree
1 year internship
2 years general practice in Alaska
3 years residency in ophthalmology
8 months private practice

I have completed and passed a written examination of the American Board of Ophthalmology and later this year will take a two and one half day oral examination. The above is typical of an ophthalmologists training. Please compare it to an optometrists.

I believe that the use of the drugs discussed in HB 664 by a non physician will be hazardous to the public for two principle reasons. First, all of the drugs may have side effects. The optometrists lack the experience and training to safely control these reactions when they do occur. Enclosed is a sample of the inserts required by the Food and Drug Administration to be distributed with each drug. Please read these.

During my ophthalmology training program, a patient experienced a serious reaction after receiving dilating eye drops. The patient, an apparently healthy male in his twenties, underwent a cardiac arrest in the eye clinic after receiving the eye drops. Fortunately, the examining ophthalmologist was capable of caring for the patient who did recover. This is unusual, but can happen. I myself was examining a patient last year when he underwent a seizure which we felt was triggered by the use of dilating drugs.

My second objection is that both the optometrist and the patient will be lured into a false sense of security with the use of drugs by non physicians. Optometrists were traditionally trained to treat the eye with glasses and have no medical training enabling them to recognize serious pathology.

Enclosed is a copy of a letter sent to me by a Ketchikan optometrist. There are numerous defects in the reasoning of this letter. I would like to use an important one to illustrate a point. The statement that if a pathological condition is observed, it would be referred to a proper health care practitioner. Since I have been in Ketchikan (8 months) the writer of this letter has never referred a patient to me for evaluation of pathology.

One can then make several assumptions and I will leave these to the committee to discuss. One could go much further elaborating other arguments against HB 664. I am sure my colleagues will testify to these.

The opposition to HB 664 as you know is opposed by most Alaska Physicians. I would like it to go on record that each and every physician in Ketchikan is opposed to HB 664. You will soon be receiving a letter from the Ketchikan Medical Society stating this fact.

I would appreciate this letter be offered as testimony to your committee. Thank you.

Respectfully yours,

Ronald L. Tokar, M.D.

DR. ED CRAIG
OPTOMETRIST
348 Main Street
KETCHIKAN, ALASKA 99901
Dial 225-

February 6, 1978

I solicit your support of HB664 which will legislate the use of diagnostic drugs by optometrist during the course of eye examination for glasses.

Historically optometry has been a drugless profession. Through modern technology optometry has more sophisticated equipment in the examination room. This equipment enables the optometrist to think in terms of the patient's general health and visual demands. Optometry now has slit lamps, tonometers and retinal cameras, all of which afford a better view of the patient's retina. These procedures require dilation of the pupil to see more of the retina, or an anesthetic to numb the cornea to record the interocular pressure.

These drugs also afford an additional tool for examining the very young child, the retarded adult or the non-English speaking individual.

Optometry is defined as a primary health care profession. The optometrist functions as the principal point of contact within the total health care system for persons seeking relief of visual complaints. If a pathological condition is observed during the course of examination for glasses, referral is made to the proper health care practitioner for treatment.

The safety of these drugs is established in the literature. Because of the small doses, low concentration and limited duration of action, it is established that the small amount absorbed by the body is inactivated in a short period of time and no harmful effects to the patient is found.

In conclusion, I ask your support of this legislation because optometry could do an even better job for the public if we had these additional tools to work with.

I will attempt to answer any questions you may have. I would appreciate your reply.

Respectfully,

Ed Craig, O.D.

MARIETTA EYE CLINIC, P.A.
663 CHEROKEE STREET
MARIETTA, GEORGIA 30060

Telephone 427-3111

IRVING T. STALEY, M.D.
RICHARD M. BROWN, M.D.

GERALD E. SANDERS, M.D.
JOHN F. BIGGER, M.D.

January 30, 1978

Charles Bobo, M. D.
Vice President
South Carolina Society of Ophthalmology
Post Office Box 369
Greenwood, South Carolina 29646

Dear Dr. Bobo:

Regarding the controversy over House Bill 2158 which would allow optometrists to use dangerous drugs, this issue is one that very few people can address based on first hand knowledge and experience.

I am one of only three people in Georgia in a position to do so. Currently, I am an ophthalmologist practicing in Marietta, Georgia. Prior to becoming an ophthalmologist, I was an optometrist.

After completing medical school to become an ophthalmologist and having attended optometry school earlier, I can say without reservation the difference in an optometrist's training and that of a medical doctor is overwhelming. The ophthalmologist's training is essential to perform medical services and to safely use drugs.

I became an ophthalmologist because I wanted to be allowed to legally diagnose and treat medical and surgical eye disease. To do so requires the use of drugs. As an optometrist, I was neither trained to use drugs nor did I need them to perform the services for which I had been licensed.

The training an optometrist receives does not compare to the training of a medical doctor. Although optometric training has been somewhat improved since I was a student, it still remains inferior to that of an M.D. Anyone suggesting that an optometrist is professionally equipped to use serious drugs is playing a dangerous game with human lives and precious eye sight. The drugs involved in House Bill 2158 are powerful. They have no place in the optometry profession and the public should not be subjected to the use of drugs by optometrists who are not trained to practice medicine.

There are no short cuts to medical expertise. The same option I exercised is available to every optometrist. If an optometrist wants to practice medicine, that optometrist should be required to become a medical doctor as I have.

Sincerely,

Irving T. Staley, M. D.

IlS:er
cc

ISOPTO® HOMATROPINE
(Homatropine Hydrobromide)
Ophthalmic Solution

DESCRIPTION: A sterile ophthalmic solution. Each ml contains: Active: Homatropine Hydrobromide 2.0% or 5.0%. Preservatives: Benzalkonium Chloride 0.01% (in 2% strength), Benzethonium Chloride 0.005% (in 5% strength). Vehicle: Hydroxyp opyl Methylcellulose 0.5%. Inactive: Sodium Chloride, Polysorbate 80 (in 2% strength), Hydrochloric Acid and/or Sodium Hydroxide (in 2%) (to adjust pH), Purified Water. DM-05

ACTIONS: A parasympatholytic agent.

INDICATIONS: A moderately long acting mydriatic and cycloplegic for cycloplegic refraction and in the treatment of inflammatory conditions of the uveal tract.

CONTRAINDICATIONS: Contraindicated in persons with glaucoma or a tendency toward glaucoma and in persons with hypersensitivity to belladonna alkaloids.

WARNINGS: Excessive use in children or certain individuals may produce symptoms of atropine poisoning.

(Cyclopentolate Hydrochloride)
Sterile Ophthalmic Solution

DESCRIPTION: A sterile borate buffered ophthalmic solution. Each ml contains: Active: Cyclopentolate Hydrochlorice 0.5%, 1%, or 2%. Preservative: Benzalkonium Chloride 0.01%. Inactive: Boric Acid, Disodium Edetate, Potassium Chloride (except 2% strength), Sodium Carbonate and/or Hydrochloric Acid (to adjust pH), Purified Water. DM-01

ACTIONS: This anticholinergic preparation blocks the responses of the sphincter muscle of the iris and the accommodative muscle of the ciliary body to cholinergic stimulation, producing pupillary dilation (mydriasis) and paralysis of accommodation (cycloplegia). It acts rapidly, but has a shorter duration than atropine.

INDICATIONS: For mydriasis and cycloplegia in diagnostic procedures.

CONTRAINDICATIONS: Should not be used where narrow-angle glaucoma is present.

PRECAUTIONS: In the elderly and others where increased intraocular pressure may be encountered, mydriatics and cycloplegics should be used cautiously. Tonometric examination prior to drop instillation is advisable. Systemic absorption may be minimized by compressing the lacrimal sac for a minute or two during and following instillation of the drops. Sac compression blocks passage of the drops to the wide absorption area of the nasal and pharyngeal mucosa. This is more advisable in the use of the 2% solution and especially in children.

MYDRIACYL®
(Tropicamide)
Sterile Ophthalmic Solution

DESCRIPTION: A sterile anticholinergic agent. Each ml contains: Active: Tropicamide 0.5% or 1.0%. Preservative: Benzalkonium Chloride 0.01%. Inactive: Sodium Chloride, Disodium Edetate, Hydrochloric Acid and/or Sodium Hydroxide (to adjust pH), Purified Water. DM-01, DM-02

ACTIONS: This drug blocks the responses of the sphincter muscle of the iris and the ciliary muscle to cholinergic stimulation, dilating the pupil (mydriasis), the stronger preparation (1.0%) also paralyzing accommodation. These preparations act rapidly and the duration of activity is relatively short.

INDICATIONS: For mydriasis and cycloplegia for diagnostic purposes.

CONTRAINDICATIONS: Contraindicated in narrow-angle glaucoma and in persons showing hypersensitivity to any component of these preparations.

WARNINGS: For topical use only — not for injection. Reproductive studies have not been performed in animals. There is not adequate information on whether this drug may affect fertility in human males or females or have a teratogenic potential or other adverse effect on the fetus.

PRECAUTIONS: In the elderly and others where increased intraocular pressure may be encountered, mydriatics and cycloplegics should be used cautiously. Tonometric examination prior to instillation is advisable. Dilation of iris and accommodative paralysis may be shortened by instillation of pilocarpine solution when advisable. Systemic absorption may be minimized by

(proparacaine HCl) 0.5%
sterile ophthalmic solution

ALLERGAN

DESCRIPTION

Contains:

proparacaine HCl 0.5%

with: benzalkonium chloride, glycerin, sodium chloride and purified water.

ACTIONS

A rapidly acting topical anesthetic with induced anesthesia lasting 15 minutes or longer.

INDICATIONS

For procedures in which a topical ophthalmic anesthetic is indicated: corneal anesthesia of short duration, e.g., tonometry, gonioscopy, removal of corneal foreign bodies, and for short corneal and conjunctival procedures.

CONTRAINDICATIONS

Should be considered contraindicated in patients with known hypersensitivity to any of the ingredients of this preparation.

WARNINGS

Prolonged use of a topical ocular anesthetic is not recommended. It may produce permanent corneal opacification with accompanying visual loss.

ADVERSE REACTIONS

Occasional temporary stinging, burning, and conjunctival redness have been reported after use of proparacaine, as well as a rare, severe, immediate-type, apparently hyperallergic corneal reaction, with acute, intense and diffuse epithelial keratitis, a gray ground glass appearance, sloughing of large areas of necrotic epithelium, corneal filaments and sometimes, iritis with descemetitis.

Allergic contact dermatitis from proparacaine with drying and fissuring of the fingertips has been reported.

DOSAGE AND ADMINISTRATION

Usual Dosage: Removal of foreign bodies and sutures, and for tonometry: 1 to 2 drops (in single instillations) in each eye before operating.

Deep Ophthalmic Anesthesia: 1 drop in each eye every 5 to 10 minutes for 5-7 doses.

Note: Do not use if solution is discolored (amber).

HOW SUPPLIED

15 cc. plastic dropper bottles. On Prescription Only.

ALLERGAN PHARMACEUTICALS Irvine, California 92713, U.S.A.
Printed in U.S.A. ©1976 Allergan Pharmaceuticals 7048N 31-2/

May cause pressure increase in normal eye.

PRECAUTIONS: To avoid excessive systemic absorption particularly in children the lacrimal puncta should be occluded by digital pressure for one minute after instillation.

ADVERSE REACTIONS: Conjunctival vasodilatation occurs following instillation. Sensitivity infrequently results; however, if it does, discontinuance and routine therapy will ordinarily be effective.

DOSAGE AND ADMINISTRATION: For refraction: one or two drops topically in the eye(s), may be repeated in 20 minutes if necessary. For therapy: one or two drops topically every three to four hours.

HOW SUPPLIED: In 5ml and 15ml plastic Drop-Tainer® dispensers.

ALCON LABORATORIES, INC.
Fort Worth, Texas 76134 USA
September 1974 29901 Printed in USA

Homatropine

ular pressure. Use of Cyclopentolate has been associated with psychotic reactions and behavioral disturbances in children especially with 2% concentration. Ataxia, incoherent speech, restlessness, hallucinations, disorientation as to time and place, failure to recognize people, and tachycardia have been reported.

DOSAGE AND ADMINISTRATION: Adults: One drop, followed by a second drop in 5 minutes. Although complete recovery usually occurs in 24 hours, 1 or 2 drops of 1% or 2% pilocarpine reduces recovery time to 3 to 6 hours in most eyes. In patients with darkly pigmented irises, the use of 2% solution is recommended; the 1% solution also has produced satisfactory results. Subsequent instillation of 2% pilocarpine reduces recovery time to 6 hours or less. Children: Pretreatment with Cyclogyl on the day prior to examination usually is not necessary. One drop of 0.5%, 1% or 2% solution is instilled in each eye, followed 5 minutes later by a second application of 0.5% or 1% solution if necessary. On rare occasions, atropine-like symptoms have been produced in children as a result of overdosage with the 2% solution.

HOW SUPPLIED: ½%, 1% and 2% each in 2ml, 5ml, and 15ml multiple-dose plastic Drop-Tainer® dispensers.

Alcon

ALCON LABORATORIES, INC.
May 1976 29903 Printed in USA

Cyclogyl

gentle compression of the lacrimal sac for a minute or two following instillation. Sac compression blocks passage of the drops to the extensive absorption area of the nasal and pharyngeal mucosa. This is most advisable in children and with the stronger solution. Possibility of occurrence in children of psychotic reaction and behavioral disturbance due to hypersensitivity to anti-muscarinic drugs should be borne in mind.

ADVERSE REACTIONS: Increased intraocular pressure. Psychotic reactions, behavioral disturbances, and cardiorespiratory collapse in children with this class of drugs have been reported. Transient stinging, dryness of the mouth, blurred vision, photophobia with or without corneal staining, tachycardia, headache, parasympathetic stimulation, or allergic reaction may occur.

DOSAGE AND ADMINISTRATION: For refraction, one or two drops of 1.0% solution in the eye(s), repeated in five minutes. If patient is not seen within 20 to 30 minutes, an additional drop may be instilled to prolong mydriatic effect. For examination of fundus, one or two drops of 0.5% solution 15 or 20 minutes prior to examination.

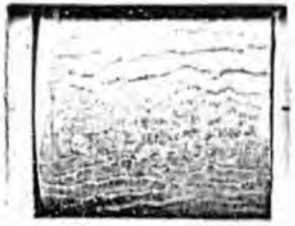
HOW SUPPLIED: 0.5% and 1.0% solutions in 15ml plastic Drop-Tainer® dispensers.

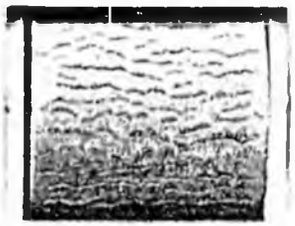
STORAGE: Store at 46° to 75° F. Do not refrigerate or store at high temperatures. Keep container tightly closed.

Alcon

ALCON LABORATORIES, INC.
Fort Worth, Texas 76134 USA
June 1975 29904 Printed in USA

Mydriacyl





before intraocular surgery, the 10 per cent ophthalmic solution (plain or viscous) or 2.5 per cent ophthalmic solution may be applied topically from 30 to 60 minutes before the operation.

Refraction

Prior to determination of refractive errors, Neo-Synephrine hydrochloride 2.5 per cent ophthalmic solution may be used effectively with homatropine hydrobromide, atropine sulfate, or a combination of homatropine and cocaine hydrochloride.

For *adults*, a drop of the preferred cycloplegic is placed in each eye, followed in five minutes by 1 drop of Neo-Synephrine hydrochloride 2.5 per cent ophthalmic solution and in ten minutes by another drop of the cycloplegic. In 50 to 60 minutes, the eyes are ready for refraction.

For *children*, a drop of atropine sulfate 1 per cent is placed in each eye, followed in 10 to 15 minutes by 1 drop of Neo-Synephrine hydrochloride 2.5 per cent ophthalmic solution and in five to ten minutes by a second drop of atropine sulfate 1 per cent. In one to two hours, the eyes are ready for refraction.

For a "one application method," Neo-Synephrine hydrochloride 2.5 per cent ophthalmic solution may be combined with a cycloplegic to elicit synergistic action. The additive effect varies depending on the patient. Therefore, when using a "one application method," it may be desirable to increase the concentration of the cycloplegic.

Ophthalmoscopic Examination

One drop of Neo-Synephrine hydrochloride 2.5 per cent ophthalmic solution is placed in each eye. Sufficient

mydriasis to permit examination is produced in 15 to 30 minutes. Dilatation lasts from one to three hours.

Diagnostic Procedures

Provocative Test for Angle Block in Patients with Glaucoma: The 2.5 per cent ophthalmic solution may be used as a provocative test when latent increased intraocular pressure is suspected. Tension is measured before application of Neo-Synephrine hydrochloride and again after dilatation. A 3 to 5 mm. of mercury rise in pressure suggests the presence of angle block in patients with glaucoma; however, failure to obtain such a rise does not preclude the presence of glaucoma from other causes.

Shadow Test (Retinoscopy): When dilatation of the pupil without cycloplegic action is desired for the shadow test, the 2.5 per cent ophthalmic solution may be used alone.

Blanching Test: One or 2 drops of the 2.5 per cent ophthalmic solution should be applied to the injected eye. After five minutes, examine for perilimbal blanching. If blanching occurs, the congestion is superficial and probably does not indicate iritis.

HOW SUPPLIED

In Mono-Drop® (plastic dropper) bottle:

Low surface tension solutions

2.5 per cent ophthalmic solution—Neo-Synephrine hydrochloride 2.5 per cent in a sterile, isotonic, buffered, low surface tension vehicle with sodium phosphate, sodium bi-

phosphate, boric acid, and, as antiseptic preservative, Zephiran® Chloride (brand of benzalkonium chloride, USP) 1:7500. The pH is adjusted with phosphoric acid or sodium hydroxide.

Bottles of 15 ml.

10 per cent ophthalmic solution—Neo-Synephrine hydrochloride 10 per cent in a sterile, buffered, low surface tension vehicle with sodium phosphate, sodium biphosphate, and, as antiseptic preservative, Zephiran Chloride 1:10,000. The pH is adjusted with phosphoric acid or sodium hydroxide.

Bottles of 5 ml.

Viscous solution

10 per cent ophthalmic solution—Neo-Synephrine hydrochloride 10 per cent in a sterile, buffered, viscous vehicle with sodium phosphate, sodium biphosphate, methylcellulose, and, as antiseptic preservative, Zephiran Chloride 1:10,000. The pH is adjusted with phosphoric acid or sodium hydroxide.

Bottles of 5 ml.

Winthrop

Winthrop Laboratories Division of Sterling Drug Inc.
New York, N.Y. 10016

PRINTED IN U.S.A. Revised November 1970 (7469-K)

NEO-SYNEPHRINE®
HYDROCHLORIDE

Brand of
phenylephrine hydrochloride ophthalmic solution, USP

Vasoconstrictor and Mydriatic

SOLUTIONS 2.5% AND 10%

VISCOUS SOLUTION 10%

For Use in Ophthalmology

WARNING: PHYSICIANS SHOULD COMPLETELY FAMILIARIZE THEMSELVES WITH THE COMPLETE CONTENTS OF THIS LEAFLET BEFORE PRESCRIBING NEO-SYNEPHRINE.

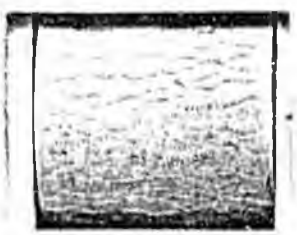
DESCRIPTION

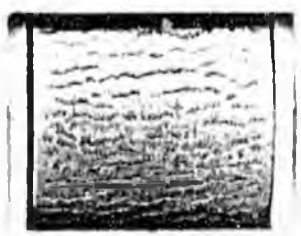
NEO-SYNEPHRINE hydrochloride is a syntactic sympathomimetic compound structurally similar to epinephrine and ephedrine.

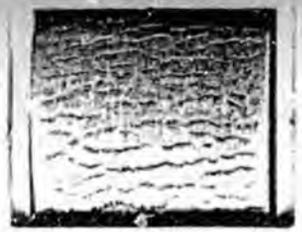
ACTION

Neo-Synephrine hydrochloride is used for disorders of the eye because of its vasoconstrictor and mydriatic action.

The ophthalmologic usefulness of Neo-Synephrine hydrochloride is due to its rapid effect, moderately prolonged action, and effectiveness even when administered repeatedly, as well as to the fact that it produces no compensatory vasodilatation. In addition, undesirable systemic side effects are extremely rare.







The action of different concentrations of ophthalmic solutions of Neo-Synephrine hydrochloride is shown in the following table:

Strength of solution (%)	Mydriasis		Paralysis of accommodation
	Maximal (minutes)	Recovery time (hours)	
2.5	15-60	3	trace
10	10-60	6	slight

INDICATIONS

Neo-Synephrine hydrochloride is recommended for use as a decongestant and vasoconstrictor and for pupil dilatation in uveitis (posterior synechiae), wide angle glaucoma, surgery, refraction, ophthalmoscopic examination, and diagnostic procedures.

CONTRAINDICATIONS

Ophthalmic solutions of Neo-Synephrine hydrochloride are contraindicated in persons with narrow angle glaucoma. Neo-Synephrine hydrochloride 10 per cent solution (plain or viscous) is contraindicated in infants.

WARNINGS

As with all other adrenergic drugs, when Neo-Synephrine 10 per cent ophthalmic solution (plain or viscous) or 2.5 per cent ophthalmic solution is administered simultaneously with, or up to 21 days after, administration of monoamine oxidase (MAO) inhibitors, careful supervision and adjustment of dosages are required since exaggerated

adrenergic effects may result. The pressor response of adrenergic agents may also be potentiated by tricyclic antidepressants.

PRECAUTIONS

Ordinarily, any mydriatic, including Neo-Synephrine hydrochloride, is contraindicated in patients with glaucoma, since it may occasionally raise intraocular pressure. However, when temporary dilatation of the pupil may free adhesions or when vasoconstriction of intrinsic vessels may lower intraocular tension, these advantages may temporarily outweigh the danger from coincident dilatation of the pupil.

Elevated blood pressure is rare but has been reported after conjunctival instillation of customary doses of Neo-Synephrine 10 per cent ophthalmic solution (plain or viscous). Since each drop of medication contains approximately 5.0 to 7.5 mg. of phenylephrine, the blood pressure of those patients in whom absorption of a significant part of this dose would be undesirable should be carefully monitored. Caution, therefore, should be exercised in administering the 10 per cent solution (plain or viscous) to patients with marked hypertension, advanced arteriosclerotic changes, children of low body weight (see Contraindications), or as a topical application to any vascular area of the body where considerable absorption can be anticipated.

Rebound miosis has been reported in older persons one day after receiving Neo-Synephrine hydrochloride ophthalmic solutions, and reinstillation of the drug produced a reduction in mydriasis. This may be of clinical importance in dilating the pupils of older subjects prior to retinal detachment or cataract surgery.

Due to a strong action of the drug on the dilator muscle, older individuals may also develop transient pigment floaters in the aqueous humor 30 to 45 minutes following the administration of Neo-Synephrine hydrochloride ophthalmic solutions. The appearance may be similar to anterior uveitis or to a microscopic hyphema.

To prevent pain, a drop of suitable topical anesthetic may be applied before using the 10 per cent ophthalmic solution.

DOSAGE AND ADMINISTRATION

Prolonged exposure to air or strong light may cause oxidation and discoloration. Do not use if solution is brown or contains a precipitate.

Vasoconstriction and Pupil Dilatation

Neo-Synephrine hydrochloride 10 per cent ophthalmic solution (plain or viscous) is especially useful when rapid and powerful dilatation of the pupil and reduction of congestion in the capillary bed are desired. A drop of a suitable topical anesthetic may be applied, followed in a few minutes by 1 drop of the Neo-Synephrine hydrochloride 10 per cent ophthalmic solution on the upper limbus. The anesthetic prevents stinging and consequent dilution of the solution by lacrimation. It may occasionally be necessary to repeat the instillation after one hour, again preceded by the use of the topical anesthetic.

Uveitis: Posterior Synechiae

Neo-Synephrine hydrochloride 10 per cent ophthalmic solution (plain or viscous) may be used in patients with uveitis when synechiae are present or may develop. The formation of synechiae may be prevented by the use of the 10 per cent ophthalmic solution

(plain or viscous) and atropine to produce wide dilatation of the pupil. It should be emphasized, however, that the vasoconstrictor effect of Neo-Synephrine hydrochloride may be antagonistic to the increase of local blood flow in uveal infection.

To free recently formed posterior synechiae, 1 drop of the 10-per cent ophthalmic solution (plain or viscous) may be applied to the upper surface of the cornea. On the following day, treatment may be continued if necessary. In the interim, hot compresses should be applied for five or ten minutes three times a day, with 1 drop of a 1 or 2 per cent solution of atropine sulfate before and after each series of compresses.

Glaucoma

In certain patients with glaucoma, temporary reduction of intraocular tension may be attained by producing vasoconstriction of the intraocular vessels; this may be accomplished by placing 1 drop of the 10 per cent ophthalmic solution (plain or viscous) on the upper surface of the cornea. This treatment may be repeated as often as necessary.

Neo-Synephrine hydrochloride may be used with mioties in patients with wide angle glaucoma. It reduces the difficulties experienced by the patient because of the small field produced by miosis, and still it permits and often supports the effect of the miotic in lowering the intraocular pressure. Hence, there may be marked improvement in visual acuity after using Neo-Synephrine hydrochloride in conjunction with miotic drugs.

Surgery

When a short-acting mydriatic is needed for wide dilatation of the pupil

[illegible], President
121 W. Wayside Road
Hopkins, Minnesota 55343
938-2987 Area Code 612
(1-79)

DR. CORA BRABAZON RUHR, Vice President
824 Washington Square
White Bear Lake, Minnesota 55110
429-2379 Area Code 612
(1-80)

DR. LEO A. MEYER, Secretary
5049 Shorewood Lane
Roseville, Minnesota 55113
631-0447 Area Code 612
(1-79)

DR. B. J. DAVISON
Lincoln Arcade
Olivia, Minnesota 56277
523-1330 Area Code 612
(1-78)

STATE OF MINNESOTA
BOARD OF OPTOMETRY

DR. JOHN R. KENNEDY
1790 No. Lexington Ave.
Roseville, Minnesota 55113
488-6771 Area Code 612
(1-76)

DR. J. BURKE
Professional Building
East Grand Forks, Minnesota 56721
773-0143 Area Code 218
(1-77)

MR. ROBERT E. MORAN
2700 No. Dale Street
Roseville, Minnesota 55113
484-5503 Area Code 612
(1-77)

MR. ROBERT T. HOLLEY, Legal Counsel
State Department of Health Bldg.
717 Delaware St. S. E.
Minneapolis, Minnesota 55440
296-5816 Area Code 612

February 18, 1976

Paul R. Nielsen, O. D., President
California Optometric Association
921 - 11th Street P. O. Box 2591
Sacramento, CA. 95812

Dear Dr. Nielsen:

Your letter has been referred to this office for reply.

In response to your specific questions the following can be reported:

1. No known deaths.
2. No known adverse reactions.
3. No complaints have been submitted to his board alleging misconduct, misapplication or malpractice from the use of the agents.
4. None
5. Virtually non-existent.
6. Yes
7. Impossible to estimate but our guess is that a high percentage do utilize these agents to a degree.

It is our hope that these brief answers meet your needs.

Sincerely,

L. A. Meyer

Leo A. Meyer, O. D.,
Secretary

copies: Board Members
Mr. Holley

AN EQUAL OPPORTUNITY EMPLOYER

MGMPHAT HSB
2-005914E126002 05/06/75
ICS IPMMTZZ CSP
1 2153776666 MGM TDMT PHILADELPHIA PA 05-06 0926A EST
ZIP 19151

western union Mailgram

BERNARD KUSHNER
6103 LANSDOWNE AVE
PHILADELPHIA PA 19151

THIS MAILGRAM IS A CONFIRMATION COPY OF THE FOLLOWING MESSAGE:

2153776666 MGM TDMT PHILADELPHIA PA 100 05-06 0926A EST
ZIP
DR FRANCIS BONIN BUREAU OF PROFESSIONAL
CENTER
NEW IBERIA LA 70560
FOLLOWING SENT TO AL KELLY JOINT COMMITTEE ON HEALTH AND WELFARE POBOX
44261 CAPITOL STATION BATON ROUGE LA 70804:

ACT NUMBER 29 COMMONWEALTH OF PENNSYLVANIA BECAME LAW MARCH 1 1974 AND
GRANTS CERTAIN QUALIFIED OPTOMETRISTS THE USE OF DIAGNOSTIC AND
PHARMACEUTICAL AGENTS.

SINCE THAT TIME NOT ONE CASE, NOR COMPLAINT, NOR INCIDENT OF ANY TYPE
INVOLVING OPTOMETRIC DRUG USAGE HAS BEEN BROUGHT BEFORE THE STATE BOARD
OF OPTOMETRICAL EXAMINERS OR THE HEALTH DEPARTMENT OF THE COMMONWEALTH
OF PENNSYLVANIA.

DR BERNARD KUSHNER, O.D.
CHAIRMAN PENNSYLVANIA STATE BOARD OF OPTOMETRICAL EXAMINERS
MATTHEW JACKSON, ESQUIRE
DEPUTY ATTORNEY GENERAL
BUREAU OF LAW ENFORCEMENT
COMMONWEALTH OF PENNSYLVANIA

09:26 EST

MGMPHAT HSB

RUTHANN SAXON SELDEN

March 10,1978

Dear Dr. Grendahl,
The PEER Group of Alaska (Practitioners Entering Expanded Roles) voted to oppose HB664 at our March 7, 1978 meeting. We are making our decision known via the Legislative Coalition of Health Care Professionals and this letter.

This is a serious issue. To be specific, we feel that the educational background of an optometrist does not include the essential indepth knowledge of how to correctly treat the untowarded side effects that may result when medication is used on the human body. As you know, some patients may be in life threatening situations as the result of the use of a medication that their body is sensitive to.

We as Nurse Practitioners do use medications that have possible untowarded side effects; obviously, we do not have the indepth knowledge of pharmacology and emergency medicine that the physician does. However, our role is in collaboration with a physician.

Therefore, in the interest of the people of the State of Alaska, we are making our decision known.

Sincerely,

Ruthann Selden, R.N., N.P.
Chairperson
PEER Group of Alaska
6615 Abbott Loop Rd.
Anchorage, Alaska 99507

BARTLETT MEMORIAL HOSPITAL

P. O. BOX 3-3000 • JUNEAU, ALASKA 99801 • TELEPHONE (907) 586-2611
MILE 3 — GLACIER HIGHWAY

March 16, 1978

The Honorable Charles Parr, Chairman
Health, Education & Social Services Committee
House of Representatives
Pouch V
Juneau, AK 99811

Re: HB664 - Optometry

Dear Representative Parr:

The Juneau Medical Society is unanimously opposed to granting optometrists the right to practice medicine. We do not feel that it is in the best interest of our community health program.

We respectfully request that you take negative action on this piece of legislation.

Respectfully yours,

Estol Bellflower MD

Estol Bellflower, M. D., President
Juneau Medical Society

THE ALASKA HOSPITAL AND MEDICAL CENTER, Inc.

February 7, 1978

House Commerce Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

RE: House Bill No. 664
"An Act Relating to the Practice of Optometry"

Gentlemen:

The Medical Staff of The Alaska Hospital and Medical Center at their annual meeting, January 25, 1978, unanimously (75 members present) passed a motion to disapprove House Bill No. 664.

The Medical Staff feels that the use of medication requiring a prescription to purchase, to use and to dispense should be reserved for physicians. The drugs listed in the bill, namely: topical anesthetics, mydriatics, cycloplegics, and myotics, all have potentially serious side effects including anaphylactic shock, cardiac arrhythmias, significant elevation of blood pressure, stroke, psychosis, convulsions, precipitation of gluacoma, cataracts and retinal detachments. Any of these conditions, even if they would be recognized by an optometrist, could in no way be treated by an optometrist.

It is for this reason the Medical Staff feels very strongly that it is in the best interest of the citizens of Alaska to keep the use of potentially harmful and toxic drugs under physicians specifically trained in such areas and licensed in the state to use such preparations in the cure of the sick and in the diagnosis of disease states.

Sincerely,

C.J. Little, M.D.

C.J. Little, M.D.
President/Medical Staff

JP:CJL:lw

cc: House Judiciary Committee
Anchorage Ophthalmologic Society

2801 DeBarr Road • Pouch 8-AH • Anchorage, Alaska 99508 • Phone: (907) 276-1131

State Medical Board
Conference Call
February 2, 1978

A conference call was held by the Board of Medical Examiners on February 2, 1978, at 10:30 a.m., Juneau time.

Those present were:

Thomas Harrison, M.D.
Hilbert Henrickson, M.D.
Hugh Gellert

Also present was Loretta Prescott, License Examiner, from the Department of Commerce and Economic Development.

On February 6, 1978, Loretta Prescott, License Examiner, polled the remaining medical board members by phone:

Dr. William Compton - unavailable
Dr. Gary Walkup - unavailable
Louise Beighle - unavailable

Dr. Thomas Stengl voted yes to the following, constituting a quorum:

RESOLVED, that the Alaska State Board of Medical Examiners, requests that House Bill 664, "An Act relating to the practice of optometry." be defeated, as the State Medical Board feels that it allows the use of dangerous drugs by unsupervised, non-medical personnel.

LP/sa3/34

GLYER MEDICAL GROUP

Founded by R. T. Glyer, M. D.

260 Hope Street, Mountain View, California 94040 (415) 967-5701

Offices of

C. Hartley Glyer, M.D.
John L. Anderson, M.D.
Victor M. Zuriman, M.D.
Joachim H. Buchholz, M.D.
Howard L. Nudelman, M.D., F.A.C.S.

William L. McDonald, M.D.
Frank R. Williams, M.D.
James B. LeRoy, M.D.
Douglas E. Downey, M.D.
Gert E. Polonny, M.D., F.A.C.O.G.

John R. Young, M.D.
George J. Kiricenkov, M.D.
Seymour A. Rapaport, M.D.
S. B. Fox
Administrator

June 3, 1974

Senator George N. Zenovich
State Capitol
Sacramento, CA 95814

Dear Senator Zenovich:

I have been asked by an optometrist acquaintance of mine to write you concerning SB 1989 (definition of optometry).

I support SB 1989, I am particularly interested in their ability to use pharmaceutical agents topically to assist in diagnosing disease. They should be permitted to do this. They do an excellent and professional job at the present time without the capability of using these pharmaceutical agents and permitting them the use of these agents would enable them to do their job even better. This is for the benefit of society and any argument that this bill could be construed to benefit optometrists and harm ophthalmologists or physicians is, to my mind, ridiculous.

Limiting optometrists from diagnosing disease by the use of topical pharmaceutical agents in the eyes would be like asking dentists to diagnose disease without x-ray. The optometrists are highly trained professionals and certainly have a great deal more knowledge about the eye plus much more sophisticated equipment than the average non-ophthalmologist physician who is permitted to use all sorts of agents in both diagnosis and treatment of eye disease, and I therefor cannot see why optometrists should not be permitted the use of pharmaceutical agents for diagnosis.

In summary, for the above reasons I support SB 1989.

Sincerely,

F. R. Williams

F. R. Williams, M.D.
FRW:st

cc. Senate Health & Welfare Committee; California Optometric Association

Oregon XII

JAMES F. BOURGEOIS, M. D.
P. O. BOX 1516
HOUMA, LA. 70360
TELEPHONE 876-0431

January 25, 1977

The Honorable Mickey Leland
The House of Representatives
Austin, Texas 78711

Dear Representative Leland:

As a Practicing physician of Ophthalmology in Louisiana, I would like to report that since the passage of legislation similar to your House Bill 21, I do not know of any adverse reaction or bad effects from the Optometrists using diagnostic drugs in their practice.

The use of these drugs will enable the Optometrists to perform better examinations and help to detect ocular diseases during their early stages. In our area the Lions Club recently sponsored a screening program for Glaucoma in which three Optometrists and I Participated.

I am familiar with the academic requirements for admission to optometry school and they are very similar to those for medical school. The professional training at the University of Houston Optometry School is one of the best in the country. On completion of their courses in pharmacology the Optometrists will be more than adequately prepared to use the diagnostic drugs for the good of the general public.

The passage of your House Bill 21 will be in the best interest of the people and Texas will continue to be one of the leading States of our Nation.

If I can be of any assistance to passage of the Bill, please feel free to contact me.

Sincerely yours,

James F. Bourgeois M.D.

JFB/ab

REFERENCE QUOTATIONS FROM AUTHORITATIVE AND QUALIFIED PERSONS REGARDING USAGE OF DIAGNOSTIC AGENTS BY OPTOMETRISTS

A. SUBSTANTIATING MINIMAL RISKS TO ADVERSE DRUG REACTIONS

1. "In a series of more than 1000 patients anesthetized with benoxinate, no toxic effects were encountered, either locally or systemically."

   Havener, William H., M.D., M.S. (Ophth.), Ocular Pharmacology, P. 51.

2. "There have been no reported systemic toxic reactions in amounts used for topical anesthesia for the eye."

   Leopold, Irving, M.D., Ocular Therapy Vol. 1, p. 16

3. "None of the drugs I shall be discussing were available fifty years ago...they are all less toxic, less irritating and shorter acting than their predecessors."

   Garston, Mathhew J., O.D., "A Closer look at Diagnostic Drugs for Optometric Use", Massachusetts College of Optometry Boston, Mass.

4. "After having seen the use of local anesthetics discussed here in over 20,000 patients I have yet to see any adverse reactions. I have seen the dilating agents discussed here in over 10,000 patients and likewise have seen no ill effects. (this includes not causing an angle-closure glaucoma)."

   Garston, Matthews, J., O.D., ibid.

5. Seventy to eighty percent of drug reactions are predictable and most are preventable."

   "New England Journal of Medicine" Vol. 285, pg. 1361, June 1971 cited by Lyle W.M., O.D., "Relationship of Pharmaceuticals to Optometry", American Academy of Optometry, 1971.

6. "Abraham in 1933 surveyed the literature for reports of acute glaucoma produced after the use of mydriatics in patients previously free from clinical signs of glaucoma. He calculated an incidence of one case of acute glaucoma for each 18,400 instances of application of anticholinergic eyedrops for refraction of other eye examination.

In Abraham's data it was strikingly evident that age was an important factor in determining susceptibility to acute glaucoma from topical application of anti-cholinergic drugs. In nearly all instances of acute glaucoma the patients were over 30 years of age. Among patients younger than 30 years, Abraham found only four instances of this type of adverse effect in the literature. Also, it must be emphasized that the above one case in 18,400 patients was from a population group who were dilated without the aid of angle evaluation techniques."

Leopold, Irving, M.D. (ed.) Ocular Therapy, Vol. III, Chapter 4 "Conservatism in Glaucoma Management" by Robert Shafferf, M.D. and John Hetherington, Jr., M.D. p. 63

7. "Beach noted that increased intraocular tension from the use of a mydriatic does not occur one in 10,000 examinations."

   Lyle, W.M., O.D. Op. Cit.

8. "Havener says that a physician who dilates many eyes may expect to precipitate not more than one case of acute glaucoma in his lifetime."

   Havener, W. H., Synopsis of Ophthalmology cited by Lyle, W.M., O.D. ibid.

9. "It was reported in Australia that .. ly one case out of 12,000 can glaucoma be precipitated and then only in people who have a predisposition to react in that way to the drug."

   Parliament, 2nd Session, Vols. 59, 60, 73, Act. No. 34, 1963 the Optometrists Act. 1963, Cited by Lyle W.M., O.D. ibid.

10. "After the child is first examined, the doctor usually tells the mother to instill atropine drops or ointment into the child's eye...Atropine is used because it is the most powerful cycloplegic drug...One in 500 children develops a sensitivity reaction to this cycloplegic drug... The mother should not become alarmed; she should simply discontinue the drug."

    Abrahamson, Ira A. Jr., M.D. Know your Eyes, Medcom Press, 1972, pp. 76-77.

B. ESTABLISHING THE LARGER RISK TO THE PUBLIC HEALTH IF THESE DRUGS ARE NOT ADMINISTERED BY OPTOMETRISTS:

1. "Newell reports that there is more danger of missing a significant ocular of systemic disease by failing to dilate than there is of precipitating glaucoma by dilation."

   Newell, F.W. Ophthalmology, Principles and Concepts, 2nd Edition, C.V. Mosby Co. 1969, p. 140, cited by Lyle W.M., O.D., "Relationship of Pharmaceuticals to Optometry", American Academy of Optometry, 1971.

2. "In their role as the first line of defense against glaucoma and other vision-threatening conditions (Optometrists) must be free to utilize all appropriate tests if they are to continue to bear these responsibilities."

   "Should the patient be deprived of a variety of tonometry test, or of gonioscopy or of tonography because his optometrist was not permitted to utilize a broad spectrum of diagnostic procedures?" Cited by Lyle, W.M., O.D. Ibid p.6

3. "A recent opinion of the attorney general of New York State affirms that it is the duty of the optometrist to use his training to uncover any need for the patient to seek further medical advice."

   Forgotson, E.H. et al Report of the National Advisory Commission on Health Manpower, Vol II, Nov. 1967, U.S. Gov't Printing Office, cited by Lyle W.M. O.D., Ibid p.7

4. "...In view of the unavailability of appropriate medical services, for example in remote areas and in other unusual circumstances, there appears to be a need for optometrists to employ topical anesthetics...optometrists...in many cases... are the first trained person consulted."

   Anon, Joint Declaration on Behalf of Ophthalmologists and Ophthalmic Opticians (optometrists). The Ophthalmic Optician, Feb., 21, 1970 p. 173, cited by Lyle W.M., O.D. Ibid p.7.

5. "In those parts of the world where high quality vision care is generally available, 60% to 80% of this health service is the responsibility of optometrists."

   Lindsey A. Socialized Medicine in England and Wales, National Health Service, 1948-1961, University of North Carolina Press 1962.

6. Woodruff, M.E. "Statement Relating to the Effective Utilization of Optometry and Optometric Services in Fulfillment of the Aims and Objectives of the United States Dept. of HEW", American Optometric Assoc, 1964 cited by Lyle W.M., O.D., Ibid p. 11

STATE of INDIANA

INDIANA STATE BOARD OF OPTOMETRY

INDIANAPOLIS 46202

State Board of Health Annex
1375 West 16th Street
(317) 633-4837

February 23, 1976

Paul R. Nielson, O.D., President
California Optometric Association
921 11th Street
Post Office Box 2591
Sacramento, CA 95812

Dear Dr. Nielson:

I am writing this letter to state briefly to you and members of your Association information concerning the use of diagnostic drugs by Indiana optometrists.

Indiana O.D.'s have used diagnostic drugs since 1935, when the present statute was amended to read:

"or the employment of any means, for the purpose of detecting any diseased or pathological condition of the eye, or the effects of any diseased or pathological condition of the eye, etc."

I am enclosing a statement which the Indiana Optometry Board mailed recently to all licensed O.D.'s in the state. This I feel explains our position quite clearly.

To our knowledge, there has never been a case of adverse reaction to the use of topical diagnostic agents in the clinical practice of optometry. The utilization of diagnostic drugs by optometrists in Indiana over the past 40 years has reduced significantly the incidence of blindness through early detection and referral.

If I can offer further assistance, please do not hesitate to contact me.

Sincerely,

R. Lewis Scott

R. Lewis Scott, O.D., President

RLS:bj

enclosure

over

OPHTHALMOLOGIST
WILLIAM F. KINN, M.D.
BRUCE J. WOLF, M.D.
SAMUEL A. McCONKEY, M.D.

OTOLARYNGOLOGIST
RONALD E. TINSLEY, M.D.
RICHARD P. RAUGUST, M.D.
BRUCE G. WHIPPLE, M.D.

PLASTIC AND RECONSTRUCTIVE SURGEON
WILLIAM W. WENNEN, M.D.

EYE, EAR, NOSE & THROAT CLINIC

February 9, 1978

Representative Charlie Parr
Chairman
Health, Education and Social
Services Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr:

This third installment will be devoted to optometric education in the United States and also on the quality of care that the citizen of Alaska might expect from optometrists practicing in Alaska.

OPTOMETRIC EDUCATION

A study entitled, "New Englanders, Their Eyes, And Those Who Profess To Care For Them", by Samuel E. Wallace, PhD (sociology), University of Tennessee, was sponsored by New England Council of Optometrists and funded by the National Institutes of Health (NIH). This study was completed in 1974 and was intended to provide justification for a new optometric college in New England. The report deals with a single school, the "MCO" (Massachusetts College of Optometry), now called New England College of Optometry, which evolved from a private school begun in 1896. The degree O.D. was first conferred in 1951. Today (1970) there are 209 students in four classes. Entrance requirements are a minimum of two years undergraduate college work with at least a "C" average, then four years are required to earn the O.D. degree.

Dr. Wallace evaluated the quality of the students and noted the following (Quotes are direct quotations from the text): 1) All students had two years of undergraduate training with most earning a B.A. or B.S. degree. 2) Only nine of the 209 students had an entrance grade average of B or better; therefore, 200 students were C students (only 4% of the students at this college, then, had a B or better average. 3) Most of the students took premedical or predental undergraduate courses but "had to give up their original aspirations because of their poor grades." 4) The professors "complained that the students refused to do any assigned homework and are immature in their study habits, that they have to be spoon fed." The students "refused to take any initiative in the learning process" and "will learn only what is specifically presented to them in class."

Wallace, too, reviewed the faculty and noted the following: 1) Thirty full-time and 14 part-time faculty members hold degrees varying from O.D. to PhD and M.D. Most, 19, holding an optometric degree alone is their highest academic degree. 2) Several teachers proudly said that some of their courses

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are "almost as good as the courses given in medical schools." 3) "Faculty members must share and unconsciously reinforce the anti-intellectualism and the inferiority feelings" of the students.

Regarding the quality of courses, Wallace noted: 1) Several of the required courses "repeat knowledge that the students should already have when he arrives. 2) "Many of the courses are conducted basically on the level of a high school or freshman college introductory biology course." 3) The classes are "almost all lectures where the professors simply repeat what's in the text." 4) In a typical pathology course, the practical advice given by the professor to the student, if he recognizes the disease, is to "refer it out." 5) "The classes are characterized by a lot of whispering, sleeping, and general inattention on the part of the students." 6) The optometry students "tend, as a group, to be unimaginative and show a remarkable lack of initiative."

Wallace concludes that the optometric student's education "seems almost as if it is make-work to take up the four years that the Optometric Society has decided should be devoted to the study of optometry for the sole purpose of achieving a social status comparable to that of medicine."

THE CLINICAL TRAINING OF AN OPTOMETRIST

Wallace investigated the optometry students exposure to patients and their problems. This is the nonlecture portion of their training and takes place in the optometric clinic. It is during this period of time that the student gains practical experience in both "visual examination" and, hopefully, some experience in the detection of pathology.

The following points of interest were made by Dr. Wallace: 1) One of the primary problems of the clinics is "a lack of patients." Students are "fortunate to fit a dozen pairs of contact lenses, shared between two students." Students "carry out maybe 25 or 30 complete visual examinations in the course of an entire academic year." 2) The limited time an ophthalmologist spends on call in these clinics indicates "the very few cases of pathology which the optometric clinic sees." 3) "In general, 90% of the patients are between the ages of 15 and 30 years." (It should be noted that this age group has a very low incidence of eye diseases.) 4) The optometry students provide "routine eye examinations rather than investigating pathology." 5) At another optometric clinic, "cases of pathology are so few and far between at the clinic that he (the ophthalmologist) has very little to do." 6)When pathology was suspected, the work-up was improper and the follow-up not documented. 7) Regarding the use of tonometry (measuring the eye pressure for purposes of detecting glaucoma) optometry students have "very little confidence in the tonometry readings." The findings, with respect to readings obtained by the optometry students, "seem to be quite unstable" and interpreted by Wallace as being "worthless."

Even if we ignore the supposed exposure and training the optometry students obtain in detecting pathology, Wallace notes that in the area of visual examinations, "The clinic staff did prescribe spectacles more often than was absolutely necessary." (It would seem that this certainly would increase the cost of health care to the consumer.)

THE PRACTICING OPTOMETRIST

Because of the lower educational requirements, optometrists begin practice generally at a lower age than most other professionals. The average optometrist has been in practice 18 years and, therefore, has the educational standards of 1951. Wallace notes that 80% of practicing optometrists do not have a bachelors degree and 33% do not even have an O.D. degree. Within that 33% group, some have had no formal training. (The average age of the practicing optometrist in Alaska today is 40. On the average, they have been in practice 15 years. The average graduate finished optometry school in 1962.)

Wallace observed the efficiency and competency of an ophthalmic assistant who had only two years of training and contrasted him with a recent graduate of MCO. He noted that only "a few minutes of observation was needed to conclude that the ophthalmic assistant was far superior in all respects."

Wallace continues, recognizing the "incompetent optometrists found among recent graduates, as well as among older ones" in observing the "low and inadequate academic standards at the MCO" coupled with the "poor quality of optometric performance and pathology detection," he suggests "the average level of patient care in the future will deteriorate."

Wallace notes that organized optometry is attempting to establish 10 to 20 new colleges of optometry and that "at a time when we need more ophthalmologists, we are getting more and more optometrists." The current oversupply of optometrists increases "commercial competition", gives "them so little to do that they do even less," contributes to lowering "the income of all practitioners and gives them no choice but to sell spectacles in order to survive."

"Quality is optometry's most pressing need, not quantity." Recognizing the quality of optometry students, Wallace reports that half of the current students "probably should be dismissed before they have a chance to go in to practice."

Wallace suggests that increased communication between ophthalmologists and optometrists would indicate to many optometrists "just how inadequate their examinations now are."

Alluding to the optometric-ophthalmologic conflict, Wallace notes that "optometrists have numbers on their side while ophthalmologists have everything else." "Ophthalmologists should begin now to assert the changes which they too know should be made in optometry."

In summary, Wallace states that with the present underutilization of optometrists, "at least 10,000 vacancies now exist every week in optometrists' appointment schedules" and that no new optometrists are needed in New England for at least three years. In contrast, there is a serious shortage of ophthalmologists and projected growth of ophthalmologic manpower falls far below that required just to maintain the present level of "overutilization."

ON OPTOMETRIC "FACT SHEETS"

You will be seeing so called "optometric fact sheets" and will be hearing optometric testimony as to their capabilities in pharmacology, diagnosis, and pathol-

ogy after approximately 3,500 hours of lectures in clinics and optometry school. According to the Random House dictionary of the English language, pharmacology is the science dealing with the preparation, uses, and effects of drugs; diagnosis is the process of determining by medical examination, the nature and circumstances of a diseased condition; and pathology is the science or study of the origin, nature, and course of diseases. These are all scientific studies associated with general medical studies, and no optometry school is equipped to prepare medical students.

Optometrists will incorrectly imply that their courses in pharmacology compare favorably with those of medical and dental students, but they won't tell you that medical students go far beyond the textbook courses in pharmacology and spend many more hours in courses in therapeutics. This is the application of pharmacologic knowledge to patients with disease and the recognition and management of local and bodily drug reactions. Even pharmacists have never considered themselves adequately trained to evaluate drug dosage or administer drugs. They won't tell you that the average ophthalmologist, in addition to medical school and an internship, has, in a three year residency, spent more than twice the number of hours required in the entire optometric curriculum, devoted solely to ophthalmology lectures and constant clinical exposure to the diagnosis and treatment of disease and surgical problems of the eye.

The fact sheets won't tell you that optometric clinical exposure is almost totally in the realm of examining eyes for glasses and so called "visual training" and that this exposure is very scant in numbers of patient contacts. In optometry school, there is no hospital training whatsoever, nor are optometry students exposed to sick eyes or sick patients.

The Optometric Manpower Resources Projects, published by the United States Department of Health, Education and Welfare in 1976, shows that the median age for active optometrists in this country is 49.4 years; that only 25% of active optometrists in 1973 were under 40 years of age and that 48% were over 50 years of age. This means that about 75% of optometrists practicing today have had little or no exposure, even at the textbook level, to pharmacology and clinical disease diagnosis. Are these the people we wish to entrust with the use of potentially dangerous drugs. Bill 664 would allow this if it were enacted.

Today there are no M.D.'s teaching at two of the nations 13 optometry schools and no full time M.D. professors in any optometry school, according to a catalog study by the Physicians Education Network in December of 1977. In truth, a new accredited optometric school called Ferris State College of Optometry, has no M.D. on their staff in either a full or part-time capacity and only one O.D. If this is an accredited school with the lack of qualified instruction, even at the optometric level, this certainly qualifies as a "diploma mill" in all senses of the connotation. If then this is a diploma mill and is an accredited school of optometry, one must question the validity of the accreditation methods for all of the schools of optometry throughout the United States.

Optometrists also won't tell you that many of them in practice today have only the degree of bachelor of science in physical optics. The O.D. degree originated in independent optometric institutes and is a relatively recent degree in many optometry schools. They won't tell you that under the statutes, optometry is not considered to be one of the "healing arts." They almost certainly won't

tell you that a recent study conducted by the American Board of Ophthalmology and instigated by the federal General Accounting Office, shows not only that we have too few ophthalmologists in this country, but that the number of optometrists presently being graduated is "clearly excessive when compared to the amount of work available to them," and therein lies a key factor in the rapidly developing political efforts of optometry to expand thier capabilities by legislative acts; they need to make work for themselves.

ON OPTOMETRISTS PRACTICING IN THE STATE OF ALASKA

According to figures obtained in February of 1978 from the Department of Commerce, Division of Licensing, there are 38 licensed optometrists in Alaska. Their educational background is as follows:

24 attended Pacific University College of Optometry (1951 to 1976)
5 attended Illinois College of Optometry (ICO)
4 from 1948 to 1950 and 1 graduated in 1977
3 attended Southern College of Optometry
2 attended the University of Houston College of Optometry
1 attended Southern California College of Optometry
1 attended Los Angeles College of Optometry (No longer listed as an optometric school)
1 attended Northern Illinois College of Optometry (No longer listed as an optometric school)
In one case, it is unknown to the Department of Commerce where he went to school.

The following is a summary of pharmacology training at these various institutions.

Pacific College of Optometry has NO M.D., PhD, or anyone with a masters or bachelors degree in pharmacology teaching at that institution.

Illinois College of Optometry, prior to 1960, had NO M.D., PhD, or anyone with a masters or bachelors degree in pharmacology teaching. The one graduate of 1977 may have been taught by one professor in the category of PhD or masters or bachelors degree.

Southern College of Optometry has NO M.D., PhD, or anyone with a masters or bachelors degree in pharmacology teaching at that institution.

University of Houston College of Optometry has NO M.D., PhD, or anyone with a masters or bachelors degree in pharmacology teaching at that institution.

Southern California College of Optometry has NO M.D. teaching in pharmacology; has two instructors listed as either a PhD or masters or bachelors degree.

It follows that at least from all the available evidence, the maximum number of optometrists in the state that had any pharmacology training from any qualified instructor at all, is two; one from the Illinois College of Optometry who graduated in 1977 and the one graduate of Southern California College of Optometry. It appears that the maximum number of optometrists in the state that had any pharmacology training from any M.D. or M.D./PhD in pharmacology is zero.

The maximum number of optometrists in the state that had any instruction at all from any full-time M.D. on the staff of the school is zero.

The maximum number of M.D.'s in even a part-time capacity on the staff of any school attended by 37 of the 38 optometrists in Alaska, is two. From a survey of the Blue Book of Optometry which was last issued in 1976, it appears that the maximum number of members of the State Board of Optometry that even have a bachelors degree from any school is two of the six board members that are listed. It would seem reasonable that there would be an ophthalmologist either in the teaching or in the clinical aspect of optometric education, but it appears from the available evidence, that the maximum number of optometrists currently practicing in Alaska that had any full or part-time instruction, either by lecture or in the clinical setting by an ophthalmologist, is zero.

Please find enclosed a study compiled by the Educational Catalog Study Committee of the South Carolina Ophthalmologic Society in December of 1977, entitled, "Who Teaches Optometrists Medicine." The data that I've previously described can be substantiated from this chart, as well as other quite interesting points including faculty/student ratio as compares with three southern medical schools. The Comments section is particularly important when it shows what the position of the M.D.'s on the staff of any of these schools participated in. It should be noted that I completed by ophthalmology residency in 1975 at the Medical University of South Carolina College of Medicine.

Sincerely,

Sam A. McConkey, M.D.

SAM:ls

cc: Representatives: M.F. Beirne
Don Bennett
Fred E. Brown
Thelma Buchholdt
C.V. Chatterton
Samuel R. Cotten
Steve Cowper
Alfred C. Nakak
Al Ose
Randy Phillips
Sarah J. Smith
Leslie E. Swanson

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BRUCE G. WHIPPLE, M.D.

PLASTIC AND RECONSTRUCTIVE SURGEON
WILLIAM W. WENNEN, M.D.

EYE, EAR, NOSE & THROAT CLINIC

February 10, 1978

Representative Charlie Parr
Chairman
Health, Education and Social
Services Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr:

It is appropriate that in this installment, the medical community's views on the use of medications and the potential hazards of same be discussed.

DRUGS AND DRUG CARE

Optometrists claim that the drops they propose to use are necessary and innocuous and the health care system will thereby be expanded. This is a spurious claim. The health care system will not be expanded and the rural areas will not be served by allowing nonmedical people to dilate pupils to look for disease which they are not trained to diagnose. Death or serious disability can be caused by an untrained person overlooking a tumor, early glaucoma, or a detached retina in a nonmedical attempt at "diagnosis." Diagnosis is (by definition) the determination of the presence or absence of disease and, if present, a determination of its nature. Optometrists are not able to make this medical determination because it is not within the scope of their training. By contrast, legally limiting the profession of optometry to the area of activity in which they are trained to function, will not reduce their effectiveness. It will help safeguard their whole profession from the potentially irresponsible action of a few and will promote the health of the public.

The use of cycloplegics, mydriatics, topical anesthetics, and miotics by optometrists nonmedically trained, as called for in Bill 664, could be extremely dangerous. These drugs cover an extremely broad range of action. Some can produce serious systemic side effects or surgical emergencies which require immediate recognition and treatment. Also, since these drugs are often used for treatment, rather than as diagnostic aids, in the hands of the nonphysician, they could be subject to abuse. Cycloplegics paralyze the muscle within the eye which controls focusing of the lens; mydriatics dilate or enlarge the pupil of the eye; topical anesthetics are drops which numb the lining membrane of the lids and outer eyeball; miotics make the pupil smaller and are used in the treatment of glaucoma. In passing, it should be stated that at no place in the drug formulary does the Food and Drug Administration suggest that miotics are to be used for any diagnostic purposes. This is a quite obvious additional reason why Bill 664 is a sham for therapeutic use of drugs.

1919 LATHROP STREET. P.O. 1248. FAIRBANKS, ALASKA 99707. PHONE 456-7767

ON THE DANGER OF DILATING DROPS

In some instances, dilating drops can cause acute glaucoma which may then be a surgical emergency or at least require intensive medical treatment. An optometric "fact sheet" just being circulated, widely claims that this does not occur. This is just not true. Any ophthalmologist in active practice has seen drop induced acute glaucoma. In susceptible individuals, cycloplegics and mydriatics can produce a wide variety of complications, can aggravate existing heart problems, or may even produce toxic mental disorders or coma. Children are particularly susceptible to these eye-drops and often become cranky, sleepy, or even delirious while waiting in the office. Action to remedy this must be immediately available and can't wait on referral to medical help elsewhere. I always have on hand emergency medical equipment, such as oxygen, airways, and oral and injectable drugs to handle unforeseen emergencies. No optometrist is capable of this medical response. There is no justification for optometrists to want to use mydriatics or cycloplegics. Until very recently, they opposed ophthalmologists use of cycloplegics in refraction of the eyes and labeled it in one of their little bulletins "a cruel test" that produces "an abnormal state for examining the eye for glasses." If they want these drugs to better look into the interior of the eyes, it is truly a sham because most optometrists have not been trained in peripheral retinal examinations. Symptoms calling for this type of evaluation, such as floaters and flashes of light, are fairly specific and deserve prompt referral to an ophthalmologist. New, small pupil ophthalmoscopes will enable the optometrist to see more clearly into the inside of the eye, and they do not require the use of dilating drugs. The more common eye diseases, such as diabetes, evidence of high blood pressure, glaucoma, optic nerve injuries, edema, or swelling of the optic nerve due to brain tumors, and infections commonly presenting in the back part of the eye can all be diagnosed quite adequately without the use of any dilating drops.

ON THE SIDE EFFECTS OF MIOTICS

Miotics are a large group of drugs of varying properties and actions which are used chiefly in the treatment of glaucoma. They are not diagnostic aids and while certain miotics may be used in one kind of glaucoma, their use in another kind of glaucoma may be wrong. In glaucoma caused by inflammation, all miotics may be contraindicated. Side effects of many miotics are common, often serious, and require an absolute appreciation of high blood pressure, coronary heart disease, circulatory and respiratory collapse (shock), and the way one drug may react with other drugs that the patient may be taking. Only an ophthalmologist can appreciate the consequences of these side effects.

ON TOPICAL ANESTHETICS

Ophthalmologists use topical anesthetics in certain tests to measure the pressure within the eye. This is called tonometry; one test used in determining if a patient has glaucoma. We also use topical anesthetics for minor surgical procedures. New air puff tonometers and others which do not require

anesthesia are more than adequate to satisfy the optometrists' desire to screen a patient for glaucoma. These non-drug methods, coupled with examination of side vision and looking at the optic nerve through normal size pupils, provide adequate data to the optometrist with regard to the possible presence of glaucoma. The final diagnosis and treatment of the glaucoma must rest with the ophthalmologist.

In downgrading the risks of adverse reactions to anesthetic drops, optometric "fact sheets" often refer to medical reports out of context or use authorities with the title "doctor" who are not M.D.'s and who do not personally participate in the day to day eye care of real live people. This is especially significant when the so called authorities are PhD's teaching in optometry schools or are faculty members of schools of public health whose doctorates are often in vital statistics or health systems planning.

Dr. William Havener, Professor of Ophthalmology at Ohio State, is frequently quoted as an authority who denies existance of toxic effects to topical anesthetics. Yet the item to which optometric fact sheets refer, namely Dr. Havener's report of the relative lack of a toxicity to a single dose of benoxinate in 1,000 patients, fails to explain that this is only one of many available types of anesthetic drops.

Dr. Havener, a strong opponent of optometric drug legislation, in his recent book, "Synopsis Of Ophthalmology" on page 430, states that "the surface active anesthetics are often relatively toxic and severe systemic reaction may result from applications of excessive amounts of topical anesthetics. Healing the corneal epithelium (outer cell layer) is markedly slowed by topical anesthetics which inhibit cell metabolism and growth...also, local allergies may develop (which may be) recognized by red and swollen eyelids accompanied by itching."

Dr. Robert P. Burns at the University of Oregon Medical School, echoed Dr. Havener's concern in "A Synopsis On Occular Pharmacology And Therapeutics," published by C.V. Moseby Company. He warns that "severe hypersensitivity reactions with corneal clouding have been described after the use of topical proparacaine."

There have been documented examples of patients requiring corneal transplants because an optometrist had illegally provided them with a bottle of proparacaine for pain relief after the optometrist had illegally performed a minor surgical procedure on the cornea. He didn't have the foggiest notion that these drops were potentially dangerous, so when the patient complained of increased pain, he just told the patient to use the drops more often. This, of course, further damaged the cornea.

Even an article in the American Journal of Optometry and Physiologic Optics in November of 1977, stated that "adverse drug reactions are potentially serious and becoming increasingly common."

At a meeting of the New England Ophthalmologic Society in Boston, a symposium devoted to toxic reactions to eyedrops, such as those which optometrists seek legislative approval to use through Bill 664, revealed that mild to severe reactions to these drops in office practice are seen by all ophthalmologists and

often require immediate medical care.

I'm offering to the committee a copy of the 1977 Physicians' Desk Reference for Ophthalmology. This lists, among other drugs, all the approved topical anesthetics, cycloplegics, mydriatics, and miotics, along with the literature required by the FDA that must accompany each bottle of drops or tube of ointment. This includes the possible side effects of each medication. The book also lists systemic medications which can have adverse effects upon the eye, something only the physician can appreciate.

Bill 664 is the more illogical for assuming that a hurry up lecture course in pharmacology, whether in optometry college or in an optometric meeting, could render the optometrist capable of using drugs, especially when the bill places in the hands of the Board of Examiners in Optometry the right to determine the educational and professional competence of its own practitioners. How can members of a board, who themselves have never had training in the use of drugs and the diagnosis of disease, be given the power to pass on the qualifications of their own people in these medical areas.

Ophthalmologists in Alaska have long been well aware of the fact that Alaskan natives have a particular predisposition to a condition known as narrow angle glaucoma. This condition or predisposition in the native population is more than just occasional, and I can assure members of this committee that if optometrists are allowed the unrestricted use of drops that dilate the eye, that they will increase the morbidity among this group of patients to an alarming degree. The ultimate health costs are going to be astronomically increased because of the surgery fees that are going to be required to solve the problems created by the narrow angle glaucoma cases that we will have necessity to operate on. This is a most important consideration, and if anything, the problem in the preceding paragraph has been understated.

Optometrists have recently claimed that the use of drops would provide increased benefits to the patient and aid in earlier detection of eye disease. The fact is, that since the origin of their profession, optometrists have taken pride in and proclaimed their ability to measure the eye, fit glasses or contacts, and refer the patients whose vision deviates from normal for medical evaluation and care, all without the need to use eyedrops. All aspects of eye examinations and vision care, for which optometrists are trained, have been and can continue to be performed without the use of drugs. The noncontact air puff tonometers permits screening of intraocular pressure to detect the possibility of glaucoma without the need to use anesthetic drops. Topical anesthetics, mydriatic, or miotic drops are not required for the fitting of eyeglasses or contact lenses. External defects of the eye can certainly be recognized without the use of eyedrops. Defective vision not correctable by refraction and visual field defects indicative of internal eye or nervous system disorders, can easily be detected without the use of drops. Optometrists are adequately trained to recognize the many symptoms which indicate a need for medical referral. They are not trained in medical diagnosis and, therefore, have no real need to use so-called "diagnostic drops." It is misleading to the legislature and to the

public to imply that any drug is purely diagnostic. The classes of drops optometrists are seeking to use for "diagnostic purposes" are, in fact, used for therapeutic purposes in the evaluation and treatment of eye diseases.

Thank you again for your time in reading this material.

Sincerely,

Sam A. McConkey, M.D.

SAM:ls

cc: Representatives: M.F. Beirne
Don Bennett
Fred E. Brown
Thelma Buchholdt
C.V. Chatterton
Samuel R. Cotten
Steve Cowper
Alfred C. Nakak
Al Ose
Randy Phillips
Sarah J. Smith
Leslie E. Swanson

Peter E. Cannava, M.D.
OPHTHALMOLOGY
BOX 1629
SOLDOTNA, ALASKA 99669

TELEPHONE 262-4462

February 20, 1978

Charlie Parr, Chairman,
"Hess Committee'
House of Representatives
Pouch V
Juneau, Alaska 99811

There is a bill in the "Hess Committee" (HB664) which I would like to offer some comments upon. The bill would authorize optometrists to use drugs on the eye in the course of a routine eye glass exam.

BACKGROUND

Currently eye care in this country is delivered by two types of providers. An optometrist possesses an O.D. degree which means he has completed a minimum of two years of college and an additional four years of optometry school. He is well trained to fit eye glasses and restore vision thru the use of glasses and in some instances eye exercises. At no time in his academic career does he become exposed to clinical medicine, sick people or the effects of medicine upon the eye and body in general. An ophthalmologist possesses a M.D. degree which means that he has completed four years of college, four years of medical school, one year of internship as well as three or four years of a residency program specializing in the eye, its diseases, surgery of, as well as its relationship to the body as a whole. Many ophthalmologists have practiced general medicine for some time before specializing.

Although ophthalmology dates back to the early 1800's in this country the optometrists (O.D.) are a relatively recent entry into the field of eye care, came in arount 1910. For the past 60 years the O.D."s have been content to practice within their capabilities and education by fitting eye glasses and occassionally prescribing exercises for the eye. In the past 4 years however some optometrists across the country have decided that they are no longer content to practice within their capabilities but they are asking various state legislatures to allow them the use of eye medications. The reasons for their expansionist attitudes are varied but suffice it to say that the optometry schools are graduating optometrists at an unprecedented rate. A study supported by the General Accounting office showed that they are being graduated at a rate which exceeds the work available to them. Thus the necessity for an expansionist attitude!

THE PROBLEM

The problem from the public health standpoint is this: Should you take a layman (be it an optometrist or chiropractor or psychologist) give him the responsibility of using potentially harmful medications on the human body! I (as well as the other ophthalmologists in the state) feel it would be an injustice to the people of Alaska to subject them to such scantily trained purveyors of medications. If such laymen decide they

Peter E. Cannava, M.D.
OPHTHALMOLOGY
BOX 1629
SOLDOTNA, ALASKA 99669

TELEPHONE 262-4462

would like to use drugs on humans, I feel that they should re-cycle themselves into that profession properly trained in the use of drugs, i.e. medicine. This should be done by attending a accredited medical school and not by legislative fiat!

I have more information available for your use but I'll hold it for a later date. I appreciate any consideration you may give this matter and if more information is desired please do not hesitate to notify me.

Sincerely,

Peter E. Cannava, M.D.

Peter E. Cannava, M.D.
President Alaska Association
of Ophthalmologists

PEC/bc

E. E. BACH, O.D.
PHILLIP W. BACH, O.D., PHD.
OPTOMETRISTS
BOX 192
ANCHORAGE, ALASKA 99510

February 10, 1978

The Honorable Charles H. Parr
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr:

I wish to request your support for an item of great importance. The House Health, Education and Social Services Committee, of which you are Chairman, will soon be considering House Bill 664. This bill amends the Alaska optometry law to permit the use of diagnostic drugs by optometrists. It brings the law into line with optometrists' professional qualifications. Diagnostic drugs assist in the detection of pathology, one of the legal responsibilities of the optometrist in the course of his examination of the eyes and vision. Thus far some 22 states have approved this measure in the interest of providing the best safeguards to the public health.

I urge your support for this important measure.

Respectfully,

Phillip W. Bach

Phillip W. Bach, O.D., PhD
Suite 204, Denali Professional Center
3401 Denali
Anchorage, Alaska 99503

PWB pb

PHARMACEUTICAL LEGISLATION

	1970	1971	1972	1973	1974	1975	1976	1977
ALABAMA						NP		
ALASKA								
ARIZONA							I	I
ARKANSAS								I
CALIFORNIA					I		E	
COLORADO								I
CONNECTICUT								I
DELAWARE						E		
FLORIDA NP						I		
GEORGIA								I
HAWAII								
IDAHO NP								
ILLINOIS								
INDIANA NP								
IOWA								I
KANSAS								E
KENTUCKY							I	
LOUISIANA						E		
MAINE				I		E		
MARYLAND								
MASSACHUSETTS			I			I	I	I
MICHIGAN								
MINNESOTA NP								
MISSISSIPPI					I	I	I	I
MISSOURI								I
MONTANA								E
NEBRASKA								
NEVADA NP								
NEW HAMPSHIRE								
NEW JERSEY NP								
NEW MEXICO							I	E
NEW YORK			I	I	I	I	I	I
NORTH CAROLINA				I				E
NORTH DAKOTA								
OHIO								I
OKLAHOMA								I
OREGON						E		
PENNSYLVANIA				I	E			
RHODE ISLAND	I	E						
SOUTH CAROLINA								I
SOUTH DAKOTA								
TENNESSEE						E		
TEXAS								I
UTAH							I	I
VERMONT								
VIRGINIA NP								
WASHINGTON						I		
WEST VIRGINIA							E	
WISCONSIN								I
WYOMING								E
DISTRICT OF COLUMBIA								

I: Introduced
E: Enacted
NP: No Statutory Prohibition

DR. ED CRAIG
OPTOMETRIST
348 Main Street
KETCHIKAN, ALASKA 99901
Dial 225-3975

February 6, 1978

Representative Charles H. Parr
Pouch V
Juneau, AK 99811

Dear Representative Parr:

I solicit your support of HB664 which will legislate the use of diagnostic drugs by optometrist during the course of eye examination for glasses.

Historically optometry has been a drugless profession. Through modern technology optometry has more sophisticated equipment in the examination room. This equipment enables the optometrist to think in terms of the patient's general health and visual demands. Optometry now has slit lamps, tonometers and retinal cameras, all of which afford a better view of the patient's retina. These procedures require dilation of the pupil to see more of the retina, or an anesthetic to numb the cornea to record the interocular pressure.

These drugs also afford an additional tool for examining the very young child, the retarded adult or the non-English speaking individual.

Optometry is defined as a primary health care profession. The optometrist functions as the principal point of contact within the total health care system for persons seeking relief of visual complaints. If a pathological condition is observed during the course of examination for glasses, referral is made to the proper health care practitioner for treatment.

The safety of these drugs is established in the literature. Because of the small doses, low concentration and limited duration of action, it is established that the small amount absorbed by the body is inactivated in a short period of time and no harmful effects to the patient is found.

In conclusion, I ask your support of this legislation because optometry could do an even better job for the public if we had these additional tools to work with.

I will attempt to answer any questions you may have. I would appreciate your reply.

Respectfully,

Ed Craig, O.D.

2/15/78

DR. JOHN J. LOUNSBURY
127 Alaska Nat'l Bank Bldg
Fairbanks, Alaska 99701
452-3694

Mr. Charles Parr
Chairman of House Health & Social Services
Pouch V
Juneau, Alaska 99811

Dear Charles;

I'm writing this letter urging your support of House Bill #664---diagnostic pharmacuetical agents .

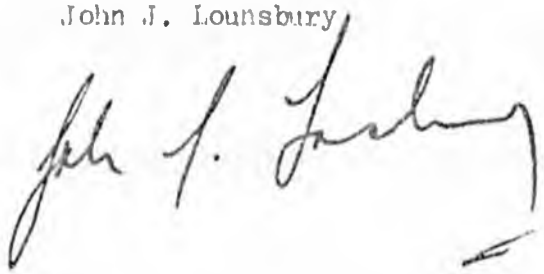
I'm the practicing Optometrist in the lobby of the Northward Bldg. and have been for 10 years. I'll also mention that I was born and raised in the Fairbanks area and do support you in your elective office.

In essence the above described bill allows optometrists to practice their profession with a greater scope or use of diagnostic tools. It enables the patient to receive more benefits as a consumer in that many simple tasks can be performed in office without laboring the patient with unnecessary referals, added expense and etc.

I would expect that all elected officals regarding this matter will be urged by the AMA to defeat the above bill. Don't be bullied into to thinking that these drugs are dangerous and only special magical men can handle them.. There concern is one of purely economics and many other states have seen through their smoke screen and have passed necessary legislation that will enable optometrists to use diagnostic pharmacuetical agents.

Please support this bill. Thanks!

John J. Lounsbury



WHO TEACHES OPTOMETRISTS MEDICINE?

CURRENT SCHOOL CATALOG STUDY COMPARES FACULTIES AT SEVERAL TYPICAL MEDICAL AND DENTAL SCHOOLS WITH FACULTIES AT ALL OPTOMETRY SCHOOLS IN THE U.S.

MEDICAL COLLEGES	Total # of Students	Total # of Faculty	Faculty/ Student Ratio	Total # of M.D. Professors (Full or Part Time)	Full Time Clinical* Teaching M.D. Specialists	OPHTHALMOLOGISTS (M.D. Eye Specialists) Full Time	Part Time	M.D. Residents	PHARMACOLOGY DEPARTMENT M.D.s - M.D./Ph.D.	Ph.D., M.S. or B.S.	O.D.s	O.D./Ph.D.	Other Ph.D., M.S. or B.S.	COMMENTS
Medical University of South Carolina College of Medicine	660	1,281	1.9	651	201	3	23	9**	6	25	0	0	630	* CLINICAL — Refers to working with patients in hospitals or out-patient clinics. ** Ophthalmology Residents spend 3 months during their 3-year residency in an intense basic science course taught by nationally prominent Ophthalmologists at Colby College, Waterville, Maine.
Duke University College of Medicine	489	1,102	2.3	632	483	8	10	16	2	7	0	0	470	
Medical College of Georgia	720	944	1.3	495	246	3	10	8**	2	10	0	0	449	
DENTAL COLLEGES														
Medical University of South Carolina College of Dentistry	160	312	2.0	74	0	0	0	0	6	25	0	0	123	84 D.D.S. teaching mostly Clinical 9 are D.D.S., Ph.D.
Medical College of Virginia College of Dentistry	439	353	.80	33	0	0	0	0	8	20	0	0	127	126 D.D.S. teaching mostly Clinical 20 are D.D.S., Ph.D.
COLLEGES OF OPTOMETRY														
Southern College of Optometry	604	49	.08	2 PART TIME	0	0	0	0	0	0	37	2	7	The 2 part time M.D.s are classroom lecturers in Pathology.
Illinois College of Optometry	600	56	.09	1 PART TIME	0	0	0	0	0	1	47	1	6	The only M.D. is a part time Lecturer in Pathology.
Pennsylvania College of Optometry	552	89	.16	5 PART TIME	0	0	2	0	0	1	55	4	17	
Southern California College of Optometry	384	83	.22	5 PART TIME	0	0	2	0	0	2	65	5	8	
Pacific University College of Optometry	340	23	.07	1 PART TIME	0	0	0	0	0	0	12	1	8	The only M.D. is a Professor of Physics and Optics, part time.
New England College of Optometry	332	66	.20	4 PART TIME	0	0	2	0	0	1	52	5	4	
University of Houston College of Optometry	284	64	.23	2 PART TIME	0	0	0	0	0	0	47	4	7	The 2 part time M.D.s are Classroom Lecturers in Pathology.
Indiana University College of Optometry	276	38	.14	0	0	0	0	0	0	0	21	4	11	No M.D.s on Staff.
Ohio State College of Optometry	228	63	.28	1 PART TIME	0	0	1	0	0	0	46	4	12	The only M.D. is part time. He lives 100 miles away in Cincinnati.
University of Alabama College of Optometry	160	48	.30	3 PART TIME	0	0	0	0	1	0	22	9	12	All M.D.s are part time classroom lecturers. One M.D./Ph.D. lectures in Pharmacology.
State University of New York College of Optometry	160	122	.76	9 PART TIME	0	0	6	0	0	0	87	3	22	
University of California Berkeley College of Optometry	256	77	.30	9 PART TIME	0	0	6	0	0	0	43	11	12	One part time M.D. teaches in Public Health, one in Engineering and one in Physiological Optics
Ferris State College of Optometry	100	31	.31	0 PART TIME	0	0	0	0	0	3	1	0	29	All but 2 of these 29 also teach in the Biology and Chemistry departments of the Undergraduate College.

STUDY THE CHART : CAN MEDICAL EYE CARE BE ENTRUSTED TO OPTOMETRISTS WHEN THIS STUDY PROVES THAT THERE ARE NO FULL-TIME M.D. INSTRUCTORS IN ANY OPTOMETRY SCHOOL ANYWHERE?

Study Compiled for PEN Inc. by the EDUCATIONAL CATALOG STUDY COMMITTEE OF THE SOUTH CAROLINA OPHTHALMOLOGICAL SOCIETY
DECEMBER 1977

HB 664

South Central District Dental Society

P.O. BOX 4-1800
ANCHORAGE, ALASKA 99503

March 20, 1978

Representative Charles Parr, Chairman
House HESS Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

We, the South Central District Dental Society, wish to go on record as being opposed to HB 664, Practice of Optometry. Our position is based on information gleaned by the dental society that the current level of clinical and educational experience of the Alaskan optometrist is inadequate to take on responsibilities incurred with the administration of the drugs they requested in this bill.

Sincerely,

William P. Pell, D.D.S., President
South Central District Dental Society

cc: Jim Patterson, M.D.
Fred D. Bast, D.D.S.
Phillip L. Locker, D.D.S.
Mr. Henry Pratt

DR. M. C. FALCONER
DR. J. C. FALCONER
DR. G. L. HALL
DR. T. F. HARBOUR
DR. B. L. WALKER
DR. W. D. FAULKNER
OPTOMETRISTS

ANCHORAGE EYE AND CONTACT LENS CENTER
1345 W. NINTH AVE. PHONE: 272-2557
ANCHORAGE, ALASKA 99501

February 6, 1978

Mike Colletta
Pouch V
Juneau, Alaska 99811

Dear Senator Colletta:

As you may be aware, house bill #664 is now under consideration by your committee. I would like to briefly state the importance of this bill to the general public.

At the present time national statistics indicate that 70% of the patients use optometrists as a primary entry point for vision care. These patients are generally healthy patients not requiring medical eye care, but must be screened thoroughly for ocular pathology.

This screening included among other tests opthalmoscopy, or internal examination of the eye and tonometry or checking of intraocular pressure. A test used to detect glaucoma. I use these two as examples as they are representative of the use of diagnostic pharmaceutical agents. These tests are presently done by optometrists, but in some instances the difficulty is greatly increased, by not having diagnostic pharmaceutical agents at hand. drugs

Sincerely,

M. C. Falconer

M. C. Falconer OD

MCF/aeb

2-2
3-4

Mike:

I have been given, by law, The responsibility of detecting pathology in the eye but have been restricted in some instances because I can not use The agents. 20 states now permit our use. 5 more expected This year. Please contact me if you have any questions

MCF

The
ALASKA OPTOMETRIC ASSOCIATION

AFFILIATED WITH
AMERICAN OPTOMETRIC ASSOCIATION

Representative Parr

States that authorize optometrists to use diagnostic topical agents by statute charge are; California, Delaware, Louisiana, Maine, Montana, New Mexico, Oregon, Pennsylvania, Rhode Island, Tennessee, West Virginia, and Wyoming, and South Carolina.

States that I have either never prohibited by use or have attorney General opinions supporting their statute in by use. Florida, Idaho, Indiana, Minnesota, Nevada, New Jersey, Virginia.

I have prepared this list from memory as my research information

is at home. I believe there are five more states but can't remember which category they are in or the names of the states.

I have done no reports by any state boards of problems with the use of these agents where they are in use. I have full documentation showing these agents are beneficial to the treatment and done caused no significant adverse side effects.

Please let me know what information you require and I will be glad to provide it.

Sincerely

Dr Ray Box

ALASKA STATE MEDICAL ASSOCIATION
1135 W. Eighth Avenue • Suite 6 • Anchorage, Alaska 99501 • (907) 277-6891

February 14, 1978

Representative Charlie Parr
Chairman, House HESS Committee
Alaska State Legislature
Juneau, Alaska 99801

Dear Representative Parr:

The Alaska State Medical Association Council has reviewed HB 664, An Act Relating To The Practice Of Optometry. We see no purpose identified or expressed within the substance of the Bill. We further see no areas where the public interest will be served by its passage and several areas where compromised eye care, duplication and cost increases are possible if not likely.

At the outset, please understand that the ASMA properly has no interest or intent to interfere with the practice of optometry in Alaska. However, if an enlargement of the scope of optometry into the sphere of medical practice is comtemplated, it reasonably becomes our concern for the welfare of the public, not a simple jurisdictional dispute.

Optometry by derivation, definition, tradition, training and current practice means measurement of the eye for refractive error and a prescription of corrective lenses. Current practices also allows dispensing and sale of lenses and spectacles by the prescribing optometrist.

The current statute defining optometry is unfortunate in that it suggests diagnosis of visual impairment, apart from refractive error, lies within the responsibility of optometry.

Non-refractive visual impairment may be a most difficult and subtle medical diagnostic problem, at times challenging the combined expertise of ophthalmologist, neurologist, radiologist, and internists, and requiring sophisticated diagnostic equipment. Causes range from simple cataracts to subtle brain tumor, from transient vascular insufficiency to obscure metabolic disorders. The visual problem may be the first and only lead to a serious medical disease. Almost all non-refractive visual impairments will come to confirmatory diagnosis and treatment by a physician. It goes without saying that missed or delayed diagnosis can have serious potential consequences.

Before extending the scope of optometry, well beyond refraction and the sale of contact lenses and spectacles, into the intricate area of complex ophthalmological diagnosis, we ask that you assure yourself of the following:

(1) That there is a clearly demonstrated and defined unmet public health problem, that this legislation will solve it, and it is the most appropriate solution.

(2) That the general level of training of the practicing optometrist in Alaska at present is at a standard which will preclude frequent mis-diagnosis, delay, duplication of expense and inappropriate trials of corrective lenses for non-refractive disorders of the eye.

(3) That the use of ophthalmologic drugs in the practice of optometry is free of risk.

(4) That the expanded drug use is necessary and essential to increased accuracy in refractive error diagnosis.

We feel the answers to the above are not obvious, we see no urgency to enact the legislation without the most careful study of the implications and therefore urge that you allow ample time for its consideration.

Sincerely,

Winthrop Fish, M.D.
Chairman, Legislative Committee

WF:mlm
cc. ASMA Council
ASMA Legislative Committee

REFERENCES

1. Ball, R., "Should we be first class O.D.'s or second class M.D.'s," Optometric Weekly, volume 67, page 874 through 895, 1976.

   Optometric Weekly, April 3rd, 1976, James C. Miller, O.D., Nappanee, Indiana, "(I) think optometry has too many quasi-physicians now! If these optometrists want to be physicians, they should have gone to medical school...if we believe the end result will be to our benefit or to the benefit of the public, we are inane."

   In Optometric Weekly, April 3rd, 1976, under a column headed "Vox Oculi," over half the optometrists writing in agreed that they could never appreciate the difficulty and intensiveness involved in treating eye disease until he or she is educated to a point of being able to handle it on a daily basis. "There is no present need for the move and the necessary education is not available for optometry to attempt to secure drug utilization." Richard Ball, American Optometric Association, Interprofessional Relationships Committee.

   September 15, 1976, American Optometric Association News, James A. Rakes, optometric resident, V.A. Hospital, Lexington, Kentucky. "The day will come when optometrists can treat disease with the approval of ophthalmology, but they will have to earn it through the same hard work that ophthalmology residents must go through. There is no shortcut to therapeutics."

   Optometrist, Philip C. Lafrance, Laconia Eye Clinic, Laconia, New Hampshire, "Optometrists, in their many years of training, are not adequately trained to correctly define an eye disease."

2. Dean Henry B. Peters of the University of Alabama School of Optometry writing in the Journal of the Americal Optometric Association, June, 1977, said, "not one of our schools is prepared by either faculty resources or available clinical experiences to accept this challenge (of preparing optometrists to treat eye disease) at the present time." "Optometric educational institutions have serious responsibilities within the present practice of optometry and precious few resources to carry them out...the resources necessary to adequately prepare students and practitioners to treat eye disease are simply not available." "It is going to be difficult or impossible...to provide the educational requirements for the expansion of optometry into the area of treatment of ocular disease."

   Meredith W. Morgan, O.D., Dean emeritus of the School of Optometry of the University of California at Berkley, "As far as I know, there is not a school with the curriculum adequately designed to educate students in pharmaceutical therapy and there is not a school with adequate resources to establish such a curriculum."

3. New York Federation of Women's Clubs, Inc., April 30, 1976, a drug bill in New York State. They took a public stand against the passage of this bill. The New York State AFL/CIO, a nonmedical union, advised its constituency that "optometry is not a medical profession and optometrists are not engaged in medical practice. Optometry is confined to a limited area of the measurement for and fitting of eye glasses that traditionally is outside medicine." Please find included copies of several editorials from leading newspapers throughout the country.

4. Five optometrists who furthered their education by going to medical school and became M.D.'s (ophthalmologists) have testified as follows: "Although we had courses in anatomy, physiology, histology, and many other scientific disciplines, including some courses about drugs, our training was superficial compared to medical school training. Furthermore, it was directed with an entirely different perspective in mind, that of examining the eye for vision defects and correction thereof." The five M.D.'s who thus spoke out in unison are Charles Denton, O.D., M.D.; Roger DeShaies, O.D., M.D.; Roger L. Hiatt, O.D., M.D.; Marshall Johnson, O.D., M.D.; and William Roberts, O.D., M.D.

   American Optometric Association News, September 15, 1976, James A. Rakes, O.D., an optometric resident at the V.A. Hospital in Lexington, Kentucky, "An optometrist will never appreciate the difficulty and intensiveness of educating the ophthalmology resident until he sees it on a daily basis." He also noted that the experience that he was having had "opened his eyes to the inadequacy of the average optometry student's background in pharmacology and pathology."

Tallahassee Democrat
Tallahassee, Florida
February 7, 1976

Tallahassee Democrat

Malcolm B. Johnson
Editor

William M. Phillips
Managing Editor

W. H. Harwell Jr.
General Manager

Published Daily at 277 N. Magnolia Dr., Tallahassee, Florida 32302

As our editors see it

Safeguards are needed in eye care business

There is some professional dissent pervading the eye care business.

Dictionary definitions list an optometrist as a practitioner who measures vision and corrects visual defects without the use of drugs or surgery. Florida law, however, puts no prohibition on the profession of optometry. The law defines optometric services "to be the diagnosis of the human eye and its appendages and...determining the refractive powers of the human eyes, or any visual, muscular, neurological or anatomic anomalies ... and the employment of lenses, prisms... and any other means or methods for the correction, remedy or relief of any insufficiencies or abnormal conditions of the human eyes."

This is pretty powerful stuff. Optometry which is a measuring science now sounds like a medical science.

Ophthamologists as medical doctors specializing in the treatment of disease or defects in the eye are understandably concerned over the license given the optometrists by Florida law. They maintain that to "diagnose" the human eye and employ "any means" to correct abnormal conditions is not within the realm of optometry.

They're right. Optometrists serve a need in the community for the measuring of visual inaccuracies and the prescription of corrective glasses. Their training does not include enough pharmacology to safely prescribe drugs, nor enough anatomy to accurately diagnose disease.

Most optometrists are practicing within the logical limits of their profession. They do not attempt to treat diseases of the eye nor prescribe drugs for improvement of eye conditions.

But the potential for jeopardizing health standards is there. The law should be made more specific.

Thus far the legislators have declared that the "professions" should fight it out by themselves. Legislators have also claimed that this isn't their battle, that legislating a more precise definition does not fall within their jurisdiction.

What they neglect to mention is that the state has police powers that may be invoked to provide for the health and safety of its inhabitants. Defining the limits to the profession of optometry will not reduce the effectiveness of optometrists. It will safeguard the profession from the potentially irresponsible actions of a few and promote accurate and effective health care of the many.

Tallahassee Democrat
Tallahassee, Florida
August 5, 1976

Define professional limits

By COLLINS CONNER
Democrat Staff Writer

When you're sick, do you go to a doctor? More to the point, when you go to a doctor, do you go to a doctor?

The health care field is growing by leaps and bounds. Most of us are confused and disoriented enough trying to weave our way through the physician specialties. What adds to the confusion are other categories of health providers that seem to straddle the fence between medical doctors and other health professions.

Like podiatrists, who aren't M.D.s but do provide physician services for problems with the feet. Or naturopaths, or osteopaths or chiropractors. None of these are medical doctors, but all provide health care.

They are all allowed to use drugs in their courses of treatment. And under the list of which professionals are allowed to dispense and prescribe their drugs through the services of a pharmacist, they are all included as "practitioners."

★ ★ ★

WHETHER OR not the public understands the intricate limits to the practices of these health providers, the providers themselves do. And so too do other professionals whose duties intermingle with these providers.

That isn't the case with optometrists. Not only is the public sometimes confused about the limits to optometry, but other professionals, such as the pharmacists, and even the optometrists themselves interpret those limits in varying ways.

According to the state statute defining an "optometrist," he is able to use any means to examine, diagnose and treat impairments to or disease of the eye.

The optometrists asked the Florida Attorney General's office if that statute gave them the right to use drugs in their diagnosis and treatment.

CONNER
. . . Seeking drug use

And the Attorney General's office replied, "well, the statute doesn't exclude that possibility."

Enter confusion.

★ ★ ★

A SOUTH Florida druggist had a prescription telephoned to his store by an optometrist. The druggist informed the optometrist that under the statute governing pharmacists, he was not allowed to fill that prescription.

The optometrist said all that had changed. After all, the Attorney General said it wasn't forbidden for the optometrists to prescribe drugs.

So the pharmacist filled the prescription. And in doing so, according to the Florida Board of Pharmacy, the druggist put himself in a precarious position.

Stuck in the middle, the pharmacist's board must make a compromise between a statute that says optometrists can prescribe drugs and a statute that says pharmacists can't fill their prescriptions.

★ ★ ★

THE PHARMACISTS are advised to supply the optometrist with medicines he wishes to use for diagnostic purposes, but not to fill prescriptions for medicines needed for treatment of eye problems.

It's as though the druggists must say, "I can give him medicine in general which he may use as he pleases, but if I fill his patient's prescriptions, it will indicate that I am cooperating in the treatment of a patient which will reflect on my liability."

The debate, for the most part, is way past the comprehension and interest of the average citizen. That's the whole point in having the Legislature define professional limits — to safeguard the interests of an unknowing population.

In this case, the Legislature hasn't considered the safety of the public. It hasn't even considered the risks to the professionals involved.

From stupid statutes mighty snafus grow.

Ruidoso News
Ruidoso, N. M.
December 9, 1976

Stuph & Junk

. . . by

Cale Dickey

YOUR EYES AT STAKE

New Mexico's opthalmologists are rankled at optometrists . . . 'cause optometrists are pushing for rights to administer drugs in the treatment of eye disorders . . . which is roughly akin to taking a horse suffering from colic to a farrier for treatment.

Simply stated an optometrist is trained to examine your eyes for defects, to prescribe corrective lenses and to suggest exercise therapy.

An opthalmologist is a medical doctor . . . that's M.D. . . . who took additional schooling to specialize in eye disorders and their treatment . . . and there are the delicate eye operations performed by opthalmologists . . . and while a farrier might correct a limp in a horse, an optometrist isn't licensed to practice medicine, because optometrists don't receive a degree as a medical doctor with their degree in optometry that lets them refer to themselves as "doctor".

A good optometrist is a credit to himself his community and his clientele . . . he does his thing by fitting you with glasses so that you can see well . . . for this service he receives an adequate stipend . . . he's happy . . . and you have good fitting glasses . . . but because a good automobile mechanic can keep your car running smoothly doesn't mean he can fix your clock. And even the best glass eye doesn't do a thing for your peripheral vision.

DeKalb News Sun
DeKalb, Georgia
February 9, 1977

One Man's Opinion

by

William C. Crane

Eyes Are Important

An amendment to Code Section 84-1101 is being proposed in the General Assembly. This amendment pertains to you and your eyes, and should be of paramount importance to you the public.

Basically it would allow an optometrist to use pharmaceutical agents for diagnostic purposes if the optometrist has received pharmacological training and accreditation from an accredited institution of higher learning and certification by the Georgia State Board of Examiners in Optometry.

-0-

IT WOULD seem that as written the bill is too vague as to requirements and drugs allowed.

Remember your eyes are your most valuable asset other than your life.

How wonderful to see a blue bird, a sunny spring morning, Jonquils blooming in the twilight, a beautiful girl running down the street, a group of boys playing soccer. The rainbow after the rain, the mountain valleys and lakes, the ocean at sunrise or sunset. Nothing can surpass the sheer beauty that the eyes convey to your brain.

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THIS WRITER believes in seeing an optometrist for prescription glasses and an opthalmolgist for eye trouble involving the use of drugs or surgery. For your information the following description and training of each profession is printed for your guidance and if after reading this you believe that further thought should be given to passage of this bill, then call your senators and representatives and voice your thoughts.

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"AN OPHTHALMOLOGIST is a primary care physican qualified to provide comprehensive diagnostic eye examinations for both systemic and ocular diseases and the initiation of medical treatment including the prescribing of indicated medication and lenses. He is educated, trained and licensed as a Doctor of Medicine (or Osteopathy) and is the portal of entry for the public into medical care systems. His education usually includes four years of college, plus four years of medical school, one year of internship and 3-4 years of ophthalmology residency, for a total of 12-13 years of 'basic training.'

-0-

"AN OPTOMETRIST is a limited practitioner, whose formal education (two years pre-optometry college classroom required study, plus a four-year college curriculum in optometry) limits him to testing for vision problems unrelated to disease. Optometrists test depth and color perception and the ability to focus and coordinate the eyes. When necessary, they prescribe and fit lenses. Some are taking additional classroom training in an effort to expand their services into the practice of medicine. Ocular pharmacologists who are M.D.'s testify that classroom training is inadequate...and that this trend is a public health hazard.

(Views expressed by our columnists do not necessarily reflect the editorial opinion of the DeKalb News/Sun)

The New Mexican
Santa Fe, New Mexico
February 2, 1977

NEW MEXICAN **Opinion**

Santa Fe, N.M., Wed., Feb. 2, 1977

Defeat eye bill

The Senate Public Affairs Committee is scheduled to hear a controversial bill proposed by the state's optometrists which would establish a dangerous precedent in providing eye care.

The measure, Senate Bill 123 introduced by State Sen. Ray Leger, a Las Vegas Democrat, would permit the state's optometrists to prescribe eye treatment drugs.

The bill is being advanced as a consumer oriented proposal which would reduce the cost of care and make more care available throughout the state. National optometrists organizations have launched a nation-wide push for such measures which have been successful in some states.

The state's opthalmologists—licensed medical doctors—bitterly oppose the bill. They argue that an optometrist, who is not a medical school graduate and who does not have medical training, should not be permitted to prescribe drugs—in some cases dangerous drugs which can have harmful side effects.

Optometrists counter by saying that they have already received or will receive more than 70 hours of training from optometry schools in the use of these drugs.

In our opinion, it is impossible to compare 70 hours of training from an optomery school to the four years of medical school, one year of intership, and three to four years of opthalmology residency which each opthalmologist must undergo before he can be licensed.

Permitting optometrists to prescribe drugs would build in a false sense of security for many patients which may cause them to ignore or overlook serious problems.

In literature it has been said that the eyes are the windows to the soul. In medicine the eyes are an important window and indicator to how the rest of the body is functioning.

If there is something wrong with a patient's eyes that requires the use prescription medicines, it should be a doctor looking into those eyes, not an optometrist.

The legislature has the responsibility to protect the public's health and safety by defeating this measure.

The New Mexican
Santa Fe, New Mexico
February 7, 1977

NEW MEXICAN **Opinion**

Santa Fe, N.M., Mon., Feb 7, 1977

Limit eye drugs

Should the New Mexico Legislature enact a vague law which permits optometrists to use certain drugs for diagnostic purposes even thou,h some of those drugs can cause harmful side reactions?

That is the baaasic problem facing the Heuse of Representatives now that the Senate has passed a controversial bill backed by the state's optometrists.

Last week a New Mexican editorial opposed this bill on the grounds that optometrists should not be allowed to treat eye patients with prescription drugs.

This brought out a flock of optometrists protesting that they were not seeking the use of prescription drugs to treat eyes, but were merely asking for the right to use a limited number of drugs for diagnoses.

The version of the bill which passed the Senate last week, was amended to limit optometrists to using these drugs for diagnostic work. Even now there is still debate between optometrists and opthalmologists and their lawyers over what the bill does nor does not permit or the original bill did or did not permit.

Optometrists say they need to use these drugs, for which they have received special training, to dialate eyes and perform more accurate, complete eye examinatmions. There are 17 states which permit optometrists to use these diagnostic drugs. New Mexico's optometrists contend the state's prohibition imposes a financial hardship on state residents seeking adequate eye care.

Opthalmologists counter that the optometrists refuse to be specifc on exactly what type of drugs they want to use. Even optometrists admit that some of the diagnostic drugs involved can cause harmful side reactions in some people, although both groups say reactions are rare.

Opthalmologists, who are trained medical doctors, contend that optometrists, who do not have medical training, are not fully prepared to handle these reactions including possible heart and respiratory problems and convulsions.

There is no specific limitations on the drugs which can be used, although optometrists say they do not intend to use all drugs which fall under the category "ocular diagnostic pharmaceutical agents." The final Senate version of this bill is too vague. It should be as specific as possible about what drugs and under what conditions optometrists should be permitted to use.

We repeat our original concern, that some of these drugs can be dangerous, if used on the wrong patient, in the wrong concentrations and under the wrong circumstances. To protect the public's health the legislature has a responsibility to be as specific as possible.

Evening Independent
St. Petersburg, Florida
June 15, 1976

independent thinking

Efficient?

The crack management team that recently gave the City of St. Petersburg such a fine rating for administra-

EVENING INDEPENDENT

Opinion

16-A Tuesday, June 15, 1976

We hope [redacted] and that of every other [redacted] ing privileges — got the [redacted] message.

Clear Case

Their position may not be visionary, but Florida ophthalmologists have made it clear: "Diagnosis" of medical eye problems and use of "any means" of treatment are properly the duties of well-trained medical men — not just optometrists.

And most optometrists don't dispute that.

But a few apparently are prescribing drugs for patient eye problems, when chiefly optometrists are to measure vision and correct defects without drugs or surgery.

The Florida law, it turns out, allows optometrists to use "any means" in "diagnosis." Obviously, a further clarification of that statute is in order.

At least, that's how we see it.

Orlando Sentinel Star
Orlando, Florida
June 19, 1976

Sentinel Star
Orlando, Florida

Florida
14A
Sat. June 19
1976

EDITORIAL

Limit Prescription Drug Use

THE FLORIDA Society of Ophthalmology is petitioning the legislature to prohibit optometrists from prescribing drugs in its treatment of eye ailments. Favorable legislative action would nullify a recent decision by the Florida State Board of Optometry allowing use of drugs for diagnosis and treatment of disease by optometrists.

The opthalmologists' petition should receive legislative priority.

We have nothing against the optometric practice of prescribing glasses to correct vision if the affliction is not caused by eye disease. Indeed, one editor doesn't mind admitting she chooses her own reading glasses at McCrory's spectacle counter.

But permanently impaired vision and even blindness can result from drugs prescribed by an unqualified practitioner, and optometrists, whose training is limited to fitting corrective lenses by mechanical means, do not qualify as physicians.

Ophthalmologists, on the other hand, are medical school graduates who have served internships and residencies and have specialized in the treatment of eye disease.

In the interest of public health, prescription drugs should be dispensed at the discretion of physicians only.

ALBUQUERQUE JOURNAL

Robert A. Brown, Senior Editor Gerald J. Crawford, Editor

Wednesday, November 24, 1976

Fences Work Two Ways

The pending legislative confrontation between the medical doctors in the New Mexico Medical Society and the optometrist-members of the New Mexico Optometrical Assn. has the earmarks of a showdown between two professional closed-shop monopolies.

But this time we're inclined to side with the Medical Society and its members, primarily because of the health-and-safety risk involved in placing diagnostic drugs in the hands of those not trained in the care of the entire human body and all its parts.

But poetic justice suggests that the optometrists, in their efforts to trespass on the precincts of another privileged sanctuary, should be governed by the same rules with which they have protected their own. No long memory is required to bring back the days when the optometrists enjoyed free rein in New Mexico's legislative halls, even to the point of infiltrating the legislature and, for brief spans, virtually controlling it.

In those days the optometrists were able to impose rules making it a crime for a pharmacist, a jeweler or any other non-optometrist to even look at a pair of eyeglasses. Worse still, they succeeded in imposing and enforcing a muzzle on the free press, prohibiting newspapers and broadcasters in the state's border cities from publishing price-oriented advertisements from optometrists in adjoining states.

The optometrists have worked hard at perfecting the pattern of the professional sanctuary. It would seem only equitable now that they should live within that pattern.

Albuquerque Journal
Albuquerque, New Mexico
November 24, 1976

Jim Bishop

Our Eyes: Only Two For Each Customer

Glaucoma, whether chronic or acute, is treatable. It cannot be cured. The world of medicine has reached a stage where it can stop the threat of blindness in its tracks. It cannot restore sight; merely stop it at whatever level it has attained when treatment begins.

MOST OF US are fairly faithful in having an annual examination. Our brains are imprisoned in fragile structures called the body. Our doctors examine the parts and give us counsel about weight, blood pressure, heart, lungs, kidney function, many things.

He merely peeks into each eye to see if the blood vessels are engorged. He gives it as much attention as his peek into your ears.

An optometrist can prescribe proper glasses. An optician will grind them and fit them. Only the ophthalmologist is qualified to look inside your eyes, study the optic nerves and tell you that your windows on the world are in reasonably good health.

Eyes are rationed. Only two to a customer.

JIM BISHOP, NATIONALLY SYNDICATED COLUMNIST, APPEARING IN OVER 200 NEWSPAPERS, TOTAL CIRCULATION EXCEEDS 20 MILLION

OPHTHALMOLOGIST
WILLIAM F. KINN, M.D.
BRUCE J. WOLF, M.D.
SAMUEL A. McCONKEY, M.D.

OTOLARYNGOLOGIST
RONALD E. TINSLEY, M.D.
RICHARD P. RAUGUST, M.D.
BRUCE G. WHIPPLE, M.D.

PLASTIC AND RECONSTRUCTIVE SURGEON
WILLIAM W. WENNEN, M.D.

EYE, EAR, NOSE & THROAT CLINIC

February 7, 1978

Mr. Charlie Parr
Chairman
Health, Education and Social
Services Committee
Alaska State House of Representatives
Alaska State Capitol
Room 112
Juneau, Alaska 99811

Dear Mr. Parr:

On behalf of the physicians in the State of Alaska who are concerned with eye care, I would like to again thank you for giving me some time out of your obviously quite heavy schedule in order that I might become better acquainted with House Bill 664, an act relating to optometry. I was able to see several members of your committee on my recent visit to Juneau and hopefully will have an opportunity to introduce myself to the remainder when I get to Juneau in the future. I plan this to be the first of several background papers that you and your committee might wish to consider in your deliberations on House Bill 664.

I think it is appropriate that I give you some background into my education and status within the ophthalmologic community in Alaska. I received an undergraduate degree in premedicine at West Virginia University in Morgantown, West Virginia in 1962. I had my medical school training at the Medical College of Virginia, graduating with a degree of Doctor of Medicine in 1966. I served a year of surgical internship and a year or surgical residency at the same institution, completing that course of study in 1968. In October of 1968, I was inducted into the armed forces as a surgeon with the United States Air Force, stationed at Eielson Air Force Base near Fairbanks, Alaska. Following a 30 month tour of duty, I was in the private practice of general medicine in Fairbanks, Alaska for one year. In 1972, I became associated with the Medical University of South Carolina in an ophthalmology residency program, completing that course of study in June of 1975. From January until March of 1975, I was also a teaching fellow in ophthalmology, concerned with the education of medical students at the Medical University of South Carolina. In July of 1975, I returned to Fairbanks, Alaska and have been in the private practice of ophthalmology with the Eye, Ear, Nose and Throat Clinic since that time. I am a Diplomat of the American Board of Ophthalmology. This accrediting board was the first medical specialty board established in America at a time when optometry was in its infancy and long before licensing boards for optometry existed. The privilege to practice my specialty is the culmination of 13 years of post high school education. This is in contrast to the average six to eight years spent by optometrists in post high school education today and is in greater contrast to the four years or less post high school education of approximately 50% of all optometrists presently practicing in the United States.

1919 LATHROP STREET. P.O. 1248. FAIRBANKS, ALASKA 99707. PHONE 456-7767

WHAT OTHER STATES HAVE DONE

House Bill 664 is a continuation of a nationwide move on the part or organized optometry to be legislated into the practice of medicine. Since 1971 until 1977, nine states had passed similar laws. In 1977, as of August the 25th, 14 states had denied the use of drugs to 8,275 optometrists. There were five states that passed drug related optometric bills. Four of these states, namely Montana, Wyoming, New Mexico, and Kansas, are certainly in the category of rural states and indicates that the major direction of optometry toward pressing this legislation today is most certainly in rural areas. The defense against that argument that optometrists can provide their care where no ophthalmologists are available, is as follows: In those communities where no ophthalmologists practice, there are physicians with medical "know-how" to deal with eye problems on an urgent basis and refer them for ophthalmologic care to nearby cities. A colleague of mine, Dr. Charles Bobo, Greenwood, South Carolina, studied the population that presented to a small rural community hospital emergency room over the course of one year from July 1, 1975, to June 30, 1976, and in his independent study, showed that 80% of the patients seen in this emergency room sitting were capably treated by the general practice family type physician and only 20% of those needed to be seen by an eye specialist. This certainly refutes the attempt by ambitious optometrists to make a case for being allowed medical functions in rural areas by claiming that there are too few ophthalmologists. The Eye, Ear, Nose and Throat Clinic in Fairbanks, Alaska, of which I am a partner, has, for years, been carrying out not only ophthalmologic but ear, nose and throat clinics in remote areas and in bush communities for the care and welfare of patients that prefer to live in a rural setting. It might be mentioned that our prices for these clinics are exactly the same as they are in our offices in Fairbanks, Alaska.

Find enclosed a copy of some random court rulings as to what other states have had to say in defining optometry and optometric responsibilities.

I will follow this report with others over the next several days, outlining various other points of interest concerning consumer protection and other pertinent data as may be important in your committee's consideration of this bill.

Sincerely yours, I remain,

Sam A. McConkey, M.D.

SAM:ls
cc: Representatives: M.F. Beirne
Don Bennett
Thelma Buchholdt
C.V. Chatterton
Samuel A. Cotten
Alfred C. Nakak
Al Ose
Randy Phillips

ALABAMA (Supreme Court of Alabama)

"Dilation of the pupil...forbidden by law."

"'Optometry' (from Greek. ***optos, visible, plus, ***metron, measure; literally, eye measurement). The science of measuring the accommodative and refractive powers of the eye without the use of drugs. It is defined in various statutory laws regulating the practice as "the employment of any means, other than the use of drugs, for the measurement of the powers of human vision and the adaptation of lenses for the aid thereof.' The practitioner of this art is called an optometrist... While no attempt is made to teach the diagnosis and treatment of eye diseases, dilation of the pupil with drugs is forbidden by law.

"'Optometry,' apart from statutory definition, is defined as the employment of any means other than the use of drugs for the measurement of power of vision and the adaptation of lenses for the aid thereof...the measurement of the range of vision, and does not authorize the diagnosis for treatment of eye disease."

Hampton v. Brackin's Jewelry & Optical Company

DISTRICT OF COLUMBIA (U.S. Court of Appeals of D.C.)

"Empirical rather than learned"

"'Optometry is a mechanical art requiring skill, manual dexterity, and knowledge of use and application of certain mechanical instruments and appliances designed to measure and record errors and deviations from normal which may be found in the human eye, rather than the knowledge and learning appropriate to professions or callings which deal with causes and conduct rather than with conditions and effects, and is in its nature empirical rather than learned.

"'Oculists' and 'ophthalmologists' pursue a calling quite distinct from that of 'optometrists,' having relation to the practice of medicine and surgery in the treatment of diseases of the eye, whereas the calling of 'optometrists' relates to the measurement of the powers of vision and the adaptation of lenses for the aid thereof."

Silver v. Lansburgh & Bro.

"Function...is to measure" (D.C. Code, T. 20, 261-282)

"The District of Columbia statute governing practice of optometry does not contemplate that an optometrist shall be a graduate physician or shall, like an oculist (ophthalmologist), diagnose or treat diseases of the eye, since function of 'optometrists' is to measure the refractional abnormalities of the eye and prescribe, and sometimes grind, the lenses to correct them."

ILLINOIS (Supreme Court of Illinois)

"Other than the use of drugs"

"...'Optometry' to be the employment of any means other than the use of drugs, medicines or surgery for the measurement of the power of vision and adaptation of lenses for the aid thereof, is broad enough to include every measurement of the power of vision and fitting glasses to aid vision."

People v. Griffith

"Measurement of the range of vision"

"'Optometry' means measurement of the range of vision. Also, loosely, measure of other visual powers, hence, scientific examination of the eyes for the purpose of prescribing glasses, etc., to correct defects, without the use of drugs."

Babcock v. Nudelman

MASSACHUSETTS (Supreme Judicial Court of Mass. Suffolk)

"More akin to physical science of optics"

"One who practices optometry exclusively is not commonly to be treated as 'practicing medicine,' 'optometry' in its origin and nature being more akin to physical science of optics than to science of medicine, and its emphasis being upon supplying physical means to aid bodily powers rather than upon cure of disease. 'Ophthalmology' has relation to the practice of medicine and surgery in the treatment of diseases of the eye, and 'optometry' has relation to the measurement of the powers of vision and the adaptation of lenses for the aid thereof."

Sachs v. Board of Registration in Medicine

MISSOURI (Kansas City Court of Appeals)

"Mechanical means"

"...employment of objective mechanical means to determine accommodative or refractive states of eye and range, power, or vision of eye constituted practice of optometry."

State v. Etzenhouser

NEW JERSEY (Supreme Court of New Jersey)

"Other than the use of drugs"

"'Ophthalmologist' has a relation to the practice of medicine and surgery in treatment of diseases of the eye, while practice of 'optometry' relates to the measurement of powers of vision and adaptation of lenses for aid thereof...the employment of any means other than the use of drugs."

N.J. State Board of Optometrists v. S.S. Kresge Co.

NEW YORK (Supreme Court, Appellate Division)

"Calling quite distinct"

"'Oculists' (ophthalmologists) pursue a calling quite distinct from that of 'optometrists.' The first has relation to the practice of medicine and surgery in the treatment of diseases of the eye, and the second to the measurement of the powers of vision and the adaptation of lenses for the aid thereof. It is the primary function of the 'optometrist' to employ means to determine the need for lenses for the correction of defects of eyesight, and the increase of the power and range of vision. He forms a judgment as to the need, and then provides the corrective lens."

Dickson v. Flynn

OHIO (Court of Appeals of Ohio)

"The business of an optometrist"

"The word 'optometrist' made up of 'opto' meaning of or relating to the eyes of vision, and 'meter,' a unit of measure, indicates what the business of an optometrist is."

Kime v. Aetna Cas. & Sur. Co.

PENNSYLVANIA (Supreme Court of Pennsylvania)

"Other than the use of drugs"

"It is substantially correct to define 'optometry' as the employment of any means other than the use of drugs for the measurement of the powers of vision and the adaptation of lenses for the correction and aid thereof."

Martin v. Baldy

TENNESSEE (Supreme Court of Tennessee)

"Optometry...occupation or vocation"

"...ophthalmologists being recognized as learned professions relating to the practice of medicine and surgery in treatment of eye disease, and optometry an occupation or vocation calling for degree of mechanical skill and experience in fitting glasses to eyes."

Saunders v. Swann

UTAH (Supreme Court of Utah)

"Subjective and objective means"

"...defines optometry as the employment of 'subjective and objective' mechanical means to determine the accommodative and refractive conditions of the eye."

State ex. rel. Hallen v. State Board of Examiners in Optometry

WISCONSIN (Supreme Court of Wisconsin)

"Not one of the learned professions"

"Although certain standards of education are prescribed by statute concerning the practice of optometry, 'optometry' is not one of the learned professions and an 'optometrist' may be an employee."

State ex. rel. v. Kindy Optical Co.

HB
689

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF REVENUE

STATE OFFICE BUILDING / POUCH SA – JUNEAU 99811

February 8, 1978

The Honorable Charles Parr
Chairman
House Health, Education &
Social Services Committee
Alaska State Legislature
State Capitol Building - Room 112
Juneau, Alaska

Re: House Bill No. 689

Dear Mr. Parr:

House Bill No. 689, an Act relating to cigarette taxation, was introduced in the House on January 26, 1978 and was referred to the House Health, Education & Social Services Committee and the House Finance Committee.

For the consideration of the House Health, Education & Social Services Committee, I am enclosing a copy of a Fiscal Note prepared by Mr. Gary L. Jenkins, Director, Audit Division, Department of Revenue concerning the proposed legislation.

Very truly yours,

R. D. Stevenson
Special Assistant

cc: The Honorable Steve Cowper
Chairman
House Finance Committee
Alaska State Legislature
State Capitol Building
Juneau, Alaska

Gary L. Jenkins, Director
Audit Division
Department of Revenue
Juneau, Alaska

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. House Bill No. 689
Title An Act relating to cigarette taxation
Requested by Health, Education & Soc. Ser., & Finance Date 1/31/78

II. FISCAL DETAIL
Agency Affected Revenue
Program Category Affected Fiscal Services
Budget Request Unit(s) Affected Audit Division

EXPENDITURES (Thousands of Dollars) None

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL						

FUNDING (Thousands of Dollars) None

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS None

FULL TIME						
PART TIME						
TEMPORARY						

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

This bill would increase the total tax rate on cigarettes by 62-1/2 percent. The dollar increase in tax for FY 79 will be $937,500, assuming the tax increase is in effect on July 1, 1978. There would be a similar increase in revenue in subsequent years.

IV. DATE January 31, 1978 PREPARED BY Gary Larkin
AGENCY Audit Division
PHONE 465-2320

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

33-001 (Rev. 12/77)

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

February 27, 1978

SUBJECT: Cancer Research Institutes (W.O. #4684)

TO: The Honorable Bob Bradley

FROM: Sharman Haley
Research Analyst

It is difficult to determine which are the five top cancer research institutes as you requested, because there is no adequate criterion to rank them on. The National Cancer Institute funds, through grants and contracts, some 500 institutions engaging in cancer research or support activities. More than fifty of these institutions have been recognized by the NCI as having a record of high quality work and commitment, and are supported by NCI Cancer Center Support Grants. These centers are of three varieties: Comprehensive Cancer Centers engage in a broad scope of basic research, clinical research, patient treatment, and community outreach activities; Clinical Cancer Centers emphasize clinical research and patient treatment; and Non-Clinical Cancer Centers emphasize basic cancer research. In addition to the support grants for the core services, these institutions receive research grants for specific research projects.

There are 19 Comprehensive Cancer Centers around the country. Seven Comprehensive Cancer Centers received over $7 million in NCI research grants in FY 1976. These seven centers are:

Center	Total NCI Research Grants (thousands of dollars)
Memorial Sloan-Kettering Cancer Center New York, New York	$21,903
University of Texas System Cancer Center Houston, Texas	9,972
University of Wisconsin Clinical Cancer Center Madison, Wisconsin	8,787
Fox Chase and University of Pennsylvania Cancer Center Philadelphia, Pennsylvania	8,342
Roswell Park Memorial Institute Buffalo, New York	7,375

Yale University Comprehensive Cancer Center New Haven, Connecticut	7,229
Illinois Cancer Council Chicago, Illinois	7,149

All the institutions have sources of funding other than the National Cancer Institute, so this list is not necessarily the seven institutions with the most cancer research money. Nor can we gauge the quality or importance of the research by the amount of money granted to each institution. Nevertheless, these are the seven from which we requested background information. We have enclosed the information received so far. In addition, enclosed you will find information on the Fred Hutchinson Cancer Research Center in Seattle, Washington, and on the National Cancer Institute and its Cancer Centers Program.

If we can be of further assistance to you, please let us know.

SH:jm
Enclosures

POSITION PAPER/Department of Health and Social Services

POSITION PAPER

ON

HOUSE BILL NO. 688

"An Act making a special appropriation to the Department of Health and Social Services for the Hubert H. Humphrey memorial fund; and providing for an effective date."

The Department cites its comments on House Bill 689 and House Bill 694 regarding the Hubert H. Humphrey memorial fund.

The Department does not feel it is appropriate for it to address the policy question of the disposition of Alaska Permanent Fund monies.

Recommended by: Robert I. Fraser, M.D. 10 Feb 78

Robert I. Fraser, M.D., Director — Date
Division of Public Health

Approved by: Helen D. Beirne 2.22.78

Helen D. Beirne, Commissioner — Date
Department of Health & Social Services

POSITION PAPER/Department of Health and Social Service

POSITION PAPER

ON

HOUSE BILL NO. 694

"An Act creating the Hubert H. Humphrey memorial fund; and providing for an effective date."

This Act would create a Hubert H. Humphrey memorial fund to support research into the causes and potential cures for cancer.

The Department of Health and Social Services endorses the altruistic motives outlined in this legislation. House Bill 694 proposes to provide funds for nationally recognized cancer research institutions. While any contributions toward cancer research would surely be helpful, the Department would like to emphasize the needs of cancer victims within Alaska itself which are presently not addressed adequately. Residents of Alaska afflicted with cancer frequently have major economic problems related to the disease, such as prolonged hospitalizations and the necessity of traveling at frequent intervals to cancer centers throughout the country. The Department respectfully suggests that the Legislature might consider establishing a memorial fund to be managed by the Catastrophic Illness Committee within the Department of Health and Social Services to assist patients from Alaska afflicted with cancer.

Recommended by: Robert L. Fraser, M.D. — 10 Feb 79
Robert L. Fraser, M.D., Director — Date
Division of Public Health

Approved by: Helen D. Beirne — 2/22/78
Helen D. Beirne, Commissioner — Date
Department of Health & Social Services

HB
693

324A S. Willoughby
Juneau, Alaska 99801

January 30, 1978

Houseless copy

Senator Glenn Hackney
Senate HESS Chairman
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hackney:

Thank you for courteously inviting me to testify before your committee today and thanks again for allowing me to appear.

As mentioned to you personally and before the committee, SB 415--and CS SB 415 as well--needs some improvement in its language to bring it into conformity with Ravin vs. State, Alaska 537 P. 2d 494.

In both proposed bills it is Section 1. (d) 4 which runs contrary to that Alaska Supreme Court decision. The Court found that Alaska's constitutional right to privacy (Alaska Constitution, Article I, SS 22) "would encompass the possession and ingestion of substances such as marijuana in a purely personal non-commercial context in the home" and the concurring opinion of two of the five justices would extend the right of privacy beyond the home. Section 1 (d) 4 is in immediate violation of that decision when it attempts to regulate marijuana "in other than a public place, when (his) possession or control is for (his) own use."

It may be argued that the Court in several places mentions that the right to privacy applies to adults in their homes and that Section 1 (d) 4, by referring to juveniles, is not inconsonant with the Ravin decision. Such an argument would be incorrect, for the Court had before it an adult and had no need to speak to the juvenile issue. As the Constitutional provision upon which the Court's reasoning is drawn says "The right of the people to privacy is recognized and shall not be infringed"(emphasis added), rather than saying "the rights of adults to privacy", the Court's reasoning will clearly be applied to juveniles as well. Because the language of 1(d)4 includes the use of marijuana in the home, it will not, on the face of it, stand the test of the Court and it is to no good purpose for the Committee to pass it in its present form.

Insofar as Alaska may have a special interest in regulating the use of marijuana by juveniles, you may not find it wholly inappropriate to consider how other states which have

"decriminalized" marijuana have dealt with the juvenile issue, bearing in mind that few of these other states have a Constitutional privacy provision similar to Alaska's, so that Alaska may indeed be in a unique position.

Section 1 (d) 4 is also open to question as regards the conformity of its penalties with those of Title 4, for minor consuming of alcohol. By its past action, the Legislature seems to have indicated that marijuana consumption by juveniles is a less serious offense than alcohol consumption by juveniles. The Committee--and perhaps the Legislature--may now wish to reverse its assessment and I do not presume to tell the Legislature what to wish for. Still, these two actions seem roughly similar to me and similar penalties do not seem inappropriate.

While I had at first recommended that the penalties for minor consuming of marijuana be raised to those of alcohol, consumption by minors, two considerations prompt me now to suggest that the equality of punishment be achieved by reducing minor consuming of alcohol to that of minor consuming of marijuana.

First, Senator Bradley's hints, near the end of my testimony, are persuasive: a year in jail and/or $500 seems excessive and, more importantly, unacceptable to the Legislature and the Alaskan people. (I take this hint from Senator Bradley's tone of voice, rather than from his specific words.)

Secondly, it seems that juveniles received special consideration by the State under the theory that their minds are not yet fully formed and that they are not wholly responsible for their actions before majority. Consumption of alcohol (or marijuana) by a minor ought therefore to be a lesser offense--and receive a lesser punishment--than sale by an adult to a minor, for the adult is presumed knowing and the minor is presumed not (assuming consumption of either alcohol or marijuana by juveniles is at all considered an offense). Since the sale of alcohol to a minor is punishable by a maximum of a year in jail and/or $500, it is clear that minor consuming of alcohol (and of marijuana) ought to be less than that.

You have received testimony that a $10 parking ticket was sufficient to dissuade a teenager from parking illegally. You have also heard testimony from Commissioner Burton that no civil prosecutions have been conducted under the current statute. Why does not the Commissioner, or other police officer, come forth and ask you to enact a law which will allow minor consuming of alcohol or marijuana* to be ticketed in precisely the same manner as a traffic ticket? Since juveniles are to be protected and guided by the state, setting a maximum penalty of $25 will allow sufficient monetary incentive to violators to change their habits while--particularly if this offense is called a "traffic ticket"--not disqualifying juveiles from later employment with companies or agencies which exclude from consideration of legal offenses by

* in public or while operating motor- or wind-powered vehicles

prospective employees "traffic tickets of $25 or less." That such a use of language--that the juvenile had "trafficked" in alcohol or marijuana--should have to be resorted to is a fine point, yet it may accomplish your committee purpose, and that of the sponsor, my good friend, Senator Ray, while still being capable of passage by the entire Legislature. It would be unfortunate to see a friend fall into such error should the Committee attempt to pass the current bill.

I would like to add here that this letter and my testimony before your committee represent my views alone and are not necessarily those of the Juneau Democratic Committee, whose Vice-Chairman I remain.

Again, thank you and the Committee for the courtesies you have extended to me in allowing me to testify.

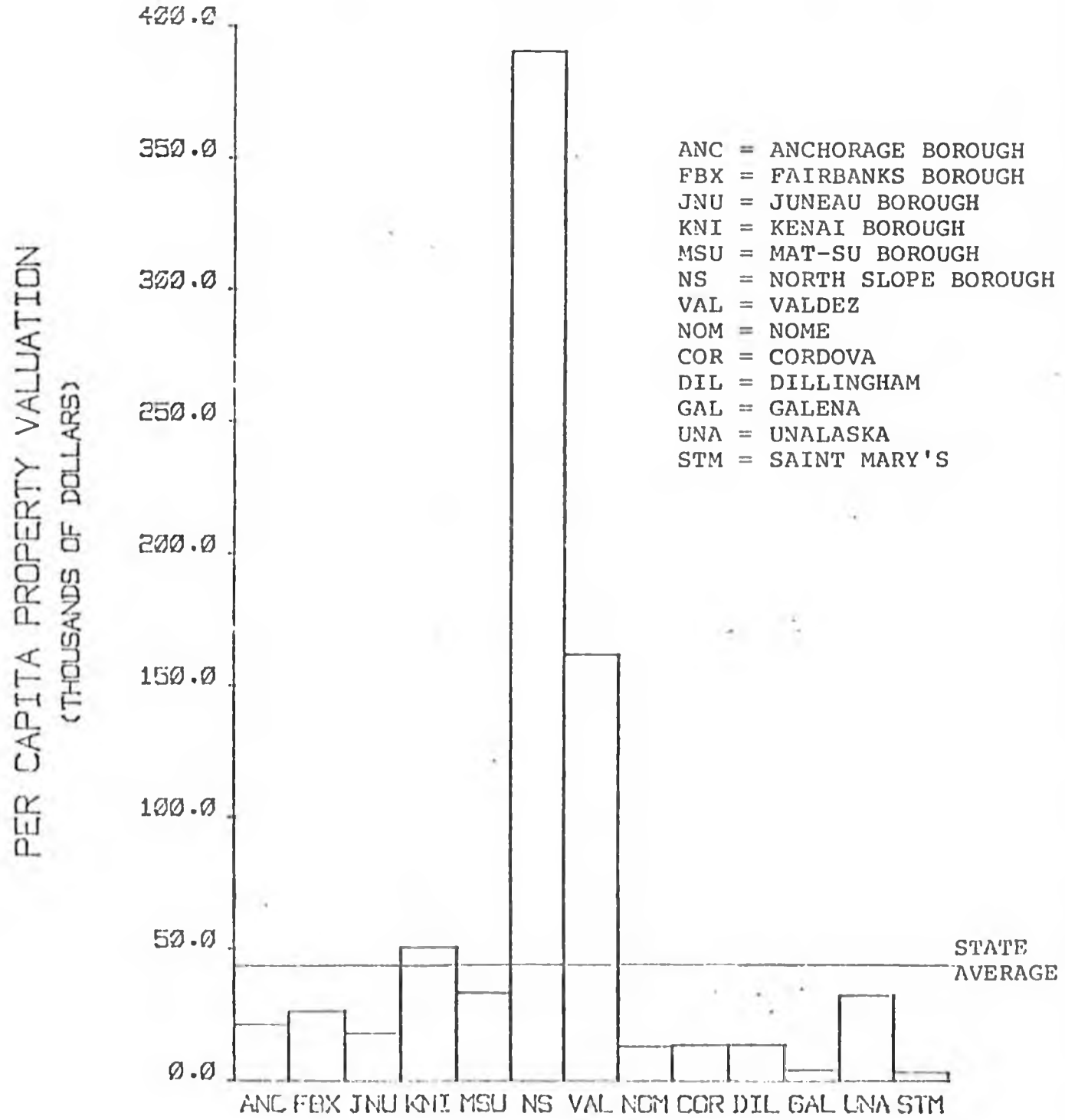
Sincerely & cordially,

Dr. Joe Sonneman
(Doctor of Government)

cc: House HESS
Senator Ray
Commissioner Burton
Senator Bradley
House Judiciary
Senate Judiciary

HB
700

PER CAPITA PROPERTY VALUATION
1977



prepared by
Legislative Affairs
Agency
see attached memorandum

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HB-700

Title An Act relating to state aid for school construction

Requested by The Finance Committee Date January 21, 1978

II. FISCAL DETAIL

Agency Affected Education

Program Category Affected Education

Budget Request Unit(s) Affected Financial Support

EXPENDITURES (Thousands of Dollars)

		FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100	PERSONAL SERVICES						
200	TRAVEL						
300	CONTRACTUAL						
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.		-0-	-0-	-0-	-0-	-0-
	TOTAL		-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND		-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS		-0-	-0-	-0-	-0-	-0-
OTHER (Specify)		-0-	-0-	-0-	-0-	-0-

POSITIONS

FULL TIME		-0-	-0-	-0-	-0-	-0-
PART TIME		-0-	-0-	-0-	-0-	-0-
TEMPORARY		-0-	-0-	-0-	-0-	-0-

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

Assumptions: The Department of Education's budget documents and computations are currently based upon 50% debt retirement, as required by law.

Cash payments through July 1, 1977, will be prorated over a twenty year (20) period.

IV. DATE January 31, 1978 PREPARED BY Nathaniel Cole, Deputy Commissioner

AGENCY Department of Education

PHONE 465-2800

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

33-001 (Rev. 10/76)

HB

706

FEB 2 1 1978

Mr. Clayton D. Rew
P.O. Box 442
Juneau, Alaska

TO: Hugh Malone
Mike Miller
Mike Colletta
John Radar
Bill Ray
James Duncan

HOUSE BILL 706 - Re-instates the "Crime" of public drunkeness.

This bill is a giant step backwards in the treatment of Alaska's No. 1 health and social problem. The bill is designed as a convenience tool for the police and will cost the citizens of the State, through the Division of Corrections, an estimated $50 to $60 a day per arrest. Also, this bill if enacted, will perpetuate stigma attached to the disease of alcoholism. The only redeeming feature of this bill is that it does provide a mechanism whereby the alcoholic can be sheltered in jails, provided there is room. There is nothing in the bill that will affect the primary problem which public drunkeness is one symptom.

In my opinion, a better approach for the Legislature to take would be to create facilities, properly equipped and staffed, where the root causes of the disease can be treated. Changes in the present law should be passed to allow involuntary commitment to long-term treatment programs for chronic alcoholics who abuse short term services. Funds should be provided to build community based facilities where quality treatment can be provided in the same quiet, dignified surroundings as other sick people. Funds must be provided to provide quality education to children in public schools, grades kindergarden through twelve. Courses should be ongoing attendance required.

Obviously, you have been and are going to continue to receive strong pressures

from industry to stop any proposal that draws attention to the dangers involved in the use of beverage alcohol. You will be urged to "bury" any such legislation as has been done with SB 370. We who are concerned about this problem expect it. We have not the wealth to compete with industry lobbyist. I can only state that I have no desire to put the industry out of business. I want to see, if possible, that future generations drink responsibly and that casualties from irresponsible drink have a decent chance to recover.

Mr. Clayton D. Rew
P.O. Box 442
Juneau, Alaska 99802

HB
713

HOUSE BILL NO. 713

"An Act providing for the issuance of general obligation bonds in the amount of $6,200,000 for the purpose of paying the cost of capital improvements for health facilities; and providing for an effective date."

An analysis of the capital improvement projects proposed to be financed through the proceeds of the bonds follows:

(1) Sitka Community Hospital (Sitka) . . . $5,600,000:

On November 22 and 23, 1977, an evaluation review was made of the Sitka Community Hospital. This evaluation was based on the requirements of current building codes, life safety, and hospital standards and regulations as adopted by the State of Alaska.

This facility is basically a one story building plus a partial basement. Construction of the upper story is wood frame nominally protected to a one-hour rating and sprinklered throughout.

The Sitka Community Hospital building was built in 1956 and rates non-conforming and inadequate by current standards of construction and medical care facility regulations.

The Sitka facility has the following physical deficiencies:

1. The hospital site, although adequate for the present facility, does not have adequate space for expansion for future needs.

2. Corridors are blocked by excessive movable equipment due to lack of adequate storage space.

3. Fire exits are inadequate to meet life safety requirements.

4. The building has no smoke barrier partition or smoke detection system required by code.

5. Hazardous areas are not adequately separated from patient care areas.

6. Patient rooms are minimum in area and do not have adequate clearances for proper patient care.

7. Toilet and bathing facilities are inadequate as are sufficient handwashing facilities for both patients and staff.

8. Provisions for the care of handicapped and critically ill patients are lacking. Space for maneuvering of stretchers and wheelchairs is lacking or inadequate.

9. The nursing station does not have adequate space, equipment or location for good patient care and control.

10. The administration department, including admitting and accounting, has

inadequate space and equipment to handle its responsibilities. Medical records has little space for dictating, transcribing or storage.

11. The nursery for new-borns is inadequate and has no separate work station as required.

12. The new-born delivery area is much too small and has no controlled access or adjoining labor room.

13. The operating suite is not adequate in space or equipment and does not have controlled access as required.

14. The emergency department is also inadequate and the lack of built-in systems requires reliance on portable units. This requires much additional space and results in clutter.

15. There is no central sterilizing and supply department for the hospital. Clean supply processing and sterilizing is accomplished along side of soiled holding and clean-up procedures. This may result in inadequate infection control and cross-contamination between clean and soiled medical articles.

16. The radiology department is inadequate is size and equipment. Installation of modern equipment is precluded by space and low ceiling height.

17. The hospital has virtually no ventilation system. Only one small unit serves the entire patient area including the operating room. Space is not available to install new equipment or ductwork.

18. The heating system operates on low pressure steam and only one boiler is functional. An additional new boiler is urgently needed to maintain adequate stand-by capability. No adequate temperature control is available in patient areas. The incinerator should also be replaced.

19. The electrical system is loaded to capacity and has no expansion capability. Ground fault detectors and isolated circuits are not available as required. Lighting of all areas is generally inadequate.

20. The hospital has no built-in oxygen or vacuum systems so that portable units must be used and kept available.

21. Adequate storage is not available close to the point of need for medical supplies and equipment. Most of the required storage is located in a separate building on the site which was intended to house an ambulance. The maintenance shop and emergency generator is inadequate.

22. The laundry is located in the basement and does not have adequate separation of soiled and clean linens. No ventilation system is provided. The linen chutes are not fire protected and separated from the exit corridor as required. An elevator is not available for transportation of supplies and equipment.

In view of the stated deficiencies the existing hospital is a poor base for a long term investment. The best option in terms of achieving the best possible functional relationships and maintaining uninterrupted service is complete replacement of the hospital. Replacement would be a much better long-term investment than major expenditures on the existing building.

POSITION PAPER/Department of Health and Social Service

(2) Harborview Hospital Fire Prevention System (Valdez) . . . $305,000:

(3) Alaska Psychiatric Institute Fire Prevention System (Anchorage) $206,100:

The planned improvement at each of the above facilities is a fire prevention and control system which is required by the Alaska Fire, Life, Safety Code (State Fire Marshal).

For several years each report of the Fire Marshal's inspection of Harborview Developmental Center and the Alaska Psychiatric Institute has pointed out the need for a fire control sprinkler system at each facility. The more recent reports have required such an installation as a condition of continued use and subsequently granted a waiver until funding could be provided but not later than Fiscal Year 1979. Estimates of the cost for the installation of each system were provided by the State Department of Transportation, Division of Design and General Construction. These cost figures are the amounts provided in House Bill 713.

The Department recommends passage of House Bill 713.

Recommended by: D. Sharon Osborne — 3/2/78
D. Sharon Osborne, Coordinator — Date
Office of Planning & Research

Jerry L. Schrader — 3/1/78
Jerry L. Schrader, M.D., Director — Date
Division of Mental Health &
Developmental Disabilities

Approved by: Helen D. Beirne — 3/6/78
Helen D. Beirne, Commissioner — Date
Dept. of Health & Social Services

Sitka Community Hospital

YOUR HOSPITAL

SERVING THE PEOPLE OF THIS COMMUNITY

24 HOURS A DAY

365 DAYS A YEAR

SITKA HEALTH AND SAFETY FAIR FEBRUARY 18, 1978

Sitka Community Hospital Board, Medical Staff, and Hospital Staff are dedicated to provide for the people of Sitka and surrounding communities the widest range of care and the highest quality of care possible. Our aim is to provide this care with the highest degree of professional skill and with a sincere regard for the personal feelings of the patient. This care is given to all patients without regard to race, creed, or financial status.

Dealing with the high costs of inflation and government regulations and documentation has in recent years placed a severe strain on the hospital in maintaining and improving quality of care while struggling to keep the cost of this care at the lowest level possible.

The following information we feel will be helpful to the public to show how health care is improving and how your hospital serves you in this community.

STAFF

Five full-time physicians and 14 consultants provide a full range of medical services. Referrals to the hospital are made from smaller communities in southeast Alaska and this hospital in turn maintains an excellent relationship with major hospitals in Seattle for the referral of major cases requiring the facilities of larger medical centers.

Eleven registered nurses, 5 licensed practical nurses and 21 other full-time and 11 part-time hospital personnel provided care to over 900 patients last year for a total of over 4,000 patient days. During the year we had a total of 84 births and our Laboratory and X-Ray departments provided care for 5,992 and 7,483 patients respectively.

HOSPITAL FACILITIES

The hospital has a total of 24 beds plus 4 bassinets in the newborn nursery. The hospital is also equipped with an Intensive Care Unit with sophisticated Cardiac Monitors, Pacemakers and Defibrillators. The hospital building, built in 1956, has serious deficiencies and can no longer meet the state licensing standards for acute care hospitals or the

standards required by the Joint Commission on Accreditation of Hospitals.

Notwithstanding these deficiencies the staff has maintained an excellent standard of care, but it is evident that it will be necessary to build a new hospital in the very near future to enable the staff to continue to improve the quality and range of care necessary in this community, and to maintain our state license. The structural deficiencies make it uneconomical to consider renovating the existing building and it is hoped that a state bond issue of $5.6 million will be approved this year for a new hospital.

SPECIAL EQUIPMENT

The following is some of the sophisticated equipment that your community hospital has available to improve the quality of care our staff can provide for you:

Cardiac monitors, pacemakers, defibrillators, isolette, respirators, EKG machines and a radio-page system to provide immediate contact with physicians and key hospital staff when off duty.

We have recently purchased an auto analyser for our laboratory at a cost of $17,000. This equipment will allow our technicians to do tests here automatically that previously had to be done manually or sent to a major laboratory center in California. It usually took 2 weeks to get the results of these tests from California. Now the physician can have the results within 24 hours thereby helping him to confirm his diagnosis and immediately commence appropriate treatment with better results to the patient.

This analyser, the first of its type available for small hospitals, allows the technicians to do 17 tests automatically in a fraction of the time it would take to do these tests manually, and at a fraction of the cost. This allows your physician to order a full screening profile when appropriate at the same cost to the patient that one or two tests would cost by manual methods A screening profile will also in some cases give an indication of some medical

problems that would not otherwise be indicated by normal routine tests thereby providing a much improved quality of care for our patients.

This is an example of a piece of equipment that provides better care at a lower cost. Usually in hospitals new or improved equipment adds to patient costs because of the high cost of the equipment plus the new skills or special staff required to operate the equipment. But improvements in diagnosis and in a patients health is difficult to measure in dollars.

OUR HEALTH DELIVERY SYSTEM

This country without question provides the highest quality of care in the world while providing patients with free choice of physician and hospital. It is our goal to ensure that this care is readily accessible and available to all persons in need of care. All our efforts will be devoted to keeping the cost of this care as low as possible while maintaining the qualified staff and sophisticated equipment necessary to ensure that our standard of care is always improving in keeping with the advances in medical science and the availability of sophisticated diagnostic and life-saving equipment. Here are some important facts regarding our health delivery system:

- In the past 5 years the death rate has been reduced by nearly 5%.

- Medical care previously only available at major medical centers is now available in many small modern well equipped hospitals. For example, Intensive Care, unheard of a few decades ago, is now available in over 60% of our hospitals.

- Length of stay in hospitals, particularly for major surgery has decreased dramatically, with better results for the patient - and at a lower cost per patient stay.

- In 1940 more than half of America's heart attack victims did not recover. Today over 85% recover.

- In 1950 survival from the first kidney transplants was "zero". Today it is 80%.

- Life expectancy has increased 10 years since 1940.

- It is estimated that Intensive Care Units save 100,000 lives a year.

HEALTH CARE COSTS

It is estimated that the per capita hospital costs in America now average 70¢ a day. This is a small price to pay to maintain your health, but it is still higher than many people can afford, and is increasing rapidly every year due to the overall rate of inflation in this country. Hospitals, however face an inflation rate of nearly double the general rate of inflation due to the necessity to purchase new drugs, new and better medical and surgical supplies and expensive, sophisticated equipment.

These costs are necessary if a hospital is to take advantage of the advances in medical science and techniques that are developed which reduce the length of hospital stay, save lives, and in the end reduce the health care costs to the nation by keeping people healthy and more productive. Hospitals can easily reduce costs but it would be impossible at the same time to maintain the rapid improvement in the quality of care provided.

In this hospital the city, the hospital board, and the staff are dedicated to continue to improve the range and quality of health care, but we are using every method possible to control the affect of the serious inflation that we have faced in the past few years. Many innovative programs are being implemented, and others planned which will reduce the accounting, clerical and other costs which do not contribute to patient care. Many of these programs will require the approval of federal and state agencies but we expect to get full cooperation to ensure that not one unnecessary procedure is performed or one dollar spent that does not contribute directly to the overall care provided to our patients.

The American Hospital Association has estimated that 8 federal regulations alone add $22 to every patient's bill. Last year the Department of Health, Education & Welfare issued almost 600 new or proposed health related regulations. We will exert all our efforts to reduce this waste.

COST PER PATIENT DAY

Hospitals have been under pressure from government agencies to reduce costs - while at the same time these agencies are adding to the costs. But we have not kept the public fully informed of how their health dollar is spent. Spiralling costs have placed hospitals on the defensive and, therefore, the so called "Room Rate" has not been increased to cover the cost of the services provided. This has resulted in hospitals sustaining serious losses and/or resorting to undesirable markups on chargeable items such as drugs and medical and surgical supplies. The enclosed chart, therefore, is provided to show what the average cost per patient day is in our hospital at the present time. The charge normally referred to as the "Room Rate" will in future be designated the "Basic Charge". As you will see in the enclosed chart this basic charge includes 24 hours of skilled nursing care, which requires 3 nursing shifts per day, 7 days a week, plus food, special diets, admitting, accounting and medical records services and a mass of statistical data required by numerous government agencies.

THE FUTURE

With continued inservice education and postgraduate courses and seminars our staff will be trained to use new and sophisticated equipment as it becomes available and be able to apply new techniques to continue to improve the range and quality of care we provide to you, the patient - the most important person in our hospital.

Immediate life preserving skills and equipment must be available here when time does not permit the transfer of patients to distant medical centers. Our staff is ready and able to do their share and we will do everything in

our power to keep the community informed. We hope that everyone concerned with health care in this community will support the efforts of your Board and staff in their struggle to fund and build a modern and efficient new hospital to continue to give to this community nothing less than the highest quality of care that can be provided.

YOUR HOSPITAL BOARD

Edward J. Flynn - Chairman

Jack Parrish - Vice Chairman

Paul Arvin

Sandra Sunde

Edward D. Spencer, M.D.

Lawrence Porter

Elaine Mann

Walter Barker - Municipal Assembly Representative

Administrator -
Alex S. McAllister

SITKA COMMUNITY HOSPITAL
Breakdown of Costs
First Six Months of Fiscal Year 1977-1978

Department			Total	Cost Per Patient Day	Percentage of total cost
Inpatient Nursing Care	Salaries		$142,125	$ 71.03	23.4%
Other Nursing Care	Salaries		11,496	5.75	1.9%
Surgery	Salaries	27,007			
	Supplies	6,563	33,570	16.78	5.5%
Anesthesiology	Salaries	13,565			
	Supplies	4,987	18,552	9.27	3.1%
Med.Surg. Supplies			11,526	5.76	1.9%
Pharmacy			10,757	5.38	1.8%
Central Serv./Supp.	Salaries	7,462			
	Supplies	1,949	9,411	4.70	1.6%
Laboratory	Salaries	30,029			
	Supplies	20,240	50,269	25.12	8.3%
X-Ray	Salaries	25,297			
	Supplies	4,864	30,161	15.07	5.0%
Medical Records	Salaries	9,646			
	Supplies	2,844	12,490	6.24	2.1%
Dietary	Salaries	26,417			
	Food	10,764			
	Supplies	3,039	40,220	20.10	6.6%
Plant & Grounds	Salaries	12,290			
	Supplies	4,626	16,916	8.45	2.8%
Housekeeping	Salaries	11,936			
(OR,OB,ER,etc.)	Supplies	1,828	13,764	6.88	2.3%
Laundry & Linens	Salaries	2,190			
(OR,OB,ER,etc.)	Supplies	584	2,774	1.39	0.5%
Admin., Admitting,	Salaries	46,721			
Billing, Accounting	Supplies	5,242	51,963	25.97	8.6%
Data Processing			7,017	3.51	1.2%
Telephone			2,816	1.41	0.5%
Collection Fees			2,082	1.04	0.3%
Auditing Fees			2,000	1.00	0.3%
Payroll Taxes & Employee benefits			66,774	33.37	11.0%
Insurance (Malpractice & Hazard)			16,320	8.16	2.7%
Printing and Stationery Supplies			7,410	3.70	1.2%
Utilities, Surgery, OB,ER.			7,457	3.73	1.2%
Bad Debts			7,500	3.75	1.2%
Room (Includes Utilities, Laundry & Linens, Housekeeping, Maintenance)	Salaries	16,542			
	Other	14,445	30,987	15.49	5.0%
TOTALS			$ 606,357	$ 303.05	100 %

(907) 747-3632

Sitka Health Association

P. O. Box 517, Sitka, Alaska 99835

April 30, 1978

Rep. Charlie Parr, Chairman
Health, Education, and Social Services Committee
Alaska State Legislature
Juneau, Alaska 99801

Dear Representative Parr:

The Sitka Health Association is a body of volunteer citizens which concerns itself with planning for ways to meet the health and medical needs of Sitka residents. We are recognized by the Sitka Assembly as their health planning organization and we are Sitka's laison with the South East Alaska Health Systems Agency.

We feel that Sitka needs a new community hospital facility as the present one does not neet minimum standards for the federal Medicaid/Medicare programs and cannot get State accreditaion because of the wooden frame. These standards and accreditation requirements were enacted to provide for patient safety. Alex McAllister, hospital director, and Ed Flynn, chairman of the Hospital Board, are in Juneau at this time and can be more specific about this. If we don't get a new hospital, the present one will have to eventually close if the federal government decides not to renew the waivers which are currently granted. This would lead to all Sitka residents who are not PHS beneficiaries leaving their community for hospital care. We beleive hospitals belong under local control and that it would not be appropriate for us to request PHS to change their policies so that non-beneficiaries could be admitted. We hope the State of Alaska will help us keep our hospital under this local control.

We feel badly that there was a communication problem and we did not indicate our concerns prior to your consideration of this matter last week. We hope this will not affect your appreciation of our plight and that you will reconsider the matter.

Thank you.

Sincerely,

Nancy Eliason

Nancy Eliason, President

CITY AND BOROUGH OF SITKA

RESOLUTION NO. 78-121

A RESOLUTION OF THE ASSEMBLY OF THE CITY AND BOROUGH OF SITKA URGING THE ALASKA LEGISLATURE TO AUTHORIZE A STATE BOND ELECTION TO PROVIDE FUNDS FOR A NEW SITKA HOSPITAL.

WHEREAS, the present Sitka Community Hospital is over twenty years old and in urgent need of major repairs to the heating and other systems; and

WHEREAS, Sitka is a rapidly growing municipality in need of a modern hospital but without the tax base necessary to finance a new hospital without major outside aid;

NOW, THEREFORE, BE IT RESOLVED BY THE ASSEMBLY OF THE CITY AND BOROUGH OF SITKA:

THAT the Alaska Legislature respectfully be asked to authorize a State Bond Election to provide funds for a new Sitka Community Hospital.

PASSED, APPROVED AND ADOPTED by the Assembly of the City and Borough of Sitka, Alaska on this 25th day of APRIL, 1978.

Ben F. Grussendorf, Mayor

ATTEST:

Esther Middleton, Acting Clerk

SITKA COMMUNITY HOSPITAL
P. O. Box [illegible]0 • Sitka, Alaska 99835 • (907) 747-3241

April 27, 1978

Honorable Charlie Parr
Chairman, Health Education and Social Services Committee
House of Representatives
Pouch V
Juneau, Alaska 99801

Dear Sir:

We regret that we did not have any representatives from our area present when your committee met to consider a Bond issue for a new community hospital in Sitka.

Unfortunately I was not aware that the committee meeting had been scheduled, and I was also informed that the Governors office and/or the State Planning and Research office had all the documentation to support our request for this Bond issue.

I have only been Administrator of this hospital for 3 months and I apologise therefore for not taking steps to see that our application was better supported, and I very much regret any delay or inconvenience to your committee.

I am enclosing a package of letters and reports that I hope you will find helpful and we will definitely have persons available to provide any additional information at your next meeting at 3 P.M. on Monday May 1.

I very much appreciate your help in this important issue and I will be pleased to work closely with you and your committee and staff to help this community obtain a modern health care facility.

Sincerely,

A. S. McAllister
Administrator

ASM/klk

GREATER SITKA
Chamber of Commerce, Inc.

April 27, 1978

Honorable Charlie Parr, Chaiman
Health Education and Social Services Committee
Alaska House of Represenatives
Pouch V
Juneau, Alaska 99801

Dear Sir,

May we take this means to assure you and your Committee that the Greater Sitka Chamber of Commerce strongly supports the request of the Board of Directors of the Sitka Community Hospital for funding for construction of a new hospital facility in Sitka.

It is our understanding that your Committeee feels it does not have enough data in hand and is somewhat reluctant to act on the little information it has. This is understandable and commendable. However, we cannot understand this shortage since we have been assured by the agencies involved that they have forwarded copies of all their data to you. But be that as it may - urge you to please await the presentation of this material before making a -al decision.

Realizing that Sitka is in a uniquely unfavorable position regarding its hospital, may we offer the following for your consideration? (1) Federal Governmental activities have been and continues to erode our base. The use of the Public Health Hospital by the Native and Armed services communities creates a population/use picture that is very misleading. Our tax base is also being diminished in the same way. (2) Due to the poorly designed facility that we now occupy, we are working under wavers by the various rating and qualifying Boards. Should these be withdrawn we would lose thereby several sources of revenue, such as Medicare etc. (3) We have been told that engineering studies indicates that with the present construction accreditation is impossible, and that it will require a new facility. (4) Sitka's growth projections require a sizable facility increase, yet we must fund on the present population figures. (5) Our present tax structure, though low in millage rate, is high in valuation, with the result that we are paying dollar value taxes that are equal to most and more than some cities of comparable situation. This presents an unrealistic picture when viewed with the customary eye to millage rate only. To be forced to bond for such a large sum of money would create an impossible hardship.

POST OFFICE BOX 638 • SITKA, ALASKA 99835

We are proud of the quality of patient care being rendered, even under our adverse conditions. Our acute care capabilities are excellent and for such short term patients we could demonstrate a considerable savings to the Federal people on a contracural basis at present, and this could even increase with a new facility.

There are many other compelling reasons for requesting your help, such as the impossiblility of 100 % scheduled occupancy due to the arrangement and shortage of rooms and equipment.

We therefore urgently request that you give favorable consideration to our need. Please be assured that there is absolutely no lack of support for this project in Sitka.

Sincerely yours,

Jim Davis,
Executive Director
For the Board of Directors

JD/cb

cc: Mr. Rocky Gutierrez
Mr. Alex McAllister

122

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03025 ANCHORAGE ALASKA 89 04-27 1130A AST

PMS ALEX MCALLISTER ADMINISTRATOR SITKA COMMUNITY HOSPITAL

BOX 500 PH 747-3241

SITKA AK 99835

THE ALASKA STATE HOSPITAL ASSOCIATION SUPPORTS ANY DECISION FOR CONSTRUCTION OF HEALTH FACILITIES THAT IS MADE BY THE STATES PLANNING AGENCIES AND IS SUPPORTED BY THE COMMUNITY INVOLVED. WHEN THE PLANNING AGENCIES AND THE LOCAL CITIZENS DEEM A FACILITY NECESSARY, EVERY EFFORT SHOULD BE MADE BY THE STATE, CITY AND/OR BOROUGH TO FUND THE PROJECT IN A TIMELY MANNER ESPECIALLY IF THE PROJECT INVOLVES THE REPLACEMENT OF A STRUCTURALLY UNSAFE BUILDING. IF YOU WISH TO SHARE THIS TELEGRAM WITH OTHER, YOU ARE WELCOME TO DO SO

DONNA BRADY, ACTING EXECUTIVE DIRECTOR ALASKA STATE HOSPITAL ASSOCIATION

PHONED NUMBER 3241
PHONED Arbor
TIME 235
BY CJ DSPN Blue
UNRAISED
(time) (date) (initials)

SITKA COMMUNITY HOSPITAL

P. O. Box 500 • Sitka, Alaska 99835 • (907) 747-3241

April 4, 1978

Senator Ted Stevens
U.S. Senate
411 Russell Building
Washington D.C. 20510

Dear Senator Stevens:

As requested by Mr. Richardson we are providing you with the information required regarding the services which Sitka Community Hospital provides for this community.

1. This hospital was built in 1956. We have 24 beds and provide acute care in medicine, surgery, obstetrics, and pediatrics. We have no long-term facilities, but we do provide care for alcoholics and psychiatric patients.

2. With only two-bed patient rooms and one four-bed ward, it is very difficult to cover a full range of acute care and adequately separate surgical, medical, obstetrical, and isolation cases. We have no isolation rooms or newborn isolation facilities, and although we have occasionally been filled to capacity, many times all our rooms are full when our census is at fifty percent occupancy, which was our average occupancy rate during 1977. The rooms are small and do not have closets for patients' clothing and personal belongings. There is no doubt that if we had better facilities our census would increase.

3. The hospital plant is obsolete and does not meet current accreditation or state licensing requirements. A copy of the State Architect's report is attached. Apart from structural and design deficiencies, our staff are particularly hampered in their efforts to maintain quality care by inadequate space and design for coronary care, surgery, obstetrics, lack of isolation and security rooms.

4. We have no space for inservice education, physical or inhalation therapy, or space for an auxiliary or for pulmonary function services. This makes it difficult for our staff to give the range and quality of care which they are capable of providing for this community.

5. We have two excellent Surgeons on staff who do a wide range of surgery. We have three General Practitioners, one trained in Internal Medicine, one who has recently been re-certified for seven years by the American Board of Family Practice, and the third General Practitioner has had medical, surgical, and obstetrical experience.

6. Acute health care is provided for all members of the community, including native population. The lack of adequate facilities has obstructed our efforts to obtain referrals from outlying areas. There is no doubt that we do have the support of the community and all health care agencies, and if we can obtain the Bond issue and build a new facility, I know that we can dramatically improve the services which we provide and which are needed in this community.

7. The Governor and the Department of Health are fully in support of a $5.6 million state Bond issue, which will probably be presented in the legislature within the next two months. The city is also fully supporting the need for a new hospital and we feel will definitely supply the additional funds needed to build a modern health facility for this community.

8. We believe that it is only economically feasible to have one modern health care facility in this community, that can be operated at a level of efficiency which will provide a high quality of care at a reasonable cost to the community. The city is contributing to the operation of the existing hospital and has over the past two years provided $200,000 per year for capital and operating subsidy.

9. We believe there is a great need in this community for long-term care services, rehabilitation and alcoholic programs and we believe that the local Public Health Service hospital could provide all these services and avoid costly duplication of services to the community. We are working in cooperation and harmony with the P.H.S. hospital, and are planning more programs to share services, reduce operating costs in both facilities, and provide the optimum care for the community.

10. In planning the new hospital, provision will be made for working in complete cooperation with the physicians, other health care organizations, and the native community. We will plan on the highest quality and widest range of health care possible, and this care will be available and accessible to all members of this community, including, of course, the native population. We will coordinate our acute care with the rehabilitation, long-term care and other special health services which we hope the Public Health Service hospital will provide.

11. Increased operating efficiency will reduce the costs to the patients, and plans already implemented will, we project, save $20,000 per year on costs of billing, accounting, and computer operations. More changes can be made which will improve efficiency and reduce costs without in any way affecting the quality of patient care.

We would be pleased to keep you fully informed regarding our funding and planning for a new health care facility in Sitka and we would like to work with you and local, state and federal agencies in planning for the most modern and sophisticated health care facility that we can design and build for the future benefit of this community.

Sincerely,

Edward J. Flynn
Chairman of the Hospital Board

Edward D. Spencer
Chief of the Medical Staff

ASM:hm

SITKA COMMUNITY HOSPITAL

P. O. Box 500 • Sitka, Alaska 99835 • (907) 747-3241

POSITION PAPER
of the
MEDICAL STAFF OF SITKA COMMUNITY HOSPITAL
on
THE FUTURE HEALTH DELIVERY SYSTEM FOR THIS COMMUNITY

A. TO EXPRESS THE OPINIONS AND POSITION OF TH.. MEDICAL STAFF OF THE SITKA COMMUNITY HOSPITAL WE FIRST REITERATE THE GENERALLY ACCEPTED PRINCIPLES TO PROVIDE THE COMPLETENESS NECESSARY IN THIS TYPE OF DOCUMENT:

1. The highest standard of care which we can provide must be made available and accessible to every person in this community in accordance with his or her needs without regard to race, color, creed or financial circumstances.

2. We believe that health care, including preventive medicine, is the right of everyone, as far as is necessary for the maintenance of health. However, preferred accommodation and other optional extras in health care facilities should be provided for those who wish to pay for them.

3. Care necessary to provide for basic health needs, we believe, should rank equally with food, shelter, and basic education as necessities of life. Facilities and services to provide for these basic health needs must be equally available to all without financial sacrifice.

4. The present health delivery system in this area is inadequate for the needs of the community; it is fragmented, and the cost of health care delivered is too high due to the unnecessary duplication of acute care services by the P.H.S. hospital and the community hospital.

B. WE MAKE THE FOLLOWING RECOMMENDATIONS TO STIMULATE HEALTH CARE PROVIDERS, CONSUMERS, AND PERSONS OF EVERY POLITICAL PARTY AND ORGANIZATION TO COORDINATE THEIR EFFORTS TO IMPLEMENT CHANGES WHICH WILL PROVIDE A COMPREHENSIVE PLAN OF HEALTH CARE FOR THE PEOPLE OF THIS COMMUNITY.

1. The people, who in the end pay directly or indirectly for health care, must work together to provide the very best health delivery system that providers, consumers, experts and politicians can devise.

2. Consumer education of health needs and the cost of providing health services, and consumer involvement and responsibility are essential for the success of any health program.

3. Money must be injected into this health delivery system at some point to pay for the medically indigent and other persons unable to pay for the quantity and quality of care they need to maintain adequate health.

4. Free service without some form of control will be abused.

5. A health program financed and controlled federally will create such a mass of bureaucratic controls that the cost will be astronomical - and the quality will surely deteriorate because the dedicated professional providers will lose their incentives and professional relationships. Providers will be swamped by the mass of paper work and bureaucratic controls that a government must unfortunately always impose in the hope of avoiding abuse and discrimination, but in actual fact these controls only add to the cost of providing health care.

6. We believe that it is only economically feasible to have one modern health care facility in this community, that can be operated at a level of efficiency which will provide a high quality of care at a reasonable cost to the community.

7. Unnecessary duplication of acute care services provided by the Sitka Community Hospital and the Public Health Service Hospital adds to the cost of health care in this community. These two outmoded facilities are difficult to operate efficiently and we believe that we need one modern acute care facility to serve the health care needs of all the people in this community. Such a facility operated by the community will provide the ultimate in health care services, maintain our free enterprise health care system, and allow patients freedom of choice of physician.

8. We believe that optimum standards of health care can only be provided in a free enterprise system where community hospitals are responsive to, and accountable to, the community which they serve. The layers of bureaucracy which control any Public Health Service Hospital inevitably add to the high cost of delivery of health care and alienate the community whose voluntary efforts built the health service in this country and whose help we require in the future if we want to continue to improve the quality of our health delivery system and avoid any National Health Program.

C. THE PRESENT FACILITY DOES NOT MEET CURRENT LICENSING OR ACCREDITATION STANDARDS.

1. The hospital plant is obsolete and does not meet current accreditation or state licensing requirements. Apart from structural and design deficiencies, the medical staff is particularly hampered in its efforts to maintain quality care by inadequate space and design for coronary care, surgery, obstetrics, and lack of isolation and security rooms.

2. We have no space for inservice education, physical or inhalation therapy, or space for an auxiliary or for pulmonary function services. This makes it difficult for our physicians and nurses to give the range and quality of care which they are capable of providing for this community.

3. Accreditation status can not be maintained in an obsolete building with the number of deficiencies that we have in this facility. Notwithstanding these difficulties and deficiencies, however, we have continued to provide a high quality of care to this community. For example, our length of stay has been reduced from 5.41 days in 1974 to 4.48 in 1977. It is generally accepted by all health authorities that this reduction in length of stay is an indication of a superior quality of health care. Financially, of course, this reduces the cost-per-stay to patients, and since the national average length of stay is between 6 and 7 days, our high standard of health care is delivered to patients in this community at a lower cost per-patient-stay than the national average.

4. Sitka, like other communities in SE Alaska, has to provide a more sophisticated level of care due to the relative isolation of our community than would be expected in a comparably sized hospital closer to major health centers. Our patients need to have this range and quality of care available for emergencies.

5. We are dedicated to provide the highest quality of care possible, and to deliver this care to <u>all</u> members of this community at the lowest cost possible. Programs and efficiency controls now being implemented will ensure that this hospital maintains a cost control program that provides the highest standard of efficiency with the highest standard of professional care.

4.24.78

HB
714

JUNEAU-DOUGLAS COMMUNITY COLLEGE AND KETCHIKAN COMMUNITY COLLEGE FACILITY REQUESTS

Representative Parr, members of the committee. My name is Vern Oremus. I am the Campus President at Juneau-Douglas Community College. My chancellor, Pat O'Rourke regrets he cannot be here today, and has asked me to testify before this group on the Juneau-Douglas Community College and Ketchikan Community College portion of the University's capital improvement request, specifically the Career Education laboratory Phase II and the power technology laboratory in Juneau and the Career Ed building in Ketchikan. Dr. O'Rourke asked me to speak to this committee on the details of our vocational programs, our long range plans, the students served and the cost effectiveness of the programs.

Regarding KCC request for funds:

1. KCC purchased a bowling alley on the waterfront in 1976 for 400.0 (11,000 sq ft)
2. In 1976 G.O. Bond request for 500.0 to remodel and equipment (defeated)
3. In 1977 direct appropriation of 250.0 to remodel. This provided bare necessities.
4. 78 request is for 200.0 to complete
   --95.0 completely remodel and site work
   --75.0 equipment
   --30.0 architect fees, planning, permits, administation

Current programs are in Welding, Diesel, Marine Technology and Materials Technology. Welding has been ongoing for years and supports all programs Diesel is 2 years old. Materials Technology is 5 to 6 years old, however, this area has not developed into a full program due to lack of facilities. Marine technology was new last year. The Legislature funded it at 179.0 but the governor cut to 52.0.

Thirty-six (36) FTE vocational students are now being served. The new building will allow for 84 FTE students to be trained. Cost to educate vocational students at KCC is $122.00/SCH.

Juneau-Douglas Community College began its vocational programs in 1974 with one faculty member; the production of the division was 80 SCH. Vocational education operated in one small multi-purpose laboratory. This year, 4 years later, the division has 4 full-time faculty, many part-time faculty and generates over 2000 SCH. We have built the first phase of one new voc tech lab and remodeled the existing multi-purpose lab twice to accommodate expanding programs. This Division houses one of our most healthy and growing areas. Its success is due to sound planning. In 1975 three program areas were thoroughly researched. Needs assessments were done, occupational data was gathered and the college committed itself to developing Construction Technology, Power Technology and Marine Technology programs. One hundred three students were served the first year of operation. This year we will serve well over 600. Our cost per credit hour is $110.60. Currently, we are bursting at the seams. Our classes in Career Ed fill and are closed at preregistration. We are limited in meeting needs only by facilities and staff. Career Ed classes are offered day and night, (even on Friday evening and all day Saturday). We offer classes in every school shop in town and must have more facilities to make our programs valid.

Phase I Career Ed lab was constructed in 1976 (74 G.O. Bond) as the first part of a 2 part building. The building was engineered to accept a second floor and the programs designed and implemented to phase in with this construction time line.

Phase II construction will:

--house light vocational labs (electricity, drafting and graphic arts)

--provide classroom space critically needed by the college

--complete vocational facility needs for Construction Technology for 5 to 8 years

--provide 8200 sq ft of additional space (4550 ft for labs)

--allow for 450 additional SCH in voc ed plus classroom use (90-100 FTE students served).

Power Technology Lab will:

--house diesel, automotive and small engine programs

--solve serious overcrowding and safety problems in existing facility (currently used to teach auto, diesel and welding)

--provide 7200 square feet of heavy vocational space

--complete power tech facility needs for 5 to 8 years

--allow for 1350 additional SCH (90 FTE students served)

Our planning office has requested $1,220,200 to construct the Career Ed Phase II building and $1,080,000 for the power tech lab. The governor's staff has recommended $1,220.0 for the Phase II facility but only 800,000 for the power tech lab. We do not feel this is adequate. The facility cannot be "phased" and we recommend its complete funding.

VCO/j 5/10/78

25 Capital Budget Proposed Project

Form 26 MUST BE COMPLETED AND ATTACHED WITH EACH PROPOSED PROJECT REQUEST

PROJECT TITLE	CAREER EDUCATION - POWER TECHNOLOGY LABORATORY	OPERATING BUDGET BRU(S)	NAMES	NUMBERS

PRIORITY	PROJECT STARTING DATE	ESTIMATED DATE FACILITY IN USE BY:	TOTAL PROJECT COST

LOCATION(S)	AREA SERVED	ELECTION DISTRICT
Juneau Auke Bay Campus		

SOURCE OF COST ESTIMATE _____ DATE OF ESTIMATE _____

DESCRIPTION

The Power Technology Laboratory will facilitate the rapidly expanding programs in diesel, automotive, marine and small engines. The facility will serve existing programs and enable additional training needs in the power area to be met.

PROJECT TYPE			
BUILDING CONSTRUCTION		EQUIPMENT	
OTHER IMPROVEMENT		LAND	

PROJECT PURPOSE (Check all that apply)

- Major Maintenance (Rehab) ☐
- Improvement of Services ☐
- Accommodation of Increased Demand ☐
- New Program or Service Accommodation ☐
- Supplement Previously Authorized Funds ☐
- Preliminary Feasibility or Cost Studies ☐
- Other ☐

PROJECT EXPENDITURES	TOTAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2	REMAINING COST
TOTAL ANNUAL EXPENDITURE (Capital Cost)	1080.0				
PLANNING AND ENGINEERING	80.0				
LAND					
CONSTRUCTION	900.0				
EQUIPMENT	50.0				
ADMINISTRATION AND OTHER	50.0				

OPERATIONAL COST AND NO. PERSONNEL INCREASE (DECREASE)		ULTIMATE ANNUAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2
FUNDING SOURCE	OTHER SOURCES				
	GENERAL FUND				
TOTAL ANNUAL OPERATIONAL COST		38.0			
POSITIONS	FULL-TIME EQUIVALENTS	1.0			

APPROPRIATION REQUEST	
Federal Receipts	
Matching General Fund Match	
Other General Funds	
G. O. Bonds	
ASHA Bonds	
Inter-Agency Transfers	
Other	
TOTAL	

AGENCY _____ PROGRAM _____ PRIORITY NO. _____

25 CAPITAL BUDGET

23 Capital Budget Project Justification

OBJECTIVE: _____

Justify the project using the four headings below in the order they appear. Expand upon each section as required. Repeat heading when commencing response. Submit justification for each project listed in first column of Form 27. Attach feasibility studies, reports, or other documentation available. Use Form 23 as continuation sheet.

I. DOCUMENTATION OF NEED (Cite quantitative and measurable need.)

II. ANALYSIS OF IMPACT ON OPERATIONAL EXPENSE (Estimate and justify.)

III. DOCUMENTATION OF ESTIMATED CAPITAL COST (Discuss degree of reliability.)

IV. IDENTIFICATION OF ALTERNATIVES CONSIDERED (State why rejected.)

I. Documentation of Need

Since the Power Technology program at Juneau-Douglas Community College was approved in 1976 the acceptance has been phenomenal. The need for workers in automotives, diesel, small engines, marine engines and other areas was documented in the program proposal submitted to the Statewide Instructional Council. The projections were fully substantiated as virtually all classes have been filled to capacity and the program is only in the third semester of operation.

The original Career Education Laboratory now houses courses for automotives, diesel and welding and is severely crowded. Almost all time slots are utilized including Friday evening and all day Saturday. The popularity of the courses has overtaxed the laboratory and priority must be given to the committed program. The existing facility is used by two full-time instructors plus part-time faculty and is virtually overflowing with the needed equipment. Thus, many avocational or community service courses in the area of power simply cannot be offered.

II. Program Justification

Southeast Alaska is heavily dependent upon power in all forms and Power Technology has had the largest growth of all Career Education offerings. The first career education courses in 1974 produced 30 student credit hours while Power Technology alone will produce over 600 for 1977-1978. Additional non-credit courses could use the program's equipment when available but "outside" use is curtailed by lack of time slots.

AGENCY _____ PROGRAM _____ PRIORITY NO. _____

Project Title: _____ CAPITAL BUDGET

Without added space the program will be stifled and enrollment further limited. With the projected facility the student credit hour projection will be over 900 in the first year of operation. An additional 450 student credit hours would be generated in the original Career Education Laboratory.

III. Facility Needs

The recommended size for a power technology laboratory is between 90 and 100 square feet per student for instructional areas. With the needed testing rooms, storage areas, mechanical space and large vehicle work areas recommended size is 60' x 120', resulting in 7200 square feet.

This facility would serve diesel instruction for marine, construction, truck and stationary useage. The automotive portion would facilitate front end work, auto body, tune-up, and overhaul besides outboard motors, stern-drive units, snowmobiles and other small gas engines.

2 Capital Budget Proposed Project

Form 26 MUST BE COMPLETED AND ATTACHED WITH EACH PROPOSED PROJECT REQUEST

PROJECT TITLE	OPERATING BUDGET BRU(S)	NAMES	NUMBERS
CAREER EDUCATION LABORATORY - PHASE II			

PRIORITY	PROJECT STARTING DATE	ESTIMATED DATE FACILITY IN USE BY:	TOTAL PROJECT COST

LOCATION(S)	AREA SERVED	ELECTION DISTRICT
Juneau Auke Bay Campus		

SOURCE OF COST ESTIMATE

DATE OF ESTIMATE

DESCRIPTION

The second floor of the Phase II Career Education facility will house light industrial-type laboratories for expanding occupational programs and also include general classroom and office space. The laboratories will be electronics, graphic arts and drafting. The existing Career Education laboratory is to be remodeled to accommodate welding and metals courses.

PROJECT TYPE			
BUILDING CONSTRUCTION		EQUIPMENT	
OTHER IMPROVEMENT		LAND	

PROJECT PURPOSE (Check all that apply)

- Major Maintenance (Renew) ☐
- Improvement of Services ☐
- Accommodation of Increased Demand ☐
- New Program or Service Accommodation ☐
- Supplement Previously Authorized Funds ☐
- Preliminary Feasibility or Cost Studies ☐
- Other ☐

PROJECT EXPENDITURES	TOTAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2	REMAINING COST
TOTAL ANNUAL EXPENDITURE (Capital Cost)	1220.0				
PLANNING AND ENGINEERING	95.0				
LAND					
CONSTRUCTION	1010.0				
EQUIPMENT	50.0				
ADMINISTRATION AND OTHER	65.0				

OPERATIONAL COST AND NO. PERSONNEL INCREASE (DECREASE)		ULTIMATE ANNUAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2
FUNDING SOURCE	OTHER SOURCES				
	GENERAL FUND				
TOTAL ANNUAL OPERATIONAL COST		35.0			
POSITIONS	FULL-TIME EQUIVALENTS	1.0			

APPROPRIATION REQUEST

Federal Receipts	
Required General Fund Matching	
Other General Funds	
G. O. Bonds	
ASHA Bonds	
Inter-Agency Transfers	
Other	
TOTAL	

AGENCY _____ PROGRAM _____ PRIORITY NO. _____

25 CAPITAL BUDGET

23 Capital Budget Project Justification

OBJECTIVE: _____

Justify the project using the four headings below in the order they appear. Expand upon each section as required. Repeat heading when commencing response. Submit justification for each project listed in first column of Form 27. Attach feasibility studies, reports, or other documentation available. Use Form 23 as continuation sheet.

I. DOCUMENTATION OF NEED (Cite quantitative and measurable need.)

II. ANALYSIS OF IMPACT ON OPERATIONAL EXPENSE (Estimate and justify.)

III. DOCUMENTATION OF ESTIMATED CAPITAL COST (Discuss degree of reliability.)

IV. IDENTIFICATION OF ALTERNATIVES CONSIDERED (State why rejected.)

I. Documentation of Need

Career Education at Juneau-Douglas Community College has shown tremendous growth. From an initial output of 80 student credit hours in all of 1974-1975, it has grown to a projected total in excess of 2,000 for 1977-1978. The faculty has grown from one full-time person to four and one-half plus over twelve part-time instructors. Almost every course Career Education has offered has averaged 12.6 students per course.

The second floor addition is definitely needed to house existing and planned courses. This is supported by the Academic Development Plan of 1975, which states that "...emphasis must be placed on...providing a strong vocational-technical programs..." and that "This area will become increasingly important in providing occupational skill training and retraining as the population of the Southeastern region grows."

II. Program Justification

The area has voiced strong concern for a college-level electronics program as well as graphic arts and expanded offerings in drafting. Technician-level employment is high in the area and the need for trained personnel as well as up-dating workers is expected to continue. The existing facilities are already overtaxed and needed program growth is at a virtual standstill. There is simply no room for additional courses within the existing multi-purpose or materials technology laboratories.

The college is offering a beginning level electronics course through a part-time instructor and utilizing the facilities of Juneau-Douglas High School. The facilities are minimal and cannot go beyond the basic electronics course but thirteen students have initially enrolled and interest is strong for continuing the sequence of courses.

AGENCY _____ PROGRAM _____ PRIORITY NO. _____

Project Title: _____ CAPITAL BUDGET

The phase II addition would produce an additional 450 student credit hours in electronics and graphic arts alone in its first year of operation. The facility would also house a new drafting facility, general classrooms and faculty offices.

III. Facility Needs

The recommended space allotment for an electronics facility is 90 square feet per student or approximately 1200 square feet for a class of twelve. The facility should be rectangular and located near both the drafting and graphic arts laboratories. A drafting laboratory should contain 1350 square feet which allows for 90 square feet per student plus storage and counter area. The graphic arts area should have 2000 square feet, allowing for 100 square feet per student plus storage and darkroom space.

Thus, the total area of the phase II project would be 8200 square feet, of which approximately 4550 square feet would be allotted to light-industrial career education laboratories.

TO Gerald Hiley, Administrator
Adult and Continuing Education
Department of Education
Pouch F
Juneau, Alaska 99811

DATE February 28, 1978

FILE NO.

TELEPHONE NO.

FROM Robert D. Booher
Project Director
Alaska Skill Center
P.O. Box 615
Seward, Alaska 99664

SUBJECT Programs to be housed in the new classroom-shop facility.

The proposed bond money of 2.2 million [illegible] used to provide shop space, classroom space and lab space for [illegible]ng programs:

1. Forest Technology
2. Welding
3. Marine Diesel
4. Building Trades (heating and refrigeration, drafting and electronics)
5. Petroleum Technology
   a. Oil Spill Technology
   b. Oil Field Mechanic
   c. Rigging Training
   d. Exploration and Seismograph Drilling
   e. Wire Line Rigging
   f. Blowout Prevention
6. Adult Basic Education and Audio-Visual classrooms

New Programs in the future:

1. Small Engines
2. Auto Body Rebuild
3. Auto Paint Shop
4. Air Frame and Power Mechanics
5. Land and Resource Management
6. Surveying
7. Small Appliance Repair
8. Small Business Management

The building will contain a centralized tool, supply, and storage area, four administrative offices and restrooms to accomodate 150 people.

Expansion of the Heavy Equipment area to include the Hyster Forklift and the N.C. Cat apprenticeship programs necessitates moving the Welding and Marine Diesel programs to different quarters. Incorporating the Building Trades program into this facility will free the present metal buildings for storage for the various programs.

We anticipate expanding the Petroleum Technology program to include the listed six fields which will require considerably more space. It is also planned to extend the Building Trades area to encompass drafting, basic electronics, and refrigeration programs.

Listed are eight programs that we've had numerous calls to provide and sufficient space will be provided to expand into these areas in the future.

Preliminary figures show that approximately 40,000 square feet of floor space will be needed and it is my plan to have the building put out for a design build bid from a set of specifications we make in conjunction with the Division of Design and Construction.

An alternate plan for the 2.2 million bond appropriation would be to use it to remodel and add on to the present Seward High School if it becomes available from the Kenai Peninsula Borough when the school district moves out of it this year.

By obtaining the high school and the State National Guard Armory building it would make the money stretch much further.

If this plan is followed it will also necessitate an addition on the present mechanical shop as part of the project to handle the Welding and Marine Diesel programs.

HB

719

Instructional Unit Increase vs. C.O.L.A.

Year	Base Unit $	% Increase	Anchorage COLA. (Based upon 1967 as 100)	% Increase from previous year
72-73	$ 19,250		1972 - 115.9	2.7
73-74	20,250	5%	1973 - 120.8	4.2
74-75	21,750	7%	1974 - 133.9	10.8
75-76	23,500	8%	1975 - 152.3	13.7
76-77	25,000	6%	1976 - 164.1	7.7
77-78	27,500	10%	1977 - 175.5	7.0
78-79	29,000	5%		
HB 719	31,900	10%		
HB 900	30,700	6% - 12 mil		

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HB 719

Title An Act Relating to State Aid for Schools; and Providing for an Effective Date

Requested by Duncan, Anderson, Freeman, et. al. Date 2-1-78

II. FISCAL DETAIL

Agency Affected Education

Program Category Affected Elementary and Secondary Education

Budget Request Unit(s) Affected Financial Support Programs

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.				20,589.4	22,424.7	23,770.1
TOTAL				20,589.4	22,424.7	23,770.1

FUNDING (Thousands of Dollars)

GENERAL FUND				20,589.4	22,424.7	23,770.1
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME				0	0	0
PART TIME				0	0	0
TEMPORARY				0	0	0

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

This estimate is derived by multiplying the difference between the FY-79 instructional unit value presently in statute and that proposed in HB-719 by the number of instructional units projected in the department's FY-79 initial report. This computation, the 2900 difference between 29,000 and 31,900 times 6,283 instructional units, yields 18,220.7. This figure is then increased by 13 percent to accommodate area differentials provided by AS .4.17.051, which results in a net cost of 20,589.4, assuming the actual number of instructional units does not increase over FY-79.

IV. DATE 2-6-78 PREPARED BY Nathaniel Cole - Deputy Commissioner

AGENCY Education

PHONE 465-2800

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

33-001 (Rev. 10/76)

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. CSHB-719

Title An Act relating to state aid for schools; and providing for an effective date.

Requested by House HESS Date 5-3-78

II. FISCAL DETAIL

Agency Affected Education

Program Category Affected Education

Budget Request Unit(s) Affected Financial Support

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.			3,292.8	15,559.9	16,493.4	17,483.0
TOTAL			3,292.8	15,559.9	16,493.4	17,483.0

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME			-0-	-0-	-0-	-0-
PART TIME			-0-	-0-	-0-	-0-
TEMPORARY			-0-	-0-	-0-	-0-

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

	FY-79	FY-80	FY-81	FY-82
Section 4	68.4	72.5	76.8	81.4
Section 6*	207.3	219.7	232.9	246.9
Section 2	3,017.1	3,198.1	3,390.0	3,593.4
Section 7		12,069.6	12,793.7	13,561.3
TOTALS	3,292.8	15,559.9	16,493.4	17,483.0

Proposed

*181 (Instructional Units) x .987415 (State Support) x 33,640 (116% I.U.) = 6,012.2

181 (Instructional Units) x .987415 (State Support) x 32,480 (112% I.U.in statute) = 5804.9

Increase = 207.30

IV. DATE May 4, 1978 PREPARED BY Nathaniel Cole, Deputy Commissioner

AGENCY Education

PHONE 465-2800

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

33-001 (Rev. 10/76)

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 800
Title Base Instructional Unit Value
Requested by Rules Committee at Request of Governor Date 2-10-78

II. FISCAL DETAIL
Agency Affected Education
Program Category Affected Education
Budget Request Unit(s) Affected Financial Support Programs

EXPENDITURES (Thousands of Dollars)

		FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100	PERSONAL SERVICES						
200	TRAVEL						
300	CONTRACTUAL						
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.			12,069.6	12,793.7	13,561.3	14,374.9
	TOTAL			12,069.6	12,793.7	13,561.3	14,374.9

FUNDING (Thousands of Dollars)

GENERAL FUND			12,069.6	12,793.7	13,561.3	14,374.9
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME			0	0	0	0
PART TIME			0	0	0	0
TEMPORARY			0	0	0	0

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

6283 instructional units x $1700 per instructional unit x 1.13% of average differential = $12,069,643

FY 81 - 83 @ 6% per year increase.

IV. DATE 2-22-78 PREPARED BY Nathaniel Cole, Deputy Commissioner
AGENCY Education
PHONE 465-2800

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

33-001 (Rev. 12/77)

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HB 749

Title Act Relating to Instructional Unit Allotments

Requested by Freeman and Gardiner Date 2-7-78

II. FISCAL DETAIL

Agency Affected Department of Education

Program Category Affected Education

Budget Request Unit(s) Affected Financial Support Programs

EXPENDITURES (Thousands of Dollars)

		FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100	PERSONAL SERVICES						
200	TRAVEL						
300	CONTRACTUAL						
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.		68.4	72.5	76.8	81.4	86.2
	TOTAL		68.4	72.5	76.8	81.4	86.2

FUNDING (Thousands of Dollars)

GENERAL FUND		68.4	72.5	76.8	81.4	86.2
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME		0	0	0	0	0
PART TIME		0	0	0	0	0
TEMPORARY		0	0	0	0	0

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

59 (Instructional Units) x 31,320 (108% I.U. Proposed) = 1847.8

59 (Instructional Units) x 30,160 (104% in statute) = 1779.4

Increase = 68.4

FY 79-82 inflation @ 6%

IV. DATE 2-22-78 PREPARED BY Nathaniel Cole, Deputy Commissioner

AGENCY Education

PHONE 465-2800

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

33-001 (Rev. 10/76)

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE REVISED

I. REQUEST
Bill/Resolution No. HB 851
Title An Act Relating to Bilingual Education
Requested by House HESS Date 2-16-78

II. FISCAL DETAIL
Agency Affected Education
Program Category Affected Elementary and Secondary Education
Budget Request Unit(s) Affected Program Evaluation

EXPENDITURES (Thousands of Dollars)

		FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100	PERSONAL SERVICES						
200	TRAVEL						
300	CONTRACTUAL						
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.			3,017.1	3,198.1	3,390.0	3,593.4
	TOTAL			3,017.1	3,198.1	3,390.0	3,593.4

FUNDING (Thousands of Dollars)

GENERAL FUND			3,017.1	3,198.1	3,390.0	3,593.4
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME			-0-	-0-	-0-	-0-
PART TIME			-0-	-0-	-0-	-0-
TEMPORARY			-0-	-0-	-0-	-0-

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

See attached for fiscal result of revised formula:

1-36 one unit
37-72 two units
73-109 three units
110-above one unit for each 36 students or portion thereof

IV. DATE April 27, 1978 PREPARED BY Nathaniel Cole, Deputy Commissioner
AGENCY Education
PHONE 465-2800

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

33-001 (Rev. 10/76)

	AB ADM	CEO weighted ADM/Students		Total weighted ADM/Units		Units/Entitlement	
Anchorage	317	45.6	(224)	362.6	(16.8)	(11)	319,000
Bristol Bay	-	-	-	-	-	-	-
Cordova	0	.2	(1)	.2			0
Craig	-	-	-	-	-	-	-
Dillingham	0	11.6	(78)	11.6	(.48)	(1)	44,950
Fairbanks N.S.	33 (33)	11.7	(132)	44.7	(3.6)	(2)	64,960
Galena	0	2.2	(11)	2.2	(.091)	(1)	44,950
Haines	-	-	-	-	-	-	-
Hoonah	0	.4	(2)	.4			0
Hydaburg	-	-	-	-	-	-	-
Juneau	3	10.8	(58)	13.8	(2.033)	(1)	29,000
Kake	-	-	-	-	-		est.
Kenai Peninsula	124	25.7	(135)	149.7	(7.9)	(5)	156,600
Ketchikan Gateway	0	.1	(1)	.1	(.004)		0
King Cove	-	-	-	-	-		est.
Klawock	-	-	-	-	-	-	-
Kodiak Island	19	13.		32	(3.083)	(1)	32,480
Matanuska-Susitna	5	17.8	(89)	20.8	(3)	(1)	30,160
Nenana	-	-	-	-	-		est.
Nome	0	83.6	(775)	83.6	(5.2)	(3)	134,850
North Slope	11	181.3	(1143)	192.3	(9.76)	(6)	269,700
Pelican	-	-	-	-	-		est.
Petersburg	0	1.2	(7)	1.2	(.05)		0
Sitka	10	1.2	(6)	11.2	(.466)	(1)	30,160
Skagway	-	-	-	-	-	-	-
St. Mary's	0	21.8	(109)	21.8	(3)	(1)	44,950
Unalaska	-	-	-	-	-	-	-
Valdez	0	.2	(2)	.2	(.008)		0
Wrangell	2	.2	(1)	2.2	(.091)		0
Yakutat	-	-	-	-	-		

1,201,760

REGIONAL EDUCATIONAL ATTENDANCE AREA DISTRICTS

DATE _____

	AB ADM	CED weighted ADM/Students		Total weighted ADM/Units		Units/Entitlement	
NORTHWEST ARCTIC	0	215	(1275)	215	(10.7)	(6)	269,700
BERING STRAITS	84	51.4	(324)	135.4	(7.3)	(4)	179,800
LOWER YUKON	6	124	(770)	130.	(7.1)	(4)	179,800
LOWER KUSKOKWIM	113	172	(960)	285	(13.6)	(8)	359,600
KUSPUK	0	27.9	(218)	27.9	(3)	(1)	44,950
SOUTHWEST	276	46.8	(251)	322.8	(15.2)	(9)	404,550
LAKE & PENINSULA		34.8	(233)	34.8	(3.2)	(1)	44,950
ALEUTIAN CHAIN	1	3.6	(18)	4.6	(.191)	(1)	43,500
PRIBILOF	-	-		-	-	-	-
ADAK		1.6	(8)	1.6	(.06)	(1)	40,600
IDITAROD	3	10.1	(64)	13.1	(2)	(1)	44,950
YUKON/KOYUKUK	0	20.6	(203)	20.6	(3)	(1)	44,950
YUKON FLATS	25	30.0	(200)	55	(2.29)	(est.)	89,900
UPPER RAILBELT	0	.2	(1)	.2			0
DELTA/GREELY	0	.6	(3)	.6			0
ALASKA GATEWAY	1	23	(158)	24	(3)	(1)	34,800
COPPER RIVER						(1)	33,350
CHATHAM	0	.1	(1)	.1			0
SOUTHEAST ISLANDS	-	-		-	-	-	-
ANNETTE ISLAND							
CHUGACH	-	-		-	-	-	-

1,815,400

3,017,160

4/17/98

Dear Mr. Farr:

I would like to go on record in favor of the passage of H.B. 119.

Thank you.

Sincerely,

Kay Campbell

Resource Teacher

Methlakatla Elementary School

P.O. Box 7

Methlakatla, Alaska

99926

HB
738

KODIAK ISLAND BOROUGH SCHOOL DISTRICT
POST OFFICE BOX 886
KODIAK, ALASKA 99615
(TELEPHONE: (907) 486-3131)

HB?

January 11, 1977

The Honorable Merle G. Snider
Alaska State House of Representatives
Pouch "V" State Capitol Building
Juneau, Alaska 99811

RE: FOUNDATION FORMULA

Dear Representative Snider:

As discussed with you earlier, the School Board and Administration of this district would like to ask you to consider introduction of legislation which would result in a revised Area Differential for Kodiak under the School Foundation Program (Sec. 14.17.051).

After analyzing the CNER Study upon which the 1977 law was based, we conclude that the isolation factor for Kodiak should be 20% rather than 12%.

We are enclosing the draft of that analysis with supportive data. Please contact me if there is further information you need.

We appreciate your assistance and support.

Respectfully,

John E Anttonen

Dr. John E. Anttonen
Superintendent

/ls

enc.

P.O. BOX 886
KODIAK, ALASKA 99615
TELEPHONE: (907) 486-3131

MEMO TO: John Anttonen, Superintendent DATE: December 5, 1977

FROM: Harolyn Pedersen, Admin. Assistant

SUBJECT: Draft Analysis of Area Differentials

Attached is a Draft Analysis of the Area Differential picture for this District and the results of our review of the CNER Study upon which our present Differential is based.

The review of the Study reinforced what we have concluded from our earlier conversations, that this District receives an isolation factor based upon the City of Kodiak, not taking into account the complexity of operating a District which is spread out all over the Island with seven of our villages unaccessible except by air.

It also gets 5% less than those Districts who are connected by road and railroad by virtue of the fact that the ferry stops here. That has no beneficial effect upon our costs.

ANALYSIS OF THE FOUNDATION PROGRAM - INSTRUCTIONAL UNIT ALLOTMENT AREA DIFFERENTIAL

From 1975 through 1977 the Kodiak Island Borough School District received an Area Differential of 7.5%. Then mid-year in 1976-77 the District received an additional 5% for loss of ferry service for an unusual length of time which put our Area Differential at 12.5%.

Then, the 1977 Legislature passed into law a change for most of the School Districts in the State and Kodiak was adjusted to 12.0%.

The law, as passed, reflects closely the Governor's recommendations which he states in his letter to the Senate dated March 8, 1977 are "based on the School Finance Study initiated by last year's legislature."

The Study was contracted to the Center for Northern Educational Research, and a thorough review of that study and its conclusions produces some notes of interest.

In a letter dated February 9, 1977, E. Dean Coon, Assistant Director of CNER which accompanied the final Alaska Interregional Cost Differentials report, he cautions "Use of the composite index to adjust the instructional unit allotments at this time should be undertaken with caution and viewed as a temporary expedient, rather than a solution to the problem of devising an index which reflects regional cost of education differences."

Our review of the Study and some current cost research causes us to suggest a legislative change in the amount of the Instructional Unit Allotment (Sec. 14.17.051) for the Kodiak Island Borough School District.

RATIONALE

1. There is included in the CNER Study Total Consumption Index, as there was in the former allotment, an additional 5% for schools whose headquarters are more than 5 miles from railroad, highway, or ferry connection to Anchorage, Fairbanks, or Ketchikan. Our connection to Anchorage by ferry has no beneficial impact on our "costs of education". None of our goods come to us via the ferry system. The only time we ever use the ferry is for an occasional athletic trip - once or twice a year. Most of our goods arrive by surface transportation via SeaLand from Seattle and the remainder by air freight from Anchorage.

2. Unlike any other Borough School District, Kodiak has seven rural school sites which are accessible only by air or an occasional boat or barge which we are able to charter. The Kodiak District is authorized to compute instructional units for each rural school as if it were a separate entity and this does equalize the costs of operating full programs for very small numbers of students. It does not, however, compensate for the isolation factor of this very significant portion of our school district.

The Total Consumption Index was based upon the isolation factors for the town of Kodiak. It did not consider the added program costs of mailing and shipping all goods from Kodiak on to the village sites, nor the travel costs for personnel, nor the extensive added maintenance and operation costs inherent in these rural schools.

3. The Study used comparative data collected in 1975-76. One result is that we receive the same 12% area differential as Fairbanks does.

   The Study used extensive per pupil cost data over the past several years. Because our local appropriation is proportionately low, the net result is a double penalty: (1) this factor gave a negative bias to the analysis, and (2) also affects our tuition rate which was also a component of any per pupil cost data.

   The footnotes to the Total Consumption Index indicate that "not enough price information was available to compute an index for Election District 12 (referring to the 1965 election district which was half of the Aleutian Peninsula and the Chain). A portion of our Island lies in the same Election District as part of the Aleutian Peninsula. King Cove and Unalaska receive a 50% differential. Dillingham, Southwest Region, Lake Peninsula and Bristol Bay receive 155%.

CONCLUSION

There is sufficient data to support a reexamination of the Area Differential received by the Kodiak Island Borough School District as its Unit Allotment.

The Total Consumption Index, while a better measure of interregional cost differences than that which existed before, it does not correctly reflect the factors this District encounters as costs for delivery of educational services throughout the District.

NOTES

Attachments to this paper include:

1. A listing of all school districts and the Area Differentials received as of July 1, 1977.
2. TABLE I taken from the CNER Study which shows the old Area Differentials by (old) Election District and the proposed Total Consumption Index.
3. December, 1977 cost comparisons between the City of Kodiak and five other Alaskan communities as well as the July, 1977 Market Basket survey for several Alaskan communities.

INSTRUCTIONAL UNIT ALLOTMENT

Gateway Borough School District	100%
City & Borough of Juneau School District	100%
Anchorage School District	100%
Annette Island School District	104%
Southeast School District	104%
Petersburg City School District	104%
Wrangell City School District	104%
Sitka Borough School District	104%
Matanuska-Susitna Borough School District	104%
Craig City School District	108%
Hydaburg City School District	108%
Klawock City School District	108%
Kake City School District	108%
Chatham School District	108%
Skagway City School District	108%
Kenai Peninsula Borough School District	108%
Pelican City School District	112%
Kodiak Island Borough School District	112%
Hoonah City School District	112%
North Star Borough School District	112%
Copper River School District	115%
Cordova City School District	115%
Valdez City School District	115%
Haines Borough School District	115%
Nenana City School District	120%
Delta School District	120%
Alaska Gateway School District	120%
Upper Railbelt Regional School District	120%
Yakutat City School District	120%
Chugach School District	120%
Adak Regional School District	140%
Pribilof Islands School District	150%
Aleutian Chain School District	150%
King Cove School District	150%
Unalaska City School District	150%

Yukon Flats School District	155%
Dillingham City School District	155%
Bristol Bay Borough School District	155%
Southwest Regional School District	155%
Lake Peninsula School District	155%
Lower Kuskokwim School District	155%
Galena City School District	155%
Kuspuk School District	155%
Yukon-Koyukuk School District	155%
Northwest Arctic School District	155%
Selawik City School District	155%
Nome City School District	155%
Bering Straits School District	155%
Iditarod Area School District	155%
North Slope Borough School District	155%
Lower Yukon School District	155%
St. Mary's City School District	155%

TABLE 1: A COMPARISON OF THE ALASKA DEPARTMENT OF EDUCATION'S INSTRUCTIONAL UNIT ALLOTMENT TO A COMPOSITE TOTAL CONSUMPTION INDEX BY ELECTION DISTRICT
(Anchorage = 100)

Notes to Table 1

1. This index reflects consumption of food, housing, transportation, clothing, medical and personal care. It was derived in 2.5 percent increments from the average Composite Total Consumption Index for schools shown in Table 2. If adopted, the numbers would be used in the same way as the current Foundation Program regional indices: that is, for schools whose headquarters are more than 5 miles from railroad, highway, or ferry connection to Anchorage, Fairbanks, or Ketchikan, the index is multiplied by an additional 5 percent factor to determine the final allotment. The index should not be regarded as more accurate than ± 5 percent.

2. Juneau shows prices approximately 5 percent below those of Ketchikan, to the south. This is caused by lower food prices in July, 1976, which may be a statistical aberration. The index for Juneau is probably closer to 100.0.

3. Yakutat has a significantly higher cost-of-living than the rest of Election District 5, probably due to its greater isolation. It was therefore reported separately.

4. Seward is part of the Kenai-Cook Inlet Borough Schools, but has a slightly higher cost of living, comparable to Kodiak.

5. Not enough price information was available to compute an index for Election District 12. However, except for transportation, costs are similar to or below those for Dillingham. The number in brackets is that for Dillingham.

6. Election District 15 shows a wide variation in costs. McGrath is unusually high, while Nenana and Tanana are much lower. The number chosen reflects our best guess of the probable District average.

7. Nenana and the Upper Railbelt REAA are located on the Parks Highway, and have probable costs of living slightly higher than Fairbanks but much lower than Election District 15 as a whole.

8. The Nome-Kotzebue area seems to be characterized by costs of living somewhat below some of the rural areas to the south and east. A good case could be made for increasing the allotment for the Northwest Arctic, since the costs were computed for the regional center.

8. Index reflects costs of living at the regions' main towns, which bias the index downward for the District as a whole.

TABLE 1: A COMPARISON OF THE ALASKA DEPARTMENT OF EDUCATION'S INSTRUCTIONAL UNIT ALLOTMENT TO A COMPOSITE TOTAL CONSUMPTION INDEX BY ELECTION DISTRICT
(Anchorage = 100)

lection District (Districts or REAA Affected)	Current Instructional Unit Allotment (Without isolation factor or minimum percentage)	A Total Consumption Index Adjusted to Election Districts
(Craig, Hydaburg, Ketchikan, Klawock, Chatham, Annette Island)	100.00	100.0
(Kake, Petersburg, Wrangell)	103.75	105.0
(Sitka)	103.75	105.0
(Juneau, Southeast Islands)[2]	100.00	95.0
(Haines, Hoonah, Pelican, Skagway)	107.50	107.5
(Yakutat)[3]	107.50	115.0
(Cordova, Valdez, Copper River, Chugach)	115.00	112.0
(Matanuska-Susitna)	103.75	102.5
(Anchorage)	100.00	100.0
(Seward)[4]	107.50	(112.5)
(Kenai)	107.50	110.0
(Kodiak)	107.50	112.5
(King Cove, Unalaska, Aleutian Chain, Pribilof Islands, Adak)[5]	126.25	(152.5)
(Bristol Bay, Dillingham, Southwest Region, Lake and Peninsula)	126.25	(152.5)
(Lower Kuskokwim)	130.00	160.0
(Galena, Kuspuk, Iditarod Area, Yukon-Koyukuk)[6]	133.75	160.0
(Nenana, Upper Railbelt)[7]	133.75	115.0
(Fairbanks, Delta/Greely, Alaska Gateway)	111.25	112.5
(Yukon Flats)	133.75	137.5
(Nome, Northwest Arctic)[8]	133.75	155.0
(North Slope)[9]	133.75	160.0
(Bering Straits)[9]	126.25	155.0
(Lower Yukon)	130.00	160.0

THE COST OF FOOD IN ALASKA — JUNE 1977

(Average retail prices of 55 items in 13 Alaska cities — compiled by the Economics Department, Alaska Agricultural Experiment Station and the U.S. Department of Agriculture)

Food Items	Unit	0% Ketchikan	4% Petersburg	4% Sitka	0% Juneau	8% Seward	12% Kodiak	8% Local Soldotna	15% Valdez	0% Anchorage	4% Palmer	12% Fairbanks	55% Bethel	55% Nome
Flour	10 lb.	2.53	2.23	2.16	2.04	2.82	2.47	2.56	2.74	2.15	2.45	2.62	3.71	3.73
Rice	28 oz.	1.66	1.61	.89	1.86	2.02	1.96	1.91	.97	1.79	1.07	1.85	2.71	2.24
Corn Flakes	18 oz.	.99	.98	.94	.98	1.07	1.03	.99	1.09	.91	.98	1.09	1.43	1.47
Bread, white	1½ lb.	.76	.79	.86	.72	1.20	.84	1.20	1.01	.66	.96	.91	1.42	1.47
Round steak	1 lb.	2.02	2.39	2.13	2.50	2.14	1.94	2.11	2.61	1.49	2.06	2.61	3.44	2.96
Chuck roast	1 lb.	1.32	1.32	1.62	1.24	2.16	1.33	1.12	1.64	1.09	1.73	1.12	2.41	2.40
Hamburger	1 lb.	1.14	1.08	1.01	1.00	1.29	1.09	1.14	1.39	1.06	1.06	1.21	1.76	1.76
Pork chops	1 lb.	1.98	2.08	2.33	2.02	2.15	2.07	2.11	2.19	2.13	2.23	2.13	2.85	3.31
Bacon	1 lb.	1.66	1.54	1.96	1.89	2.09	1.91	1.79	1.74	1.94	1.99	1.95	3.16	2.42
Wieners	1 lb.	1.14	1.08	1.31	1.39	1.69	1.54	1.42	1.79	1.35	1.37	1.37	2.29	1.82
Frying chicken	1 lb.	.98	1.05	.98	1.10	1.35	1.09	.99	.97	1.03	.94	1.06	1.39	1.29
Tuna fish	6½ oz.	.90	.80	.83	.79	.83	.83	.76	.83	.75	.85	.93	1.03	.94
Milk, fresh	½ gal.	1.31	1.32	1.27	1.30	1.77	1.40	1.77	1.76	1.32	1.44	1.60	2.72	2.56
Ice cream	½ gal.	1.66	1.93	1.76	1.81	1.92	2.13	1.94	1.99	1.64	1.79	1.86	3.02	3.04
Butter	1 lb.	1.35	1.42	1.39	1.50	1.79	1.69	1.46	1.72	1.49	1.62	1.44	2.26	2.15
Milk, evap.	14½ oz.	.43	.43	.44	.60	.61	.5	.44	.54	.42	.42	.42	.59	.64
Milk, powdered	12 qts.	4.08	3.92	4.13	4.02	4.64	0	4.34	4.49	4.12	4.53	4.32	4.70	5.47
Eggs, fresh	1 doz.	.75	.84	.79	.86	.97	.7	.94	1.17	.84	.97	.90	1.56	1.36
Orange juice, frozen	12 oz.	.92	.88	.81	.88	.99	1.01	1.02	1.37	.84	.84	.95	1.48	1.42
Apples	1 lb.	.59	.54	.61	.57	.59	.79	.71	.62	.64	.51	.60	.99	.99
Bananas	1 lb.	.39	.36	.42	.44	.41	.65	.54	.59	.42	.48	.59	.72	.94
Oranges	1 lb.	.32	.34	.36	.40	.39	.45	.48	.39	.34	.42	.58	.72	.78
Potatoes	1 lb.	.18	.20	.17	.18	.21	.20	.25	.30	.23	.19	.27	.41	.54
Onions	1 lb.	.31	.26	.29	.27	.49	.39	.48	.42	.41	.46	.59	.69	.81
Carrots	1 lb.	.36	.43	.41	.49	.44	.59	.53	.44	.49	.51	.47	.74	.87
Lettuce	1 lb.	.36	.38	.35	.45	.59	.59	.62	.57	.49	.57	.62	1.06	.89
Cabbage	1 lb.	.27	.28	.27	.41	.39	.45	.51	.51	.33	.56	.37	.75	.92
Tomatoes, fresh	1 lb.	.76	.62	.69	.83	.82	1.05	1.04	.94	.87	.92	.87	1.42	1.46
Grapefruit juice	46 oz.	.94	.91	.99	.99	1.09	1.04	1.07	1.26	.95	1.03	1.03	1.31	1.56
Tomato juice	46 oz.	.90	.91	.91	.94	1.02	.98	.97	1.16	.83	.94	.99	1.25	1.52
Pears	No. 2½ can	.81	.76	.72	.78	.81	.85	.81	.84	.79	.73	.80	1.18	1.19
Peaches	No. 2½ can	.81	.84	.73	.82	.83	.99	.85	.95	.89	.79	.81	1.16	1.27
Fruit cocktail	303 can	.58	.60	.70	.60	.68	.62	.61	.64	.58	.56	.76	.93	.98
Corn	303 can	.47	.41	.47	.44	.43	.54	.46	.55	.48	.41	.77	.75	.71
Tomatoes, canned	303 can	.62	.62	.83	.53	.79	.60	.53	.60	.58	.62	.69	.88	.93
Baby foods	4½-5 oz.	.22	.25	.23	.23	.29	.26	.23	.26	.21	.23	.23	.37	.35
Coffee	3 lb.	13.10	11.83	12.84	11.60	14.24	14.49	14.20	14.67	12.51	13.42	13.32	17.41	14.26
Salad or cooking oil	48 oz.	2.65	3.23	2.36	2.45	2.85	2.40	2.62	3.10	2.41	2.37	2.34	3.58	3.56
Margarine	1 lb.	.63	.65	.74	.64	.74	.69	.73	.84	.61	.73	.69	1.42	.90
Mayonnaise	1 qt.	1.71	1.76	1.57	1.72	1.91	1.77	1.70	2.12	1.58	1.67	1.70	2.63	2.24
Cola drink	6 pack	1.66	1.67	1.60	1.61	1.96	1.89	1.93	2.07	1.64	1.76	1.84	2.74	2.52
Beans, dried	2 lb.	.99	.95	.92	.94	.97	1.01	.78	1.52	.77	.90	1.04	1.24	1.52
Sugar	10 lb.	2.08	2.75	2.6	2.62	3.32	2.82	2.87	3.60	2.53	2.69	2.81	4.21	3.05
Tomato soup	10½ oz.	.30	.29	.26	.27	.31	.27	.29	.35	.27	.26	.30	.41	.40
Cream of mushroom soup	10½ oz.	.32	.32	.29	.30	.34	.30	.34	.39	.31	.32	.30	.52	.50
NEW TOTAL		60.52	59.76	59.94	60.04	70.45	66.14	65.50	72.60	60.17	61.56	63.45	92.12	91.17
% of SEATTLE		120	119	123	123	146	133	132	147	122	130	141	197	193

CLIMATE

Alaska's climatic zones are maritime, transitional, continental and arctic.

Maritime includes Southeastern, the Aleutian Chain and the immediate coastal areas of the Gulf Coast. Temperatures are comparatively mild, and precipitation — mostly rain — is heavy, from 50 to 200 inches annually along the coast and up to 400 inches on the mountain slopes.

Transition from maritime to continental lies between the Coast Mountains and the Alaska Range and includes Anchorage and the Matanuska Valley, as well as the Bering Sea Coast, which is too severe to be maritime but is milder than the Interior or Arctic. Summer temperatures are higher than the maritime climate, winter temperatures lower and precipitation less.

Continental covers the majority of the body of Alaska except the coastal fringes and Arctic Slope. It has extreme high and low temperatures and light precipitation.

Arctic, north of the Brooks Range, has cold winters, cool summers and desertlike precipitation. The arctic ice pack usually descends on the shore in early October and retreats in mid-July to late August.

Comparative Costs - State of Alaska

Surv

ITEM	KODIAK 12%	FAIRBANKS 12%	CORDOVA 15%	VALDE
ELECTRICITY per k.w.	KEA 1st 50 .16 2nd 50 .12 next 100 .10 over 200 .07 + fuel surcharge (a % of total kw usage)	AIS 1st 100 .035 next 300 .060 next 600 .045 over 1,000 .040 minimum charge 4.75 GVEA 1st 100 .1000 next 1400 .0537 over 1500 .0431	1st 100 $10.00 next 150 .0850 next 250 .0656 next 500 + up .0452 + fuel escalation	1st 75 next 125 next 200 next 200 over 600 + .0197 surc
WATER SEWER GARBAGE	10.00 (increase to 15.00 mos) 5.00 3.50	5.00 included in property assess. " " " " however, landlords charge apt tenant $8.00/mo	12.00 9.00 8.00	
FUEL OIL per 100 gals range delivered	#1 54.4 #2 53.9	#1 63.9 #2 61.9	#1 57.0 #2 56.0	#1 #2
APT RENTS 2-bedroom	$350 to $420.	$335 to $550	$300 to $435 furnished	$600 f
TELEPHONE 1 party 2 or more	13.35 [illegible]	10.35 6.50	5.75 4.75	
WATER	12.51	no charge	21.84	
GASOLINE regular [illegible] [illegible]	.509 .849 .859	.82 .86 .38	.77 .825 .825	
MILK	15.00	14.00	$10 - $14	
[illegible]	[illegible] to $600	$21.75 to $51.30	$44	winter

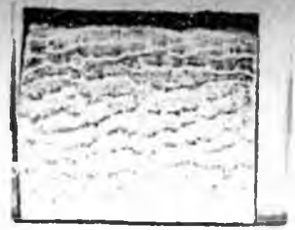
Takeoff 12-1-77

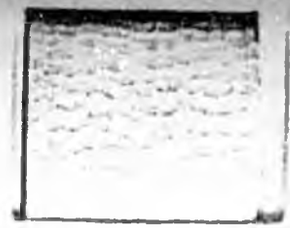
15%	YAKUTAT 20%		DILLINGHAM 55%	
.10				
.09	straight	.10	straight	.55
.02				
.01				
.06				
e/kw				
8.50	both >	17.50		12.00
7.75				3.00
free	approx.	10.00		50.00
50.0	#1	.521	no #2 fuel #1	.55
18.0	#2	.501	+ 4% or 5¢ $/-	
			delivery depend ing on ship's [illegible]	
$700	$350 to $500 + utilities		$250 to $/l.	
10.00		8.00	15¢	
8.00		7.50	no 2 or more [illegible] single party or [illegible]	
30.00		no charge		
.756		.839	.77	
.789		n/a		
713.15		1.50	[illegible]	

88.06

0.001

0.17





				Summer $36.40		
6.00	7.00	5.00	9.00	n/a	$2	
10.00	18.00	14.00	18.00	n/a	12.00 "x
10.00 "x	
90.88	97.26	61.20	87.00	114.20		

HB
749

Bruce H. Hill

225-9655
225-9659

CHAIRMAN
Richard Madden

TREASURER
Kathy Pesterfield

CLERK
Allen Strahle

MEMBER
Lucille Hedrick
Estelle Thompson

640 Park Avenue
Post Office Box 8340
Ketchikan, Alaska 99901

January 24, 1978

Representative Terry Gardiner
Alaska State House of Representatives
Pouch V
Juneau, Alaska, 99811

Dear Representative Gardiner:

Enclosed you will find several resolutions passed by the Southeast Island School District Board at their regular meeting on January 19, 1978. As each resolution requests the enactment of specific legislation, the following comment is to provide rationale for, and to clarify, the Southeast Island School District's position on each request:

I. Instructional Unit Value (Resolution No. 78-3):
The last session of the Legislature passed SCS CSHB 212, one section of which adopted a new set of cost differentials for determining instructional unit allotments. The final bill, which incorporated elements of previously introduced bills, especially SB 225, used cost differentials based upon a composite cost-of-living index developed by the Institute of Social and Economic Research, University of Alaska (see attached letter from Governor Jay Hammond to Senator John Rader, page 4, last paragraph).

During the last session, I wrote to you expressing my concerns regarding the proposed change in instructional unit value (letter of March 18, 1977, attached). You responded that the bill, at that stage, maintained the 5% isolation factor and, furthermore, that a grandfather clause would prevent any reduction in funding (letter of March 25, 1977, attached). That, of course, would have been completely acceptable, so that I did not comment further upon the bill. In the final days of the session, the bill was apparently modified so that the isolation factor was dropped, while the grandfather clause was established for only a one year period.

The net result of the bill is that rural districts in the same geographic area, and therefore with some of the similar cost problems, were given higher instructional unit values than the Southeast Island School District. This District,

however, has some unique problems which are not faced by these other centralized rural Southeast districts and which further add to its operating costs. The following are offered as examples:

A. Board travel: The Southeast Island School District Board members must travel from their respective communities for meetings in a central location, at a cost of approximately $1,000.00 per month.

B. Federal funds: Due to the cultural and economic makeup of its population, this District receives proportionately less Federal funding than most, if not all, Alaskan school districts. As a result, supplemental programs have to be funded with basic instruction monies.

C. Travel by certificated staff: Our Special Education and Correspondence Programs rely upon itinerant staff who travel throughout the District to 16 schools and a number of other locations in a area from Ketchikan to Frederick Sound. The delivery of these programs is costly in terms of both time and money, but additional funds are not provided to meet this additional burden. For example, in a centrally located district, a special education teacher may provide daily instruction to relatively large numbers of children, while in this District it may take a teacher 4-5 days to travel and provide a program for a single child. The special education program is currently subsidized by basic instruction and Federal funds, with the latter expected to diminish by 30% in FY 1979.

D. Building relocation: Due to the transiency of logging operations, school buildings have to be frequently moved and reinstalled at the new locations.

E. Inservice training: Again due to the geographic remoteness of the District, inservice training for teachers is an extremely costly item.

Finally, attached are: (1) a copy of a letter to Michael Scott of the Institute for Social and Economic Research; (2) his response, which clearly indicates weaknesses in the data used; and (3) as an example, a copy of the "Transportation Cost Index, 1976" from the Alaskan Interregional Cost Differentials prepared by the Institute for Social and Economic Research. Note how the cost for the Southeast Island School District is that of Ketchikan, while the cost for neighboring rural school districts (Craig, Klawock, Hydaburg, Annette Island) are all considerably higher.

As a result of the above factors, the Southeast Island School District Board is requesting that the instructional unit value be adjusted so that it is comparable to that of other rural Southeast school districts. As a new district, Southeast Island School District would like to develop relevant instructional programs, provide new programs in the areas of music and art, and make inservice opportunities available to its teachers so that their expertise may be kept up to date. If the instructional unit value is amended, it is expected that a large portion of the additionally generated funds (approximately $80,000.00) would be used for these purposes.

II. Correspondence Study (Resolution No. 78-4):
At the time that Alaska State-Operated School System was decentralized, it was assumed that all educational programs would be placed under control of the R.E.A.A. Boards. The intent of SB 35 was successfully carried out at both the Department of Education and R.E.A.A. levels, with the single exception of the correspondence study program. While some school districts do not offer and therefore have a need for a centralized State program, this District has an excellent correspondence program and does not have such a need.

III. Unemployment Compensation Benefits (Resolution No. 78-5):
This resolution, which is related to the first resolution, requests the Legislature to modify the unemployment compensation laws so that all school district employees on normal school vacations do not qualify for benefits. This is of great importance to Southeast Island School District due to the transiency of the population and the large number of classified employees (mostly part time instructional aides for the correspondence and special education programs, but also including clerical, secretarial and custodial personnel). Southeast Island School District has a normal working force consisting of 60 classified employees. In 1977, a total of 41 classified employees were terminated. In each case, the termination was due to the employee moving to another community. In addition, all classified employees had normal school vacations as did certificated staff. If legislative relief is not provided, the burden on this District of the costs for terminated employees and employees on normal vacations will be detrimental to current programs, especially in view of the anticipated reduction in the Southeast Island School District instructional unit value.

Your consideration of these matters will be greatly appreciated. Please contact me at 225-9658 if you have any questions.

Sincerely,

Bruce H. Hill
Superintendent

BH:js
Incl.
cc: Richard Madden, Jr.,
Chairman, Southeast Island School District Board

707 A Street, Suite 205
Anchorage, AK 99501

UNIVERSITY OF ALASKA

FAIRBANKS, ALASKA 99701

INSTITUTE OF SOCIAL AND ECONOMIC RESEARCH

Mr. Bruce H. Hill, Superintendent
Southeast Island School District
640 Park Avenue - P. O. Box 8340
Ketchikan, AK 99901

April 29, 1977

Dear Mr. Hill:

Thank you for your letter of April 26. First of all, you have pointed out several facts regarding local conditions in the Southeast Island School District which, as you so clearly demonstrate, make the use of Ketchikan as the point at which living costs are computed misleading. Early in the process of computing costs for the REAA districts we decided to use the headquarters town as the basis for the district, recognizing that in doing so, we were in effect sweeping under the rug a myriad of intra-district distribution and transportation problems for which consistent data were not available for all (or even most) districts, except at costs in project time and effort that neither funding nor time constraints permitted. The problem is common to most REAA's in the state.

Secondly, I would like to give you my thoughts on what might be done about the problem. Variability of cost within a district is very great - for example, you mention that in SISD transshipment costs increase air freight by 75 to 100 percent, and that air fares vary from $42.00 to $140.00. In addition, one must determine in what proportions it is appropriate to assume that groceries, for example, move by sea or air to each community in SISD to determine the proper weighted average premium in grocery prices above Ketchikan prices. The first alternative, that of my simply adjusting the cost of living as determined at the regional center for intra-district costs, appears to be impractical for the reason that extensive additional data collection on freight movements within a district (and probably all REAA's) would be necessary.

A second alternative would be to adjust the "isolation factor" in the funding formula to reflect the higher costs of doing business in communities within districts which are relatively isolated and costly places in which to live. This would be over and above any "isolation factor" for the district as a whole, and apart from the provision which lets you count isolated schools as separate attendance centers. I don't know what the

new factor would be, but looking at your data, I tentatively conclude that it may well be far above the traditional 5 percent.

A third alternative would be to do a comprehensive and extensive statewide cost of living survey, and to do it right, with adequate time and resources committed to the task. This has been recommended in the legislature from time to time, but it has never been done, so far as I am aware. The allocation of funds from several state programs, plus several Federal ones, might well be improved by a well-supported survey of high professional quality repeated at reasonably frequent intervals. However, the expense of doing this for more than just a few places probably renders this alternative impractical as a solution to the specific problems you raise in your letter because virtually every city, town, and village in the state would have to be surveyed.

Finally, I am referring your letter and my reply to Dean Coon at CNER and Nat Cole at the Department of Education, because I am in complete sympathy with your views on the matter of intra-district cost variation, because DOE may wish to take your comments into account, and because I think they should be aware of reactions to our study at the district level. I also urge you to send copies of your letter to your fellow superintendents, as I am sure they share your feelings and may also want to comment. Good luck.

Yours truly,

Michael J. Scott

Michael J. Scott
Assistant Professor of Economics

MJS/m

cc: Dean Coon, CNER
Nat Cole, Department of Education
Richard Madden, Chairman SISD Board
Representative Oral Freeman
Representative Terry Gardiner
Senator Robert Ziegler
Representative Charles Parr
Senator Glenn Hackney
Representative Steve Cowper
Senator John Sackett

Table 2.7

Transportation Cost Index, 1976[1]

District or REAA and Place	Annual Local Transportation Cost, Less Gasoline	Annual Gasoline Cost (auto only)[3]	Annual Intercity Transportation Cost[4]	Total Transportation Cost	Total Cost as a Percent of Anchorage
Anchorage	$1,196[2]	$469	$ 0	$1,665	100.0
Bristol Bay (King Salmon)	1,196	430	698	2,324	139.6
Cordova	1,196	469	385	2,050	123.1
Craig	1,196	364	311	1,871	112.4
Dillingham	1,196	500	824	2,520	151.4
Fairbanks	1,196	508	0	1,704	102.3
Galena	925	0	628	1,553	93.3
Haines	1,196	469	454	2,119	127.3
Hoonah	1,196	469	322	1,987	119.3
Hydaburg	1,196	469	336	2,001	120.2
Juneau	1,196	469	0	1,665	100.0
Kake	1,196	469	811	2,476	148.7
Kenai	1,196	492	210	1,898	114.0
Ketchikan	1,196	467	0	1,663	99.9
King Cove	325	0	2,280	2,605	156.5
Klawock	1,196	364	336	1,896	113.9
Kodiak	1,196	470	636	2,302	138.3
Matanuska-Susitna (Palmer/Talkeetna)	1,196	475	216[5]	1,887	113.3
Nenana	1,196	515	288[6]	1,999	120.1
Nome	1,196	506	1,034	2,736	164.3
North Slope (Barrow)	925	0	1,020	1,945	116.8
Pelican	325	0	598	923	55.4
Petersburg	1,196	469	531	2,196	131.9
Selawik	925	0	1,410	2,335	140.2
Sitka	1,196	469	404	2,069	124.3
Skagway	1,196	469	484	2,149	129.1
St. Marys	925	0	1,020	1,945	116.8
Unalaska	1,196	430	2,672	4,298	258.1
Valdez	1,196	469	315	1,980	118.9
Wrangell	1,196	469	473	2,138	128.4
Yakutat	325	0	502	827	69.1

Notes: See end of table.

District or RHAA and Place	Annual Local Transportation Cost, Less Gasoline	Annual Gasoline Cost (auto only)	Annual Intercity Transportation Cost	Total Transportation Cost	Total Cost as Percent Anchor
N.W. Arctic (Kotzebue)	$ 925	$ 0	$1,034	$1,959	117.7
Bering Straits (Nome)	925	0	1,034	1,959	117.7
Lower Yukon (Mt. Village)	925	0	1,368	2,293	137.7
Lower Kuskokwim (Bethel)	925	0	936	1,861	111.8
Kuspuk (Aniak)	925	0	922	1,847	110.9
S.W. Region (Dillingham)	925	0	824	1,749	105.0
Lake and Peninsula (King Salmon)	925	0	698	1,623	97.5
Aleutian Chain (Cold Bay)	325	0	2,070	2,395	143.8
Pribilof Islands (St. Paul)	925	0	2,868	3,793	227.9
Iditarod (McGrath)	925	0	530	1,455	87.4
Yukon-Koyukuk (Nenana/Tanana)	925	0	288	1,721	103.4
Yukon Flats (Ft. Yukon)	925	0	420	1,345	80.8
Upper Reilbelt (Clear)	1,196	508	480[7]	2,184	131.2
Delta Greely (Big Delta)	1,196	515	546	2,257	135.6
Alaska Gateway (Tok/Northway)	1,196	529	546	2,271	136.4
Copper River (Glennallen)	1,196	515	315	2,026	121.7
Chatham (Angoon)	325	406	406	731	43.9
S.E. Islands (Ketchikan)	1,196	467	0	1,663	99.9
Annette Island (Metlakatla)	1,196	467	196	1,859	111.7
Chugach Schools (Whittier)	1,196	469	850[8]	2,515	151.1

Notes: See end of table.

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HB 749

Title Act Relating to Instructional Unit Allotments

Requested by Freeman and Gardiner Date 2-7-78

II. FISCAL DETAIL

Agency Affected Department of Education

Program Category Affected Education

Budget Request Unit(s) Affected Financial Support Programs

EXPENDITURES (Thousands of Dollars)

		FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100	PERSONAL SERVICES						
200	TRAVEL						
300	CONTRACTUAL						
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.		68.4	72.5	76.8	81.4	86.2
	TOTAL		68.4	72.5	76.8	81.4	86.2

FUNDING (Thousands of Dollars)

GENERAL FUND		68.4	72.5	76.8	81.4	86.2
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME		0	0	0	0	0
PART TIME		0	0	0	0	0
TEMPORARY		0	0	0	0	0

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

59 (Instructional Units) x 31,320 (108% I.U. Proposed) = 1847.8

59 (Instructional Units) x 30,160 (104% in statute) = 1779.4

Increase = 68.4

FY 79-82 inflation @ 6%

IV. DATE 2-22-78 PREPARED BY Nathaniel Cole, Deputy Commissioner

AGENCY Education

PHONE 465-2800

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

33-001 (Rev. 10/76)

SUPERINTENDENT
Bruce H. Hill

225-9658
225-9659

SOUTHEAST ISLAND SCHOOL DISTRICT

640 Park Avenue
Post Office Box 8340
Ketchikan, Alaska 99901

CHAIRMAN
Richard Madden

TREASURER
Kathy Pesterfield

CLERK
Allen Strahle

MEMBER
Estelle Thompson
Lucille Hedrich

March 18, 1977

Representative Terry Gardiner
Alaska State House of Representatives
Juneau, Alaska 99811

Dear Representative Gardiner:

This is to comment on SB 225, a bill recently submitted by the Governor for the purpose of amending the value of the educational instructional unit. Under this bill our area differential, which is given for lack of access to "Anchorage, Ketchikan, or Fairbanks by road, railroad or Alaska State Ferry System (AS 14.17.051)," would be reduced from 5% to 4%. The same bill recommends an increase for most other rural Southeast school districts to 8% above the basic allotment. It is our position that, due to the fact our 13 schools are spread over such a large area and that our costs for providing an effective educational program are relatively high, this bill should be amended so that the Southeast Island School District is put on a par with other rural Southeast school districts. We certainly feel that any reduction in the current level of funding would be most detrimental to the children of our District.

In addition, the same position applies to SB 139 (Ferguson), which could result in an even more serious reduction in our funding.

Sincerely,

Bruce H. Hill

Bruce H. Hill
Superintendent

BHH:ys
cc: Richard A. Madden, Jr.,
S.I.S.D. Board Chairman

Terry Gardiner

Box 6092, Ketchikan, Alaska 99901 Pouch V, Juneau, Alaska 99811

March 25, 1977

Bruce H. Hill, Superintendent
Southeast Island School District
P.O. Box 8340
Ketchikan, Alaska 99901

Dear Bruce:

Thank you for your letter in regard to SB 225 and SB 139 on the school instructional unit.

I have checked into this situation and discovered that the Southeast REAAs presently get 100% base allotment plus 5% for not being on the ferry route. Under proposed legislation they would get 104% base allotment plus 5% for an isolation factor.

Additionally, there is a "grandfather" clause so that a school district wouldn't be getting any less than they do presently.

Hopefully, this has been of help to you.

Sincerely,

Terry

Terry Gardiner
State Representative
Alaska Legislature

RECEIVED
MAR 30 1977
Southeast Island
School District

SUPERINTENDENT
Bruce H. Hill

225-9658
225-9659

SOUTHEAST ISLAND SCHOOL DISTRICT

640 Park Avenue
Post Office Box 8340
Ketchikan, Alaska 99901

Richard Madden
TREASURER
Kathy Pesterfield
CLERK
Allen Strahle
MEMBER
Estelle Thorp
Lucille Hedrich

April 26, 1977

Mr. Michael J. Scott
Institute of Social and
Economic Research
University of Alaska
Fairbanks, Alaska 99701

Dear Mr. Scott:

This is to respond to your recent publication entitled "Alaskan Interregional Cost Differentials." While I would like to commend you on your efforts in outlining living costs in various Alaskan communities relative to instructional unit allotments and school operating costs, I would like to point out that glaring errors were made with regard to the Southeast Island School District (SISD). While our administrative office is located in Ketchikan, our schools are located on islands in an area extending from Ketchikan to Frederick Sound, or approximately one-half of Southeast Alaska. Apparently you concluded that data compiled for Ketchikan itself was appropriate for the SISD area.

As a result, several crucial errors were made. First, in Table 2.2 (pp.33-34), the food price index you gave for SISD is identical to that for Ketchikan. While food for our communities is ordered from Ketchikan, there is a (5%) preparation charge made by local grocery stores in addition to the freight (sea or air) charges. 7%
Second, Table 2.6 (pp.51-52) clearly shows a lack of understanding with regard to the SISD. Here you show no "Alaska Destination in Region" under SISD. This should have been Ketchikan, which is the major transportation, shopping, and medical center in the area. The round trip fares to our communities from Ketchikan range from $42.00-140.00 for a single adult seat fare. Also, the Air Freight Rate neglects the cost of transshipment from Ketchikan, which would increase the cost by 75-100%. In Table 2.7, Transportation Cost Index (pp.53-54), once again you have assumed that Ketchikan data is appropriate for the SISD area. Your conclusions here are once again erroneous, as you state that the total SISD average cost is $1,663, whereas Annette Island ,for example, has a total average cost of $1,859.Keep in mind that Annette Island is much closer to Ketchikan than any SISD site and has limited ferry connections, and thus the transportation costs would be considerably lower than for SISD communities. Twelve of the thirteen SISD communities have no ferry access, while the one that does has twice weekly service with a 130 mile round trip over less than adequate roads to the ferry terminal (with the result that people fly). As a result,

air transportation is a very major item in the SISD operating budget. Similar errors are found in Table 2.8, Air Freight Costs and Household Furnushings and Operations Indices (pp.58-59).

Finally, Table 2.10, which is a composite consumption index (pp.64-65), represents a further compounding of all the errors previously mentioned, and therefore presents an extremely inaccurate and misleading picture with regard to living costs in the SISD area. I therefore would like to suggest that data pertaining to the SISD area be revised so that a reader may have a truly knowledgeable understanding of living costs in the area as well as costs relative to school operation in the SISD. I trust that similar errors were not made with respect to the other REAA's; if so, the validity of your report would be further eroded.

Sincerely,

Bruce H. Hill, Superintendent

cc: Richard Madden, Chairman SISD Board
Representative Oral Freeman
Representative Terry Gardiner
Senator Robert Ziegler
Representative Charles Parr
Senator Glenn Hackney
Representative Steve Cowper
Senator John Sackett

RESOLUTION NO. 78-3

INSTRUCTIONAL UNIT VALUE

WHEREAS, SCS CSHB 212 was designed to provide more equitable funding for all school districts in the State of Alaska, and

WHEREAS, the area differentials in Section 8 of the bill were based upon a composite cost-of-living index developed by the Institute of Social and Economic Research of the Center for Northern Educational Research, University of Alaska, and

WHEREAS, the index for the Southeast Island School District was erroneously based on data for Ketchikan itself, and

WHEREAS, the cost-of-living in the communities comprising the Southeast Island School District is considerably higher than in Ketchikan itself, and

WHEREAS, all rural school districts in Southeast Alaska with the exception of Southeast Island School District were granted a mininum of 108% of the base instructional unit allotment, and

WHEREAS, the Southeast Island School District was given a reduction in the value of its instructional unit from 105% to 104% (effective FY 1979) due to the erroneous data in the composite cost of living index developed by the Institute of Social and Economic Research, and

WHEREAS, the reduction is contrary to the established goal of equitable funding in all Alaska School Districts and will adversely affect programs, both present and planned, in the Southeast Island School District, then

THEREFORE BE IT RESOLVED, that the Southeast Island School District Board formally requests the Legislature to amend AS 14.17.051 by changing the instructional unit allotment for the Southeast Island School District so that it is equitable with other rural Southeast Alaska School Districts, so that it accurately reflects the composite cost of living index for Southeast Island School District communities rather than Ketchikan, and so that it prevents an actual reduction in the value of the instructional unit for the Southeast Island School District had SCS CSHB 212 not been enacted.

JAY S. HAMMOND
GOVERNOR

STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

March 8, 1977

The Honorable John L. Rader
President of the Senate
Alaska State Legislature
Juneau, Alaska 99811

Dear Mr. President:

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 make a number of changes to the current provisions in AS 14, the education code, relating to funding of public education. These changes are being proposed in order to provide more equitable funding for all school districts in the state -- city and borough school districts and the regional educational attendance areas of the unorganized borough.

The bill includes statutory authorization for the state to offset state aid payments to the districts by up to 100 per cent of the federal payments to the districts under P.L. 81-874; implements a new method of funding small school programs having an average daily membership of 20 or less; reduces, beginning on July 1, 1978, the number of additional students required for the state's large districts to receive additional instructional units where the average daily membership exceeds 3,005; and adopts an entirely new set of area cost differentials for determining the instructional unit allotment for the school districts of the state, based on the School Finance Study initiated by last year's legislature.

The authority to offset state aid by an amount of federal aid under P.L. 81-874 is contained in sections 1 and 2 of the bill. Federal law authorizes a state to discount the P.L. 81-874 payments made by the federal

government in the current or the prior year against state aid payments for the current year if the state has a program for funding education which is designed to equalize expenditures for all districts of the state. Before the individual regional educational attendance areas in the unorganized borough were established, this offset mechanism occurred essentially automatically. The P.L. 81-874 payments for the schools in the unorganized borough were made directly to the state and shown as a revenue in the S.O.S., A.S.O.S.S. and A.U.B.S.D. appropriations.

When ch. 124 SLA 1975, establishing the regional educational attendance areas, was written and enacted, the state did not expect that any change in payment procedures for the schools in the unorganized borough would occur. Consequently, the formula for funding the REAA's set out in ch. 124 (AS 14.08.121) was developed on the assumption that P.L. 81-874 entitlements would still be paid directly to the state and that those anticipated receipts would be used to fund a part of the amount of the computed state entitlement of the individual REAA's. However, the U.S. Office of Education has determined that these REAA's are local educational agencies for purposes of P.L. 81-874 and that payments must be made directly to each individual REAA. This means that the state will no longer receive some $16.5 million in anticipated revenues that had been expected to be available to the state as a part of the FY 1977 appropriation from which FY 1978 state aid to the REAA's is paid. (The federal entitlement for the contracted military base schools and tuition students continues to be paid directly to the state.) Since the federal government has determined that payment will no longer be made directly to the state, the state funding formula must be altered to reflect the change in the flow of the federal P.L. 81-874 money or the state will be required to fund the entire formula entitlement for each of the REAA's out of the state's general fund. Further, the various REAA's will receive both the full amount of the formula which was initially determined by the legislature to provide an adequate amount of funding for those schools, an additional amount to each separate REAA of the local P.L. 81-874 entitlement.

Some of the REAA's have significantly higher proportions of P.L. 81-874 students than others. For example, the Adak region has close to 100 per cent P.L. 81-874 students, while the Copper River region has less than 50 per cent. Thus, the effect of funding the school districts at the full amount of the state formula coupled with permitting each district to retain its own entitlement to the P.L. 81-874 funding would be to create a disequalizing effect on the educational funding of the various REAA's. If this happened, there would no longer be any assurance that essentially comparable funding is being provided to those districts for the operation of comparable program levels. Additionally, it should be borne in mind that P.L. 81-874 funds are provided to districts as in-lieu-of-taxation payments to compensate them for the fact that federally owned property within the district is not taxable. The REAA's exercise no local taxing authority and all non-federal funds received by them are state funds derived through the exercise of the state's taxing authority. Therefore, the only manner in which the real purpose of P.L. 81-874 can actually be accomplished is by the state's applying the in-lieu-of-taxation (P.L. 81-874) payments to reduce the amount of stateraised revenues used to fund education costs. This was done when the schools in the unorganized borough were operated by the state.

The only equitable way to address these problems is to authorize the offsetting of the P.L. 81-874 money received by the REAA's against the amount of their state aid entitlement computed under the funding formula in AS 14.08.121. A simple across-the-board reduction of the total amount of state funding, prorated for each of the REAA's, would not accomplish the goal of maintaining equalization across the districts. The result of the wide range in the number of P.L. 81-874 students in those districts, generates wide discrepencies in federal funding provided to the various REAA's under that program. This funding discrepancy does not reflect true differences in actual program needs.

If P.L. 81-874 payments are to be offset against state aid for the REAA's, they must also be offset, to the extent permitted under the federal law, against the

P.L. 81-874 payments made to the city and borough school districts of the state. However, the adjustments which would be made to the state aid for those districts would be only a portion of the P.L. 81-874 payments. The federal law only permits P.L. 81-874 receipts to offset state funding in the ratio of the amount of required local effort under the foundation program (AS 14.17) to the total amount of local revenues applied to education in the districts. However, the net effect to the city and borough school districts should not be one of any loss in actual state funding for FY 1979 due to the changes made in area cost differentials and the instructional unit allotment for each of the city and borough school districts.

Sections 3, 4, and 5 of the bill would implement the change in the manner of determining funding for school districts for those schools which have average daily membership (ADM) of 20 or less. Under this proposed program, the funding of small school units would be determined by the commissioner of education annually on an approved program basis. The approved program funding would be determined based on applications submitted by the school districts to the commissioner.

Section 4 also proposes another change to the computation in the number of instructional units to which a school district is entitled. Effective on July 1, 1978 the number of instructional units for schools having an ADM of 3,005 or more would be computed on the basis of 160 units plus one for each additional 21 pupils or fraction of 21 instead of the current 160 instructional units plus one for each additional 23 pupils or fraction of 23.

Last year when I vetoed CSHB 763 (Finance), dealing with a proposed change in area differentials for two election districts in the state, I indicated that it was my belief that these issues should be resolved in conjunction with the School Finance Study then developing under a contract between the Department of Education and the Center for Northern Educational Research. Section 6 of the bill proposes a revision in the area differentials for all areas of the state based on that study. The area differentials which I am proposing in this bill are based on a composite cost-of-living index developed by the Institute of Social and Economic Research of the University of Alaska and the Center for Northern Educational Research. The index is based on a family-of-four cost-of-living adjustment throughout the state using Anchorage as the base.

Because these indices varied considerably within given election districts, it was decided to abandon the present method of determining area differentials on the basis of election districts in favor of applying area differentials by school districts. In almost every case the revised area differentials have resulted in an increase over the area differentials presently in effect. However, in order to assure those school districts for which a drop in the area differential will occur that they will continue to receive the amount of funding they had anticipated based on the current funding statutes, I am proposing in section 8 of the bill a provision which essentially guarantees that the value of the foundation program receipts for all school districts will not be less than it would have been beginning on July 1, 1977 under the current funding statutes.

Two years ago I initiated the practice of building into the law the base instructional unit figure a year in advance to improve planning capabilities at both the school district and state levels. I strongly believe this to be a wise step in aiding both levels of government in responsible fiscal management. However, I am not at this time proposing to build into the funding program a higher value for the instructional unit for the fiscal year beginning July 1, 1978. Based on current estimates of projected revenues, it does not appear that the state will have sufficient additional recurring revenues available to it in fiscal year 1979 to fund any increase in the value of the instructional unit. I am aware that bills have been introduced in the legislature to accomplish such an increase. While at this time I am unable to support those proposed increases, I am prepared to approve an increase for fiscal years beginning on or after July 1, 1978 to as high as $29,000 if the legislature enacts measures to provide additional recurring revenues in fiscal year 1979 which would be available to fund that increase. Without the revenue increase, the unit will remain at $27,500.

Sincerely,

Jay S. Hammond
Governor

SUPERINTENDENT
Bruce H. Hill

225-9658
225-9659

SOUTHEAST ISLAND SCHOOL DISTRICT

640 Park Avenue
Post Office Box 8340
Ketchikan, Alaska 99901

CHAIRMAN
Richard Madder

TREASURER
Kathy Pesterfield

CLERK
Allen Strahle

MEMBER
Estelle Thom
Lucille Hedrich

April 26, 1977

Mr. Michael J. Scott
Institute of Social and
Economic Research
University of Alaska
Fairbanks, Alaska 99701

Dear Mr. Scott:

This is to respond to your recent publication entitled "Alaskan Interregional Cost Differentials." While I would like to commend you on your efforts in outlining living costs in various Alaskan communities relative to instructional unit allotments and school operating costs, I would like to point out that glaring errors were made with regard to the Southeast Island School District (SISD). While our administrative office is located in Ketchikan, our schools are located on islands in an area extending from Ketchikan to Frederick Sound, or approximately one-half of Southeast Alaska. Apparently you concluded that data compiled for Ketchikan itself was appropriate for the SISD area.

As a result, several crucial errors were made. First, in Table 2.2 (pp.33-34), the food price index you gave for SISD is identical to that for Ketchikan. While food for our communities is ordered from Ketchikan, there is a (5%) preparation charge made by local grocery stores in addition to the freight (sea or air) charges. 7% Second, Table 2.6 (pp.51-52) clearly shows a lack of understanding with regard to the SISD. Here you show no "Alaska Destination in Region" under SISD. This should have been Ketchikan, which is the major transportation, shopping, and medical center in the area. The round trip fares to our communities from Ketchikan range from $42.00-140.00 for a single adult seat fare. Also, the Air Freight Rate neglects the cost of transshipment from Ketchikan, which would increase the cost by 75-100%. In Table 2.7, Transportation Cost Index (pp.53-54), once again you have assumed that Ketchikan data is appropriate for the SISD area. Your conclusions here are once again erroneous, as you state that the total SISD average cost is $1,663, whereas Annette Island ,for example, has a total average cost of $1,859.Keep in mind that Annette Island is much closer to Ketchikan than any SISD site and has limited ferry connections, and thus the transportation costs would be considerably lower than for SISD communities. Twelve of the thirteen SISD communities have no ferry access, while the one that does has twice weekly service with a 130 mile round trip over less than adequate roads to the ferry terminal (with the result that people fly). As a result,

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Sincerely,

Bruce H. Hill, Superintendent

cc: Richard Madden, Chairman SISD Board
Representative Oral Freeman
Representative Terry Gardiner
Senator Robert Ziegler
Representative Charles Parr
Senator Glenn Hackney
Representative Steve Cowper
Senator John Sackett

707 A Street, Suite 206
Anchorage, AK 99501

UNIVERSITY OF ALASKA

FAIRBANKS, ALASKA 99701

INSTITUTE OF SOCIAL AND ECONOMIC RESEARCH

Mr. Bruce H. Hill, Superintendent
Southeast Island School District
640 Park Avenue - P. O. Box 8340
Ketchikan, AK 99901

April 29, 1977

Dear Mr. Hill:

Thank you for your letter of April 26. First of all, you have pointed out several facts regarding local conditions in the Southeast Island School District which, as you so clearly demonstrate, make the use of Ketchikan as the point at which living costs are computed misleading. Early in the process of computing costs for the REAA districts we decided to use the headquarters town as the basis for the district, recognizing that in doing so, we were in effect sweeping under the rug a myriad of intra-district distribution and transportation problems for which consistent data were not available for all (or even most) districts, except at costs in project time and effort that neither funding nor time constraints permitted. The problem is common to most REAA's in the state.

Secondly, I would like to give you my thoughts on what might be done about the problem. Variability of cost within a district is very great - for example, you mention that in SISD transshipment costs increase air freight by 75 to 100 percent, and that air fares vary from $42.00 to $140.00. In addition, one must determine in what proportions it is appropriate to assume that groceries, for example, move by sea or air to each community in SISD to determine the proper weighted average premium in grocery prices above Ketchikan prices. The first alternative, that of my simply adjusting the cost of living as determined at the regional center for intra-district costs, appears to be impractical for the reason that extensive additional data collection on freight movements within a district (and probably all REAA's) would be necessary.

A second alternative would be to adjust the "isolation factor" in the funding formula to reflect the higher costs of doing business in communities within districts which are relatively isolated and costly places in which to live. This would be over and above any "isolation factor" for the district as a whole, and apart from the provision which lets you count isolated schools as separate attendance centers. I don't know what the

new factor would be, but looking at your data, I tentatively conclude that it may well be far above the traditional 5 percent.

A third alternative would be to do a comprehensive and extensive statewide cost of living survey, and to do it right, with adequate time and resources committed to the task. This has been recommended in the Legislature from time to time, but it has never been done, so far as I am aware. The allocation of funds from several state programs, plus several Federal ones, might well be improved by a well-supported survey of high professional quality repeated at reasonably frequent intervals. However, the expense of doing this for more than just a few places probably renders this alternative impractical as a solution to the specific problems you raise in your letter because virtually every city, town, and village in the state would have to be surveyed.

Finally, I am referring your letter and my reply to Dean Coon at CNER and Nat Cole at the Department of Education, because I am in complete sympathy with your views on the matter of intra-district cost variation, because DOE may wish to take your comments into account, and because I think they should be aware of reactions to our study at he district level. I also urge you to send copies of your letter to your fellow superintendents, as I am sure they share your feelings and may also want to comment. Good luck.

Yours truly,

Michael J. Scott

Michael J. Scott
Assistant Professor of Economics

MJS/m

cc: Dean Coon, CNER
Nat Cole, Department of Education
Richard Madden, Chairman SISD Board
Representative Oral Freeman
Representative Terry Gardiner
Senator Robert Ziegler
Representative Charles Parr
Senator Glenn Hackney
Representative Steve Cowper
Senator John Sackett

Table 2.7

Transportation Cost Index, 1976[1]

District or REAA and Place	Annual Local Transportation Cost, Less Gasoline	Annual Gasoline Cost (auto only)[3]	Annual Intercity Transportation Cost[4]	Total Transportation Cost	Total Cost as a Percent of Anchorage
Anchorage	$1,196[2]	$469	$ 0	$1,665	100.0
Bristol Bay (King Salmon)	1,196	430	698	2,324	139.6
Cordova	1,196	469	385	2,050	123.1
Craig	1,196	364	311	1,871	112.4
Dillingham	1,196	500	824	2,520	151.4
Fairbanks	1,196	508	0	1,704	102.3
Galena	925	0	628	1,553	93.3
Haines	1,196	469	454	2,119	127.3
Hoonah	1,196	469	322	1,987	119.3
Hydaburg	1,196	469	336	2,001	120.2
Juneau	1,196	469	0	1,665	100.0
Kake	1,196	469	811	2,476	148.7
Kenai	1,196	492	210	1,898	114.0
Ketchikan	1,196	467	0	1,663	99.9
King Cove	325	0	2,280	2,605	156.5
Klawock	1,196	364	336	1,896	113.9
Kodiak	1,196	470	636	2,302	138.3
Matanuska-Susitna (Palmer/Talkeetna)	1,196	475	216[5]	1,887	113.3
Nenana	1,196	515	288[6]	1,999	120.1
Nome	1,196	506	1,034	2,736	164.3
North Slope (Barrow)	925	0	1,020	1,945	116.8
Pelican	325	0	598	923	55.4
Petersburg	1,196	469	531	2,196	131.9
Selawik	925	0	1,410	2,335	140.2
Sitka	1,196	469	404	2,069	124.3
Skagway	1,196	469	484	2,149	129.1
St. Marys	925	0	1,020	1,945	116.8
Unalaska	1,196	430	2,672	4,298	258.1
Valdez	1,196	469	315	1,980	118.9
Wrangell	1,196	469	473	2,138	128.4
Yakutat	325	0	502	827	69.1

Notes: See end of table.

Table 2.7 (continued)

District or REAA and Place	Annual Local Transportation Cost, Less Gasoline	Annual Gasoline Cost (auto only)	Annual Intercity Transportation Cost	Total Transportation Cost	Total Cost as Percent Anchorag
N.W. Arctic (Kotzebue)	$ 925	$ 0	$1,034	$1,959	117.7
Bering Straits (Nome)	925	0	1,034	1,959	117.7
Lower Yukon (Mt. Village)	925	0	1,368	2,293	137.7
Lower Kuskokwim (Bethel)	925	0	936	1,861	111.8
Kuspuk (Aniak)	925	0	922	1,847	110.9
S.W. Region (Dillingham)	925	0	824	1,749	105.0
Lake and Peninsula (King Salmon)	925	0	698	1,623	97.5
Aleutian Chain (Cold Bay)	325	0	2,070	2,395	143.8
Pribilof Islands (St. Paul)	925	0	2,868	3,793	227.8
Iditarod (McGrath)	925	0	530	1,455	87.4
Yukon-Koyukuk (Nenana/Tanana)	925	0	288	1,721	103.4
Yukon Flats (Ft. Yukon)	925	0	420	1,345	80.8
Upper Railbelt (Clear)	1,196	508	480[7]	2,184	131.2
Delta Greely (Big Delta)	1,196	515	546	2,257	135.6
Alaska Gateway (Tok/Northway)	1,196	529	546	2,271	136.4
Copper River (Glennallen)	1,196	515	315	2,026	121.7
Chatham (Angoon)	325	406	406	731	43.9
S.E. Islands (Ketchikan)	1,196	467	0	1,663	99.8
Annette Island (Metlakatla)	1,196	467	196	1,859	111.7
Chugach Schools (Whittier)	1,196	469	850[8]	2,515	151.1

Notes: See end of table.

SUPERINTENDENT
Bruce H. Hill

225-9658
225-9659

739

CHAIRMAN
Richard Madden

TREASURER
Kathy Pesterfield

CLERK
Allen Strahle

MEMBER
Lucille Hedrich
Estelle Thompson

640 Park Avenue
Post Office Box 8340
Ketchikan, Alaska 99901

January 24, 1978

The Honorable Jay Hammond, Governor
Office of the Governor
Pouch A
Juneau, Alaska, 99811

Dear Governor Hammond:

Enclosed you will find several resolutions passed by the Southeast Island School District Board at their regular meeting on January 19, 1978. As each resolution requests the enactment of specific legislation, the following comment is to provide rationale for, and to clarify, the Southeast Island School District's position on each request:

I. Instructional Unit Value (Resolution No. 78-3):
The last session of the Legislature passed SCS CSHB 212, one section of which adopted a new set of cost differentials for determining instructional unit allotments. The final bill, which incorporated elements of previously introduced bills, especial SB 225, used cost differentials based upon a composite cost-of-living index developed by the Institute of Social and Economic Research, University of Alaska (see attached letter from Governor Jay Hammond to Senator John Rader, page 4, last paragraph).

The net result of the bill is that rural districts in the same geographic area, and therefore with some of the similar cost problems, were given higher instructional unit values than the Southeast Island School District. This District, however, has some unique problems which are not faced by these other centralized rural Southeast districts and which further add to its operating costs. The following are offered as examples:

A. Board travel; The Southeast Island School District Board members must travel from their respective communities for meetings in a central location, at a cost of approximately $1,000.00 per month.

B. Federal funds: Due to the cultural and economic makeup of its population, this District receives proportionately less Federal funding than most, if not all, Alaskan school districts. As a result, supplemental programs have to be funded with basic instruction monies.

C. Travel by certificated staff: Our Special Education and Correspondence Programs rely upon itinerant staff who travel throughout the District to 16 schools and a number of other locations in an area from Ketchikan to Frederick Sound. The delivery of these programs is costly in terms of both time and money, but additional funds are not provided to meet this additional burden. F r example, in a centrally located district, a special education teacher may provide daily instruction to relatively large numbers of children, while in this District it may take a teacher 4-5 days to travel and provide a program for a single child. The special education program is currently subsidized by basic instruction and Federal funds, with the la ter expected to diminish by 30% in FY 1979.

D. Building relocation: Due to the transiency of logging operations, school buildings have to be frequently moved and reinstalled at the new locations.

E. Inservice training: Again due to the geographic remoteness of the District inservice training for teachers is an extremely costly item.

Finally attached are: (1) a copy of a letter to Michael Scott of the Institute for Social and Economic Research: (2) his response, which clearly indicates weaknesses in the data used; and (3) as an example, a copy of the "Transportation Cost Index, 1976" from the Alaskan Interregional Cost Differentials prepared by the Institute for Social and Economic Research. Note how the cost for the Southeast Island School District is that of Ketchikan, while the cost for neighboring rural school districts (Craig, Klawock, Hydaburg, Annette Island) are all considerably higher.

As a result of the above factors, the Southeast Island School District Board is requesting that the instructional unit value be adjusted so that it is comparable to that of other rural Southeast school districts. As a new district, Southeast Island School District would like to develop relevant instructional programs, provide new programs in the areas of music and art, and make inservice opportunities available to its teachers so that their expertise may be kept up to date. If the instructional unit value is amended, it is expected that a large portion of the additionally generated funds (approximately $80,000.00) would be used for these purposes.

II. Correspondence Study (Resolution No. 78-4):
At the time that Alaska State-Operated School System was decentralized, it was assumed that all educational programs would be placed under control of the R.E.A.A. Boards. The intent of SB 35 was successfully carried out at both the Department of Education and R.E.A.A. levels, with the single exception of the correspondence study program. While some school districts do not offer and therefore have a need for a centralized State program, this District has an excellent correspondence program and does not have such a need.

III. Unemployment Compensation Benefits (Resolution No. 78-5):
This resolution, which is related to the first resolution, requests the Legislature to modify the unemployment compensation laws so that all school district employees on normal school vacations do not qualify for benefits. This is of great importance to Southeast Island School District due to the transiency of the population and the large number of classified employees (mostly part time instructional aides for the correspondence and special education programs, but also including clerical, secretarial and custodial personnel). Southeast Island School District has a normal working force consisting of 60 classified employees. In 1977, a total of 41 classified employees were terminated. In each case, the termination was due to the employee moving to another community. In addition, all classified employees had normal school vacations as did certificated staff. If legislative relief is not provided, the burden on this District of the costs for terminated employees and employees on normal vacations will be detrimental to current programs, especially in view of the anticipated reduction in the Southeast Island School District instructional unit value.

Your consideration of these matters will be greatly appreciated. Please contact me at 225-9658 if you have any questions.

Sincerely,

Bruce H. Hill
Superintendent

BH:js
Encl.
cc: Richard Madden, Jr., Chairman,
Southeast Island School District Board
Senator Glenn Hackney
Representative Charles Parr
Commissioner Marshall Lind

RESOLUTION NO. 78-4

CORRESPONDENCE STUDY

WHEREAS, the intent of SB 35 was to grant local control of educational programs to the newly created Regional Educational Attendance Areas, and

WHEREAS, both the Southeast Island School District and the State offer correspondence programs within the Southeast Island School District area, and

WHEREAS, the effect of this dual system is to reduce the potential program offered by the Southeast Island School District and to create an additional financial burden on the State, then

THEREFORE BE IT RESOLVED, the Southeast Island School District Board supports the Association of Alaska School Boards resolution requesting an amendment to AS 14.30.010 (b)(10) to state that where a district has its own correspondence study program, the State Department of Education shall not offer its correspondence study program.

RESOLUTION NO. 78-5

UNEMPLOYMENT COMPENSATION BENEFITS

WHEREAS, prior to January 1, 1978, unemployment compensation benefits were subsidized by the Federal government, and

WHEREAS, the recently enacted P.L. 94-566 shifts liability for such benefits to the employer, including public school districts, and

WHEREAS, the additional anticipated financial burden will detract from educational programs in Alaska school districts, and

WHEREAS, this financial burden will be particularly felt in the Southeast Island School District due to the transiency of a large portion of its population, including classified staff, and

WHEREAS, the Federal legislation specifically excludes certificated employees from eligibility for unemployment benefits when between normal school terms and permits a state to exclude classified employees from eligibility when between school terms, then

THEREFORE BE IT RESOLVED, that the Southeast Island School District Board requests the Legislature to enact legislation to exclude classified employees from eligibility benefits between school terms when the employees are given reasonable assurances of employment upon the beginning of the next school term, and to make the State Department of Labor liable for all costs relating to unemployment benefits for public school district employees.

HB

761

Copper River School District

School Board
Box 108
Glennallen, Alaska 99588
(907) 822-3234

March 20, 1978

The Honorable Charles H. Parr
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Sir:

The present law and regulations pertaining to the transportation of pupils is serving the school districts of this state very well at this time. We realize that the law is not perfect and perhaps some change would facilitate improvement; but the school districts can, at present time, determine the qualifications and guidelines set forth in HB 761. Therefore, the Copper River School District Board is opposed to the passage of HB 761.

Very truly yours,

Joseph A. Roche

Joseph A. Roche, Legislative Chairman
Copper River School District Board
c/o Tonsina Lodge
Mile 79 Richardson Highway
Copper Center, Alaska 99573

JAR:pm

cc: HESS Committee Members

HB
793

ALASKA GATEWAY SCHOOL DISTRICT

P.O. Box 226
Tok, Alaska 99780

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

March 28, 1978

Dear Representative Parr:

At the March 2, 1978 Regional Board meeting the School Board reviewed legislation and made the following motion in regards to House Bill 793:

I'D LIKE TO MOVE THAT WE OPPOSE THAT HOUSE BILL (793) AND THE REASON BEING THAT IT SHOULD BE LEFT UP TO THE REGIONAL BOARD.

Thank you for your attention to this matter.

Sincerely,

Carl A. Peterson, Superintendent
ALASKA GATEWAY SCHOOL DISTRICT
P.O. Box 226
Tok, AK 99780

CP/pc

HB 793

Copper River School District

Superintendent's Office
Box 108
Glennallen, Alaska 99588
(907) 822-3234

March 20, 1978

The Honorable Charles H. Parr
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Sir:

The Copper River School District Board is opposed to HB 793 as this bill weakens the REAA Board's capability of administering the school district. This bill creates a further administrative problem to the superintendent in that he must consult with too many committees.

We do appreciate your efforts in trying to do what is best for our school children.

Sincerely, Joseph A. Roche

Joseph A. Roche, Legislative Chairman
Copper River School District Board
c/o Tonsina Lodge
Mile 79 Richardson Highway
Copper Center, Alaska 99573

JAR:pm

cc: House HESS Committee Members

HB
797

POSITION PAPER/Department of Health and Social Service

HOUSE BILL NO. 797

"An Act making a special appropriation to the University of Alaska for expansion of its continuing education program for nurses; and providing for an effective date."

This Act would help to insure that more continuing education courses would be available to nurses located at sites other than Anchorage. At present, the majority of the courses are offered in the Anchorage area primarily because of a lack of funds for instructors to travel to other parts of the State. Substitute instructors generally are not available in places such as Ketchikan, Juneau, Sitka, Kenai Peninsula towns, Nome, Kotzebue, Barrow and Bethel. In all of these areas there are clusters of office, institutional, school, and public health nurses interested in continuing education courses specifically geared to the educational needs of nurses.

Staff education is a responsibility shared by both the department and the professional nurse. It is the department's policy that in-service education and training should be provided to improve employee effectiveness. Since implementing this policy is based on the availability of funds, it is not necessarily an on-going program. The offering of continuing education courses to nurses in local sites will enhance the department's efforts to provide formalized learning experiences designed to enlarge the knowledge or skills of the public health nurse.

House Bill No. 797 states in Section 1: "The sum of $40,000 is appropriated from the general fund to the university's school of nursing" (Anchorage). This sum of money would probably only support the bill for approximately one year, particularly if for "the purpose of the Act, continuing education means:

(1) a series of courses through which a registered nurse may obtain the baccalaureate degree; or

(2) courses which assist a nurse in maintaining or improving professional knowledge and skills".

"Continuing education" courses are of short duration and may result in certificates of completion or specialization, but not in formal academic degrees.

This bill has significance for the professional nurses on our staff that have their baccalaureate degrees and for the public health nurse trainee who is attempting to acquire her baccalaureate degree on an intermittent, part-time basis, but it will not answer the needs of either group if items (1) and (2) are combined, and limited funds are appropriated for either educational purpose.

The Department of Health and Social Services supports the concept of House Bill No. 797 but cannot recommend increases above the Covernor's budget.

Recommended by: Robert I. Fraser — 3/2/78

Robert I. Fraser, M.D., Director — Date
Division of Public Health

Approved by: Helen D. Beirne — 3/5/78

Helen D. Beirne, Commissioner — Date
Department of Health & Social Services

Nursing

Please Answer

February 17, 1978

Dear Legislator,

I am writing to request your support in the planning and implementation of a Masters Program in Nursing and a Family Nurse Practitioner Program within the Masters Program.

The University of Alaska, Anchorage, School of Nursing had a Family Nurse Practitioner Program for three years which had been funded by HEW. It was truly a shock when the request for refunding of this vital program was refused.

In Alaska where physicians are not available to give primary health care, who could be more qualified to provide this care than Nurse Practitioners?

It is my feeling that a Masters Program with a Family Nurse Practitioner component would be an answer to Alaska health needs as well as an answer to preventive health care.

Nurses prepared at a Masters level are needed in all health care settings, particularly in primary health care settings. Now the only alternative Alaska nurses have is to go to the Lower 48 for Masters and Nurse Practitioner programs. Many nurses are unable to do this because of financial and family commitments.

I ask you to seriously consider requesting funding to plan a Masters and Nurse Practitioner Program for the 1978-1979 academic year with full implementation in the 1979-1980 year, at the University of Alaska, Anchorage, School of Nursing.

Thank you for your interest and support of Nursing Education and Continuing Education for Alaska nurses.

Sincerely,

Donna S-Fenske

Donna Smith-Fenske, R.N.
Box 8681
Anchorage, Alaska 99508

274-0254 H

Mr. Chairman, members of the Committee, I am Dr. Clair Martin, Dean of the University of Alaska-Anchorage School of Nursing. I speak in support of my interpretation of the intent and not the ambiguous and misleading interpretation permitted by House Bill 797.

HB 797 will enable the school to expand the educational services it currently offers in Anchorage and throughout the State. The purposes of the school include the provision of a sequence of courses for both generic and R.N. students that will culminate in the baccalaureate degree with a major in Nursing, and secondly, the provision of continuing education courses for nurses and other health care practitioners that will maintain and upgrade the practitioners' knowledge and skill abilities within their current job positions.

Specifically, it is my understanding that HB 797 will enable the School of Nursing to employ a faculty member who will be located in Fairbanks within either the WAMI complex or within the memorial hospital. This faculty member will be directly and solely responsible organizationally to the Dean of the School of Nursing as required by the national accrediting agency. Responsibilities will include the following: (1) academic advisement of both R.N. and generic students who seek a baccalaureate degree in Nursing; (2) coordination of continuing education needs with the School of Nursing Continuing Education Department; (3) consultant to both UAF and TVCC concerning the general education and support course needs of students in the major; (4) instruction of selected continuing education courses· (5) the instruction of selected degree courses for both R.N. and generic students, in particular the last clinical course of the curriculum; and (6) liaison between the Fairbanks community and the School of Nursing.

Why do we need the provisions of HB 797? First, I will consider the continuing education component of the bill. Learning is a lifelong process and knowledge and skills are particularly perishable in the health care domain. We have the responsibility to assure our consumers of health care services that they are receiving not only safe care, but the highest quality of care possible. Furthermore, the provider has the right to be assured that his own knowledge and skills are current. For these reasons, I believe that mandatory continuing education is inevitable. However, it is essential that we have in place adequate methods and personnel to assess, plan, implement and evaluate continuing education needs and programs. HB 797 will enable us to move in this direction through the identification of one school and one individual who will address these problems in one location, Fairbanks.

Secondly, I will consider the degree component of the bill. All individuals have health care as a right. Professional nursing is the largest provider group available to meet health care needs. The Department of Health, Education and Welfare-sponsored panel of experts addressing health care and nursing manpower needs recommends that the nursing care needed requires that 48% of the practitioners be baccalaureate-prepared, 16% be graduate-prepared, and 36% ADN or diploma-prepared. Approximately 20% of the registered nurses in Fairbanks hold baccalaureate or higher degrees. There are available positions that require practitioners with baccaulaureate and higher degrees and we can expect these to increase in number. National projections indicate an oversupply of associate degree and diploma nurses with a critical shortage of baccalaureate and graduate-prepared nurses.

The provisions of HB 797 will allow both the R.N. and generic student to complete the first three semesters of general education and support courses in Fairbanks. Then all students will spend two to four clinical-oriented semesters in Anchorage. At the conclusion of the second semester, R.N. students are permitted to take a written and practice test to demonstrate competency in both the knowledge and skill components of the next two semesters of the program. This provision is based upon our belief that adult learners have the ability to transfer and extend their learning from one situation to another and not upon identicality of those courses with previous programs. Upon successful completion of this examination, or the next two semesters, the student may return to Fairbanks for the last clinical course where the school faculty member will supervise their learning.

I do not believe that HB 797 will enable the school to offer the complete program of study for the baccalaureate degree in nursing within the Fairbanks community. To do so poses several problems. First, clinical courses require a teaching team with representatives from each of the major clinical specialities, i.e., medical, surgical, maternal and child, community, and mental health nursing. A minimum of three to four faculty are needed for all except the last clinical course. If a faculty/student ratio of 1:6 or 1:3 is maintained in the clinical area of practice, this means that approximately 24 students are needed in each class. Although there is a pool of individuals who are interested in earning a degree, there is serious question about the ability of this pool to support a class of the above size for a period of time, i.e., is there a sufficient number of students to fill a class after the backlog of interested persons earn their degrees?

There are several potential solutions to this problem. Perhaps joint appointments between the school and the local health care agencies could reduce the cost. However, it is essential that in all situations involving either didactic or clinical instruction, the faculty member shall be solely responsible to the school. It is also possible that a cyclic sequence could be established to admit students as the pool of students becomes available. Obviously, assignments acceptable to the faculty would need to be developed for the period of time when clinical courses are not offered.

The second problem centers upon adequate clinical experiences for students The 124 beds, including bassinets, at Memorial Hospital are scarcely adequate for 24 students. However, there are a number of non-traditional learning opportunities within the community that could be developed. These include the Pioneer Home and the UAF health and counseling center. It should be noted that the more numerous the clinical facilities and units used, the greater the number of faculty required to provide safe clinical supervision. The type of health care problems that students will encounter in Fairbanks are adequate for baccalaureate level nursing education.

The third problem focuses upon the pool of students and qualified faculty to support the UAA program. In 1976, at the time of the transfer of the program from AMU to UAA, a third of the faculty were not qualified to teach in the school according to national accreditation standards. This year, 92% of the faculty are adequately prepared. Student enrollment in the program is rapidly escalating and we expect to graduate at least 50 students per year by 1980. We consider this to be a minimum

number for efficient operation. We may look at the experience of Montana, a State with nearly twice the population of Alaska. Montana State University graduates 180 baccalaureate-prepared nurses a year, half of whom stay to practice within the State. Given a more mobile population, we might expect to attract and admit approximately 100 students a year. If this number of qualified students is available, then a satellite center in Fairbanks is not only possible, but necessary. However, we do not now have adequate data to answer this question.

The school is eager to respond to both the continuing education and degree needs of all Alaskans within the limits of our resources. We cannot jeopardize the quality of our program and we will articulate our program with sound academic practice as defined by our professional organizations. We cannot be all things to all people, but we will enter into a partnership with nurses throughout the State who are interested in responsibly advancing their own professional knowledge and skills.

HB 797 does not significantly increase either the continuing education or the degree course opportunities that will be available throughout the State. However, it will provide the means for improving assessment, planning, implementation and evaluation of the needs and programs offered in one area of the State, Fairbanks. If this experiment is successful, it may be possible to extend similar programs to other areas of the State.

Testimony submitted to the
House HESS Committee

March 21, 1978

STATE
of ALASKA

MEMORANDUM

TO: PHN's Supervisors, Consultants
Department of Public Health

DATE:

FILE NO:

Thru: Airlie Bruce
Chief
Section of Nursing

TELEPHONE NO: 279-4711

FROM: XXXX

SUBJECT: April and May Continuing Education Offerings

From: Almeda Amoureux
Section of Nursing Staff
Education Committee

Continuing Education offerings scheduled in Alaska during April and May 1978 are listed below. These courses are applicable to the Section of Nursing Continuation Education Policy. Therefore, please make a formal request to your supervisor if you wish to attend.

Please contact the sponsoring agency for further information and to register. A two weeks advance registration is necessary for UAA School of Nursing continuation education courses. UAA School of Nursing courses will be cancelled if funding or enrollment is not sufficient.

Course	Sponsor	Location	Date
Physical Assessment	UAA School of Nursing Anita Watts 272-5522	Sitka	3/31 - 4/1
Pediatric Respiratory Problems	UAA School of Nursing	Juneau	4/3, 4
Pediatric Respiratory Problems	UAA School of Nursing	Petersburg	4/5, 6
Pediatric Respiratory Problems	UAA School of Nursing	Wrangell	4/6, 7
Leadership & Management	UAA School of Nursing	Ketchikan	4/6, 7
Care of the Orthopedic Patient	UAA School of Nursing	Anchorage	4/11, 13
Admissions Histories & Physicals	UAA School of Nursing	Anchorage	4/12
Care of Diabetic Patients	UAA School of Nursing	Palmer	4/12, 13
Ear Nose Throat Emergency	Providence Hospital 276-4511 Ex. 140	Anchorage	4/12

Course	Sponsor	Location	Date
Sports Medicine	Dr. Mills Contact 279-9753	Anchorage	4/14,15,16
POMR/Quality Assurance	UAA School of Nursing	Dillingham	4/14,15
Awareness in Inter-cultural Nursing	UAA School of Nursing	Anchorage	4/19,20
Physical Assessment	UAA School of Nursing	Kodiak	4/21,22
Crisis Intervention	UAA School of Nursing	Anchorage	4/21,22
Inservice Education Conference	UAA School of Nursing	Anchorage	4/27-29
Multi-modal Therapy	UAA School of Nursing	Anchorage	4/28,29
Health Services in a Disaster	UAA School of Nursing	Anchorage	4/18 - 5/9
Patient Education	UAA School of Nursing	Juneau	5/4,5
Assessment & Care of Pediatric Patient	UAA School of Nursing	Ketchikan	5/5,6
Assertiveness Training	UAA School of Nursing	Anchorage	5/5,6
Cardiac Life Support (Instructor's Level)	Ak. Heart Assn. 279-9541	Anchorage	5/9,10
Eye Emergencies	Providence Hospital 279-4511 EX 1140	Anchorage	5/10
Communicating Effectively with Patients	UAA School of Nursing	Anchorage	5/17,18
Infection Control	UAA School of Nursing	Kodiak	5/19,20
Care of Geriatric Patients	UAA School of Nursing	Palmer	5/25,26
Leadership & Management for Directors of Nursing	UAA School of Nursing	Anchorage	6/2,3
Birth Defects Conference	UAA School of Nursing March of Dimes	Anchorage	6/8 - 10

Alaska Nurses Association

Roberts 1976-1977

Legislative Platform

The Alaska Nurses Association is the professional organization for registered nurses in Alaska. Objectives of the association include fostering high standards of nursing practive, promoting the professional and educational advancement and general welfare of nurses, and advocating quality health care for the citizens of Alaska.

Through its legislative program, the AaNA studies proposed Federal, State, and local legislation for its implications for nurses, nursing and health care, and initiates appropriate actions.

1. Nursing Education

The AaNA supports legislation that will maintain and strengthen nursing education programs based in Alaska, tailored to Alaska's needs, and which provide career selections and opportunities for career advancement for Alaska residents. AaNA advocates State financial support at a level that will insure adequate faculty/student ratios, and the recruitment and retention of qualified instructors.

2. Continuing Education

The AaNA recognizes the desire of Alaska's nurses to improve their skills and espand their knowledge. The Association reaffirms its support 66 a voluntary continuing education process for nurses, and encourages both practitioners and educational institutions to participate in innovative approaches to continuing education.

3. Alaska Board of Nursing

The AaNA supports legislatinn that will strengthen the role of the Alaska Board of Nursing in administering the nursing law and in promulgating rules and regulations relative to nursing practice, licensure of nurses and accreditation of nursing education programs. The Association supports continuing collaboration of the Boards of Nursing and Medicine in developing regulations for all catagories of advanced nurse practitioners.

4. Utilization and General Welfare of Nurses

The AaNA recognizes that the quality and quantity of nursing care are related to the welfare of practitioners of nursing and that an effective nursing service requires full participation by nurses in decisions affecting the conditions under which they practice. The AaNA supports adequate, competitive salaries and fringe benefits for nurses employed in both the public and private sectors.

5. Nursing Representation in Health Planning

The AaNA urges broader nursing representation on State and local boards, committees, and commissions concerned with the planning and delivery of health care services. The Association particularly encourages appointment of nurses to Health Service Area boards as the NAtional Health Planning and Resources Development Act is implemented in Alaska.

6. Community Health Services

The AaNA favors legislation designed to strengthen and expand public health and mental health services in local communities. It assigns high priority to programs directed toward the prevention of disease and the maintenance and promotion of health.

7. Child Abuse and Neglect

The AaNA reaffirms its support of legislation aimed at the prevention and detection of child abuse or neglect.

8. Equal Rights

The AaNA supports ratification of the Equal Rights Amendment to the U.S. Constitution and supports the concept of equal rights for all citizens of Alaska.

9. Health Care Costs

The AaNA is cognizant of the high cost of health care in the United States, that it is more burdensome for some segments of the population than for others, and that quality health care is not equally accessible to all citizens. The Association supports helath care programs at the national, state and regional levels that will bring adequate health care within the financial reach of all citizens. It will support budgetary constraints at the State and local levels, by both public and private health care institutions and agencies, that are not applied capriciously, that are publicized in advance, and that provide ample opportunity for discussion and debate among the providers and consumers concerned.

10. Liability Insurance

The AaNA believes that nurses are responsible for their acts as licensed practitioners of nursing and that all practicing nurses should carry adequate liability insurance for the protection of their clients. The Association continues to support nurse involvement in the peer review process and the establishment of standards for quality health care.

Alaska
Nurses
Association

523 West Eighth Avenue
Suite 111
Anchorage, Alaska 99501

. . . a constituent of American Nurses' Association

April 25, 1977

Charlie Parr
Alaska Legislature
Pouch V
Juneau, AK 99811

Dear Mr. Parr:

I am writing in response to your February letter to me inquiring how the gain would outweigh the cost of subsidizing a 2 year R.N. to get a BSN degree.

First let me say that I fully support such a proposal as beneficial to all Alaskans. I believe the benefits would outweigh the costs in that the quality and scope of nursing and health care would improve.

My reasons for support of such an idea follows. In addition to improving nursing care to sick individuals, Baccalaureate nursing education provide the R.N. with learning opportunities to:

1. provide effective nursing and health care to families and groups
2. expand skills in assessment of health problems
3. provide health teaching to maintain or improve health care in families and groups
4. provide health counseling to the essentially well and sick individuals
5. use management theory and skills to give effective leadership in the health care system to other R.N.'s, L.P.N.'s, aides, etc. and permit the R.N. to progress to higher management positions
6. develop beginning research skills to expand and develop nursing knowledge to improve health care and solve health problems
7. promote active involvement in the public and political arena to improve health and social conditions
8. participate in activities within health care systems and their professional association to promote and implement improved standards of nursing care, peer review and continuing education

What are the number of nurses who would take advantage of a state subsidy to get a BSN degree? I can only speculate on this answer.

Approximately 10-15 R.N.'s take pre-requisite courses to enter the Nursing Program annually. These nurses have given up their jobs and incur financial debts and deprivation. It takes usually two or three years of full-time college work to

earn a degree. For R.N.'s who come with no prior college credit, the time may extend to four years. Of these students, only 5-10 graduate annually. Attrition from the program generally results from financial and/or family pressures.

Most of the R.N. students have children. Many are single parents. In the past, R.N. students have come from such rural areas as Tok, Juneau, Sitka, Fairbanks, etc. Some have given up jobs in these areas and have relocated their families.

If a stipend would become available in the future, the student numbers might double, and attrition from financial pressures might decrease. Also, stipends for a short-term intensive period of 4-6 weeks and/or summer sessions might encourage part-time study.

You asked about the estimated cost of a state subsidy or stipend.

I believe it should be similar to the annual nurses salary plus tuition and relocation expenses to and and from the home community.

I appreciate being able to give input on such an important proposal. Perhaps in the next mailing to our nurse members, we can request that they send comments to you directly.

Very truly,

Mona Ravin

Mona Ravin
President

bf

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Pat Steige Karen Wellesley
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DEADLINE NEXT ISSUE
March 1, 1978

Letters to the Editor

Dear Editor,

The University of Alaska School of Nursing is promoting several activities that may be of interest to you.

We would like to provide academic advisement and regularly scheduled degree and continuing education courses to R.N.'s and generic students in areas of the state other than Anchorage. With proper advisement, students may take most or all of their academic support courses at other university centers and come to Anchorage for clinical courses. As a step toward this goal we have proposed locating a full-time assistant professor in nursing in Fairbanks. This person would be involved in developing continuing education programs for the area, advisement of generic students who are located in the Fairbanks area so they would need to spend less time in Anchorage, and supervision of students enrolled in the Professional Nursing Concentration in the area. If you support this proposal please make it known to your State Representative.

The School is also proposing development of a master's degree program for Alaskan nurses who wish to have graduate education and prefer not to leave the state. Faculty can be recruited and a first class admitted in the fall of 1979, if funding is made available for planning the program during the 1978 - 1979 school year. Again, your support of a graduate program and funding for planning it should be made known to your legislators.

The faculty of the School of Nursing is committed to offering a high quality nursing education program which will be relevant for nurses in Alaska. We are eager for your input concerning needs and other suggestions you may have. Please contact me at the School of Nursing, University of Alaska, Anchorage.

Clair E. Martin
Dean, UAA School of Nursing

Observations continued

three secretaries in the past year?) A tremendous amount of in kind work is done by Board, Committee and Association members, but that is not the most efficient use of our talents. AaNA is a business, and can't be successfully run otherwise. For solutions: no one wants a dues increase, nor special assessments of Districts. Some may see special fund raising efforts as an answer. I would prefer to see an increase in membership, which really puts the burden on each of us. Please do the following: 1. Renew your own membership promptly: sure there have been problems in the Association, and there will continue to be. But dropping your voice in nursing isn't the answer. 2. Recruit at least one new member: there are 2000 RNs in Alaska; 400 belong to AaNA. What we do benefits in some measure every nurse, so lets encourage all nurses to share the cost. One reply to the statement "It costs too much" is: depending on your District, it costs 30 - 40 cents per day. That's about equal to a pack of cigarettes, a pop or ice cream cone. Is it really too expensive for you to have a voice in your professional future?

AaNA is growing and incurring the pleasure/pain of increased awareness and responsibility. There is no going back; we must either lead ourselves in attaining and maintaining high credibility and visibility as professionals, a rocky road to be sure; or we can slide along the smooth path to mediocrity and eventual obscurity. I would urge us to be our own best friend, not worst enemy.

My Best,
Margot Piazza

Dear Editor;

A letter was published in Nursing Outlook, written by a nurse in Idaho who had her nursing license suspended for six (6) months by the Idaho State Board of Nursing. Her problems began when she informed a terminally ill patient and her family, AT THEIR REQUEST, about "alternate methods of treatment for cancer: namely, the natural approach such as nutrition, herbs, touch therapy, and Laetrile" - she also informed the patient these methods were NOT sanctioned by the medical profession.

The decision reached by the board of nursing was that she had "violated the state's nurse practice act by interfering with the physician-patient relationship and thereby constituting unprofessional conduct."

An editorial in the same issue of Nursing Outlook concludes that her "alleged misconduct seems to have consisted of giving the patient information that the physician had not given her, did not believe she should have given, believed it not in his patient's best interest to have and ran counter to his recommended treatment."

The PNP committee feels that the ruling in this case is in direct violation to the nurse's function as the patients advocate and to the patients right toward a full and informed consent.

We recommend you read the two articles in question (Nursing Outlook Sept. 1977, p. 546 and 561). It would be appreciated if you would send us your comments on this issue to the committee. Please send all responses to: Dear PNP - AaNA, 527 W. 8th Ave, Suite 111, Anchorage, Alaska 99501.

Mona Ravin

An Ode to Membership

from the AORN of Kentuckiana, 10/77

Are you an active member,
The kind that would be missed?
Or are you just contented
That your name is on the list?

Do you attend the meetings,
And mingle with the crowd?
Or do you stay away at home
And crab both long and loud?

Do you ever go to visit
A member who is sick?
Or leave the work for just a few
And talk about the clique?

There's quite a program scheduled
That means success if done,
And it can be accomplished
With the help of everyone.

So attend the meetings often,
And help with hand and heart.
Don't be just a member,
But take an active part.

Think this over, member,
Are we right or are we wrong?
Are YOU an active member?
OR - - do you just belong?

submitted by the Membership Committee
AaNA, District I

THE OFF-CAMPUS PROGRAM FOR REGISTERED NURSES

The College of Nursing and the Basic Science Department of the University of Nebraska Medical Center are collaborating with three state colleges and many health agencies to offer the upper division program leading to the Bachelor of Science Degree in Nursing.

This project is designed to increase the number and distribution of nurses in Nebraska prepared at the Baccalaureate level in nursing and subsequently provide rural Nebraska with more nurses prepared to function expanded roles in hospital and community health services. The College of Nursing of the University of Nebraska Medical Center is in a unique position to implement such a project because of the flexibility of its articulated programs at the associate, baccalaureate and Master's level and the electives which represent a major strength of the baccalaureate program.

The Registered Nurses in these areas are employed full-time in various agencies and have families which make it impractical for them to leave home for further study. Almost without exception these nurses are graduates of diploma programs who are now desirous of earning a degree in nursing.

The off-campus centers are located in Scottsbluff, 450 miles from the Medical Center and in Grand Island, 200 miles distant. The methodology includes the use of Challenge exams to establish credit for lower division nursing courses, the use of video-tapes, audio cassettes and telephone conferences, as well as summer seminars and clinical experience. Faculty of the College of Nursing who teach the courses on campus are assigned responsibility for off-campus courses and to teach the summer courses at the two locations.

Both the upper division science courses and the nursing courses are taught by faculty at the Medical Center. The non-nursing courses are taught at Nebraska Western College in Scottsbluff, Chadron State College and Kearney State College. Clinical experiences are selected by College of Nursing faculty in the local communities and these same faculty are with them in the summer. The responses of the Registered Nurses, employers, community health agencies and the colleges is most gratifying to observe.

The on-campus residence requirement has been waived by the University of Nebraska Board of Regents. Consequently they are able to complete the program without coming to either the Lincoln or Omaha campus.

ALASKA NURSES ASSOCIATION

R E S O L U T I O N

Regarding the
PUBLIC HEALTH NURSING

WHEREAS, for many years Public Health Nursing has had its finger on the pulse of the community regarding health needs and concerns of citizens through its unique opportunity to serve in the home; and

WHEREAS, this nursing group has developed new community services and promoted health organizations to meet the needs indicated; and

WHEREAS, this work is devoted primarily to the preventive area of health, which is more cost-effective than treatment; and

WHEREAS, the service is not static or routine but has the ability of changing its scope as societies need change; and

WHEREAS, other allied health and social services professionals depend on this group to visit patients for whom they have concern; and

WHEREAS, Public Health Nursing as it exists in the State and Municipalities today is at risk of changes that are not in the best interest of the health care consumer; and

BE IT FURTHER RESOLVED that this service is of such value that if it did not exist it would have to be created; and

BE IT FURTHER RESOLVED that the Alaska Nurses Association recognizes the extrinsic and intrinsic value of Public Health Nursing and lobby for necessary legislation support continuence and expansion of Public Health Nursing services throughout the Municipality and the State.

Adopted by House of Delegates
Alaska Nurses Association
June 17, 1977

Copies sent to:

State Legislators
Mayor Sullivan
Ass. of the Borough
Ass. of the Municipality

TITLE: Nursing Education in Fairbanks

GOAL: To provide consistent academic advisement and regularly scheduled degree and continuing education courses to both RN's and generic students in Fairbanks.

METHOD: A full time School of Nursing assistant professor will be located in Fairbanks. The responsibilities of this person include the following:

1. Assessment of continuing education needs.
2. Coordination of continuing education with the School of Nursing Director of Continuing Education.
3. Teaching selected continuing education courses.
4. Evaluation of continuing education courses.
5. Recruitment and advisement of both continuing education and degree students.
6. Instruction of students enrolled in the Professional Nursing Concentration (a pregraduation 32 hours/week clinical course that must be planned and supervised by School of Nursing faculty).
7. Advisement of the university or community college administration and faculty on the general education and support courses needed by students in the program.

These activities constitute a full teaching load in the School.

RATIONALE: The goal of consistent advisement and regularly scheduled course offerings in Fairbanks by the School has been difficult to achieve without the consistent presence of a faculty member from the School.

The academic support courses on the Fairbanks campus are quite adequate for the major in nursing. However, the clinical opportunities in Fairbanks are not varied enough to support the total component of clinical courses in the major. It is possible that this will change in the future.

The establishment of a stand alone program in nursing on the Fairbanks campus is problematic for several other reasons. First, the financial cost of duplicating the existing program is overwhelming. Second, qualified nursing faculty are scarce and must be secured prior to admitting students and third, the pool of qualified students is too low to justify an on going stand alone program.

Students who wish to pursue a bachelor's degree in nursing have several options. All students will be able to meet all non clinical program requirements on the Fairbanks campus. With proper advisement seats may be secured for clinical courses in Anchorage and it is possible that selected clinical courses may be offered in Fairbanks as the clinical agencies there develop and as financial and faculty resources are increased.

All students will be able to complete the first three semesters in Fairbanks. Generic students will spend the next four semesters in Anchorage and the last clinical semester in Fairbanks. RN students have the option of taking two semesters, summer and fall, in Anchorage, completing a theoretical and clinical examination for credit that will exempt them from the next two semesters and may return to Fairbanks for the final clinical semester in the spring.

Seats in the clinical courses are limited by clinical agency placement opportunities and by available faculty. Due to the low faculty student ratio required in the clinical courses the expense is quite high and for that reason enrollment is limited to those who are working toward a degree.

The position requested is designed to serve both individuals who are interested in pursuing a degree and those who are seeking to maintain and upgrade their current practice knowledge and ability. Funding this position will not only assist the School to meet the educational needs of the nurses in Fairbanks, it will have a direct impact on the quality of nursing care offered the citizens of the community.

Nursing Education in Fairbanks
Budget

12 Month Funding:

Personnel		
1 full time assistant professor	$ 29,078.00	
Secretarial support, 20%, grade 10A	2,822.00	
Fringe benefits	6,380.00	
Travel		
Monthly faculty meetings in Anchorage	1,000.00	
One professional development trip	500.00	
Commodities		
Office supplies, postage	500.00	
TOTAL 12 MONTH BUDGET		$ 40,280.00

9 Month Funding:

Personnel		
1 full time assistant professor	$ 21,809.00	
Secretarial support, 20%, grade 10A	2,115.00	
Fringe benefits	4,784.00	
Travel		
Monthly faculty meetings in Anchorage	1,000.00	
One professional development trip	500.00	
Commodities		
Office supplies, postage	500.00	
TOTAL 9 MONTH BUDGET		$ 30,708.00

It is assumed that furnished office space will be provided in the WAMI suite.

UNIVERSITY OF ALASKA, ANCHORAGE
3221 PROVIDENCE DRIVE
ANCHORAGE, ALASKA 99504

SCHOOL OF NURSING

FY 79 SCHOOL OF NURSING BUDGET REQUEST

The School of Nursing requests consideration of an expansion of its operating budget for FY 79. These requests are in keeping with the Academic Development Plan, the Chancellor's 1977 Management Conference and the budget projections submitted prior to this date.

Item I: Expansion of Workload

A. Request: Three faculty positions at the Assistant Professor level whose responsibilities will be in the School's outreach program.

B. Budget:

Salary for three Assistant Professors at $19,812* plus fringe	$71,323.
Travel and per diem for monthly planning meetings at UAA	6,855.
Contractual Services	500.
Supplies	500.

*to be adjusted for COLA in Fairbanks, Bethel and Juneau.

C. Description:

The UAA School of Nursing offers the only professional nursing program in the state. Its purposes include the provision of baccalaureate degree courses to generic and RN students and the provision of continuing education courses for graduate nurses and other health care practitioners throughout the state.

A 1977 School of Nursing survey reveals that 58 per cent of RN's in the state do not hold the baccalaureate degree. The American Nurses Association position states that the baccalaureate degree in nursing is the minimal preparation for professional nursing practice. Several states are currently considering legislating the baccalaureate degree in nursing as the entry point into professional nursing practice. This position is reinforced by the dramatic decrease in the number of graduates from hospital schools of nursing and by the large proportion of associate degree nursing graduates who return to school for a baccalaureate degree in nursing (30 per cent return for a degree within 3-5 years of completing the associate degree).

The Alaska Department of Labor publication, Alaska Occupational Employment Forecast 1976 projects 240 RN openings per year for the period from 1974-85. This is an increase of 140 employment opportunities per year. This forecast could be modified upward depending upon the characteristics of national health insurance. The present nursing manpower shortage outside of Anchorage is likely to become more acute unless immediate steps are taken to institute a program designed to correct it.

The curriculum for a B.S. in nursing calls for a pregraduation clinical course called the Professional Nursing Concentration. In this course the student spends 32 hours a week in the practice setting in a chosen specialty, under close supervision by nursing faculty. This concentration could occur outside the Anchorage area, were School of Nursing faculty available for supervision. The literature reveals that graduates are more likely to select employment in those agencies and areas where they have practiced as students. Therefore, a positive response to the professional nursing shortage outside Anchorage would be to provide the opportunity for some students to fulfill this portion of their clinical program in other areas.

It is obvious that not all students, especially RNs with family obligations will be able to come to Anchorage for an extended period of time. The revised curriculum makes it possible for RNs to spend a minimum of 7 months, 2 semesters, in Anchorage and generic students a minimum of 4 semesters provided the student can receive the appropriate advisement, supervision and courses both prior to coming to Anchorage and for the Professional Nursing Concentration in his/her own locality.

This proposal will place a full time School of Nursing faculty member in each of three communities to provide more efficient assessment, planning, implementation and evaluation of student needs and courses offered than is now possible on a part time basis.

The faculty will be in Fairbanks, Juneau-Sitka, and Bethel. Responsibilities include 1) assessment of continuing education needs 2), coordination of planning with the School of Nursing Director of Continuing Education 3), teaching selected continuing education courses 4), evaluation of continuing education courses 5), recruitment and advisement of both continuing education and degree students 6), instruction of students enrolled in the Professional Nursing Concentration (a pregraduation 32 hours/week clinical course that must be planned and supervised by School of Nursing faculty) and 7), advisement of the university or community college administration and faculty on the general education and support courses needed by students in the program. These activities constitute a full teaching load in the School.

Approving this request will not only increase the number of graduates from the program, it will provide a direct service to a majority of the non Anchorage citizens of the state through increasing the rumber of nurses prepared to offer professional health care services in their community. These faculty will also provide needed coordination of continuing education courses that are designed to enhance the knowledge and skill competencies of graduate health care practitioners in their community.

Item II: New Program .. Master of Science in Nursing

A. Request: One faculty position at the Associate Professor level whose responsibilities will be to plan and direct a Master of Science program in Nursing. One secretary who will be primarily responsible to the Director of the Graduate Program.

B. Budget:

Salary for one associate professor plus fringe	$ 31,768.
Salary for one secretary, grade 10 plus fringe	16,373.
Travel	2,000.
Contractual Services	1,500.
Supplies	1,500.

C. Description:

The masters degree in nursing is a requirement for leadership positions in nursing administration, supervision, education and research. This is especially true in professionally isolated communities such as Alaska.

A 1977 School of Nursing survey revealed that 6.4 per cent of Alaskan RNs hold the masters degree. Twenty per cent of the respondents in administration had a masters degree, none of those in supervisory or research positions held a graduate degree and only thirty-two per cent of those in nursing education positions held a master's degree.

The State Section of Public Health Nursing has 89 professional nursing positions. Fifty six of these positions require the masters degree but only 19 of the incumbents hold the masters degree. A further illustration of the shortage of nurses prepared for leadership is that at the time of transfer from AMU, one third of the School of Nursing faculty did not hold the minimum credential required to teach, ie the masters degree.

Two federally funded projects, The Community Mental Health Project and the Family Nurse Practitioner Project have explored the need for a masters degree nursing program in Alaska. The masters degree program is a necessary outgrowth of both of these projects.

Nationally the family nurse practitioner programs are being integrated into the academic degree tract rather than remaining in the continuing education pattern where they were initiated. There is a critical need for family nurse practitioners, especially in the "Bush." It is anticipated that the master's degree program in nursing will prepare these family practitioners within a Community Health Major.

Approval of this request will result in undertaking a thorough feasibility study of the Alaska nursing population and of employing agencies to clarify both needs and resources relevant to the initiation of a masters degree program. Recruitment of a doctorally prepared director will also be undertaken. Since there is a critical shortage of nurses prepared at the doctoral level it is essential that this recruitment effort begin as soon as possible. Final planning of the curriculum should await employment of the Director. Students will be admitted in September 1979. It is anticipated that ten students will be admitted to the first class. An additional professor will be added to the faculty at that time.

Item III: Increased Workload . . Continuing Education for the Health Sciences.

A. Request: One faculty position at the Assistant Professor level and one secretarial position.

B. Budget:

Salary for one Assistant Professor plus fringe	$ 23,774.
Salary for one secretary, grade 10 plus fringe	13,644

C. Description:

Knowledge and technology in the health care field are highly perishable and continuing education is mandatory for all health care practitioners. The continuing education department has primarily served graduate nurses. This year approximately 2000 nurses will have enrolled in the C.E. courses offered. There are increasing requests from other health care groups such as medicine, dental hygiene, medical technology etc.

The purpose of this request is to enable the School to respond to these continuing education needs by employing a health educator who is able to plan a calendar of offerings and to teach some continuing education courses outside of nursing. The volume of clerical work that accompanies course and instructor approvals, fee collection and typing course materials requires secretarial support.

It is anticipated that continuing education will become mandatory by State Statute in the foreseeable future. It is essential that a delivery vehicle be planned and implemented prior to this time if the quality of the educational program is to be protected. In addition, the development of a core of continuing education for health science practitioners may be productive in identifying both needs and resources for new baccalaureate health science programs.

An additional faculty member should be able to plan and coordinate approximately 50 workshops and short courses during the first year.

Item IV: Increased Workload . . Faculty Nurse Practitioner Program

A. Request: Two Family Nurse Practitioner positions at Associate Professor level.

B. Budget:

Salary for two Associate Professors at $26,473 plus fringe	$63,535.

C. Description:

The family nurse practitioner is an expanded role in nursing. It includes health assessment and treatment of common health disruptions. This program was funded by the DNEW Division of Nursing for a three year period and expired in July 1977. Contrary to our expectations the Division did not fund our application for a new grant. This program has been attractive to graduate nurses and the graduate in high demand by health care agencies, especially in the Bush. Approval of this request will permit the School to resume offering this program. These faculty will also contribute to the masters degree in nursing when that program is initiated.

Total Request for FY 79:

1.	Restoration of cuts to FY 78 Budget	$ 65,936.
2.	Request Item I	79,178.
3.	Request Item II	53,141.
4.	Request Item III	37,418.
5.	Request Item IV	63,535.

Through the recent curriculum revision the School has constructed the foundation for excellence. In order to effect a transition into the league of excellence with other schools it is essential that financial cuts be restored and in order to better serve the educational and health needs of Alaskans your approval of the budget additions described above is requested.

Background Data:

Since its inception in 1968, the School has graduated 139 nurses with the baccalaureate degree with a major in nursing. The graduates included five who were formerly practical nurses and fifty two who were registered nurses. At least seventy five of these graduates continue to practice actively in the state, ten in the Bush.

Student enrollment in the program has been erratic for the past few years due to the instability of AMU. Enrollment in the freshman and sophomore years are now approaching the number required for maximum efficiency. There are presently 210 students in the major.

The faculty are currently engaged in simultaneously developing and implementing a revised curriculum plan that will

1) facilitate the programs application for initial accreditation by the National League for Nursing,
2) integrate the health assessment portion of the Family Nurse Practitioner program into the undergraduate clinical courses,
3) provide a clear academically sound articulation pattern for RNs seeking a BS degree in nursing,
4) provide a basic curriculum organization that will enable the school to graduate approximately 50 students per year.

Students admitted to the clinical major this spring will be entering the revised curriculum. The curriculum change has reduced the hours taught this fall as faculty prepare for implementation of the new curriculum. Plans had been to increase the productivity of the School through lower division electives this fall. However, these were cancelled by Presidential decree. The impact of this decision over the year will be a level of productivity for the School slightly above the past year rather than a dramatic increase. A

twenty five per cent increase in credit hours produced is expected during the 1978-79 academic year as more favorable enrollments enter the upper division courses.

Each student's program of study under the revised curriculum includes 58-65 semester hours of nursing prefix courses. Forty six of these are team taught clinical courses which include 250 hours of classroom and 1400 hours in health care agencies providing direct care to individuals, families and groups. This clinical component is the critical element of the program. The team teaching required along with a low student-teacher ratio produce very high contact hours per week for the faculty but low credit hour production for the program.*

The clinical course is not comparable to either student teaching or other laboratory courses. The teaching-learning process is as carefully planned and more intense than the traditional classroom setting yet the faculty must utilize this experiential setting without the predictable control common to other laboratory courses. In addition, the faculty member is responsible not only for the 6-8 students assigned, but for the well being of each individual, family or group to whom the student provides nursing care.

It is obvious that traditional methods of determining productivity are inappropriate. The most equitable method of measuring productivity of clinical faculty is in terms of contact hours. Clinical faculty are responsible for 6-8 students 12-15 hours per week in the clinical facility plus 4-5 hours per week in the team taught classroom component. In addition, faculty must also teach the non clinical courses in the program and individual student counseling, advisement and tutoring is quite time consuming.

*Both Alaska Statutes and National League for Nursing Criteria for Accreditation require School of Nursing faculty to plan, select, assign, supervise and evaluate student learning experiences in the clinical as well as theoretical component of the program.

HB
800

ALASKA GATEWAY SCHOOL DISTRICT

P.O. Box 226
Tok, Alaska 99780

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

March 28, 1978

Dear Representative Parr:

At the March 2, 1978 Regional Board meeting the School Board reviewed legislation and made the following motion in regards to: House Bill 800

I WOULD MOVE THAT WE SUPPORT THE ASSOCIATION OF ALASKA SCHOOL BOARDS' STAND ON HB 800 REGARDING THE VALUE OF THE INSTRUCTIONAL UNIT.

Thank you for your consideration of this matter.

Sincerely,

Carl A. Peterson

Carl A. Peterson, Superintendent
ALASKA GATEWAY SCHOOL DISTRICT
P.O. Box 226
Tok, AK 99780

CP/pc
cc: Sharon Young, President
Regional School Board

STATE OF ALASKA

Inter-Department Route Slip

TO:
MAIL STATION NUMBER 3100

DEPARTMENT Legislature - House

ATTENTION Rules Committee

- ☐ Approval
- ☐ Signature
- ☐ Comment
- ☐ Contact Me
- ☐ Prepare Reply
- ☐ For Your File
- ☐ Note & Return
- ☐ Initial & Return
- ☐ Return As Requested
- ☐ Return For Approval
- ☐ Necessary Action
- ☐ Your Information

Remarks:

FROM:
MAIL STATION NUMBER 0500

DEPARTMENT Education

BY [signature] DATE 2/22

02-002 (REV.10/73)

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HB 800

Title Base Instructional Unit Value

Requested by Rules Committee at Request of Governor Date 2-10-78

II. FISCAL DETAIL

Agency Affected Education

Program Category Affected Education

Budget Request Unit(s) Affected Financial Support Programs

EXPENDITURES (Thousands of Dollars)

		FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100	PERSONAL SERVICES						
200	TRAVEL						
300	CONTRACTUAL						
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.			12,069.6	12,793.7	13,561.3	14,374.9
	TOTAL			12,069.6	12,793.7	13,561.3	14,374.9

FUNDING (Thousands of Dollars)

GENERAL FUND			12,069.6	12,793.7	13,561.3	14,374.9
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME			0	0	0	0
PART TIME			0	0	0	0
TEMPORARY			0	0	0	0

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

6283 instructional units x $1700 per instructional unit x 1.13% of average differential = $12,069,643

FY 81 - 83 @ 6% per year increase.

IV. DATE 2-22-78 PREPARED BY Nathaniel Cole, Deputy Commissioner

AGENCY Education

PHONE 465-2800

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

33-001 (Rev. 12/77)

HB
805

1 Seat the child near the front of the classroom where he can read your lips and follow classroom activities the easiest. If he does not wear a hearing aid, his better ear should be toward the teacher and the rest of the class. If he does wear an aid, the aided ear should be toward the teacher and the class. More important than this, however, is that he should sit on the window side of the room so that he is not facing the sunlight while attempting to lipread.

2 The child should be encouraged to watch the face of the teacher and other students when they are talking.

3 The teacher should try to face the hard of hearing child as much as possible when speaking to the class. She should try to give important instructions from a position close to the child.

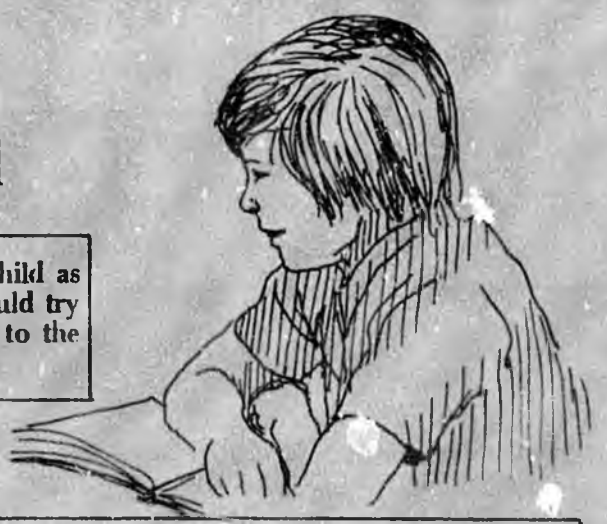
4 The hard of hearing child should be encouraged to turn around in his seat so that he can see the faces of other children participating in class activities.

5 The teacher should not use an excessively loud voice or exaggerated lip movements in speaking to the child.

6 If a choice of teachers is possible, the hard of hearing child should be placed with the teacher who speaks slowly and precisely.

7 We are apt to overestimate the hearing efficiency of the child because when he pays attention he apparently hears quite well. Remember that this child must use more effort to hear than the normally-hearing child. It is to be expected that holding the attention of this child will be difficult.

8 A hearing loss caused by nerve damage may cause the child to speak with a dull voice and inaccurate diction, simply because he does not hear speech clearly. Although it is all right to encourage him to use his best speech, do not expect too much of him or be too critical of his speech.



9 A hearing loss will affect the development of language skills. Therefore the child should be encouraged to compensate by a more active interest in all language activities such as reading, spelling, etc.

10 The hard of hearing child should be watched carefully to see that he is not withdrawing from the group or that he is not suffering a personal reaction as a direct result of his impairment. The teacher may wish to discuss in class what a hearing loss may be like, and to show the children how they may help their classmate in certain activities. If the hard of hearing child wears an aid, it could be the subject of "show and tell" interest--what it does, how it is worn, etc. The children should be aware, however, that wearing an aid is no more unusual than wearing eyeglasses.

11 The nurses and teachers should be careful to watch for common colds, influenza, throat infections, earaches, etc. in this child. He should be given medical atention as quickly as possible.

For TEACHERS With Hearing-Impaired Students in a Regular Classroom

For further information, contact the regional office nearest you:

Regional Audiologist
Audiology Unit, 1 South
PO Box 577
Mt.Edgecumbe, AK 99835
Phone: 966-9320

Regional Audiologist
Communicative Disorders Program
3401 East 42nd Avenue
Anchorage, Alaska 99504
Phone: 274-1559

Regional Audiologist
Communicative Disorders Program
1020 Barnette Street-Annex
Fairbanks, Alaska 99701
Phone: 452-6291

Alaska Department of Health & Social Services
Division of Public Health
Communicative Disorders Program
3401 East 42nd Avenue
Anchorage, Alaska 99504

9/77

Pamphlet #10

TYPES OF COMMUNICATIVE PROBLEMS «»

~LANGUAGE

DELAYED LANGUAGE

LEARNING DISABILITIES

APHASIA

~SPEECH

ARTICULATION

VOICE

STUTTERING

~HEARING

MIDDLE EAR PROBLEMS

NERVE DEAFNESS

FOR INFORMATION CONCERNING COMMUNICATION PROBLEMS AND SERVICES, CONTACT :

REGIONAL AUDIOLOGIST
AUDIOLOGY UNIT, SOUTH
P.O. Box 577
Mt. Edgecombe, Alaska 99835
Phone: 966-8320

REGIONAL AUDIOLOGIST
COMMUNICATIVE DISORDERS PROGRAM
525 E. 4th Ave.
Anchorage, Alaska 99501
Phone: 274-1559

REGIONAL AUDIOLOGIST
COMMUNICATIVE DISORDERS PROGRAM
1020 Barnette Street
Fairbanks, Alaska 99701
Phone: 452-6291

SPEECH PATHOLOGY COORDINATOR
COMMUNICATIVE DISORDERS PROGRAM
3701 E. 20th Ave.
Anchorage, Alaska 99504
Phone: 276-6717

Communication

Language, Speech and Hearing

WHO CAN HELP?

COMMUNICATIVE DISORDERS PROGRAM
DIVISION OF PUBLIC HEALTH

If a child you know exhibits signs of a communicative disorder, do you know where to go for help? Sometimes people think and are told "He'll outgrow it". Another year goes by and the problem is still there. If any of the following conditions exist, you should seek help....

- † Not talking by 2 years of age.
- † Unintelligible speech after the age of 3.
- † Not using 2 to 3 word sentences by the age of 3.
- † Speech consists mostly of vowels.
- † Word endings are missing.
- † Leaving off many beginning consonants after the age of 3.
- † Noticeably non-fluent after the age of 6.
- † At any age embarrassed by his speech.
- † Still making speech errors at the age of 7 1/2.
- † Voice is too loud, too soft, monotone and /or too high or too low for sex and age.
- † Other persons notice and comment on his speech.
- † Sentence structure is not adequate at age 5.

HELP!

FOR COMMUNICATION DISORDERS

WHO

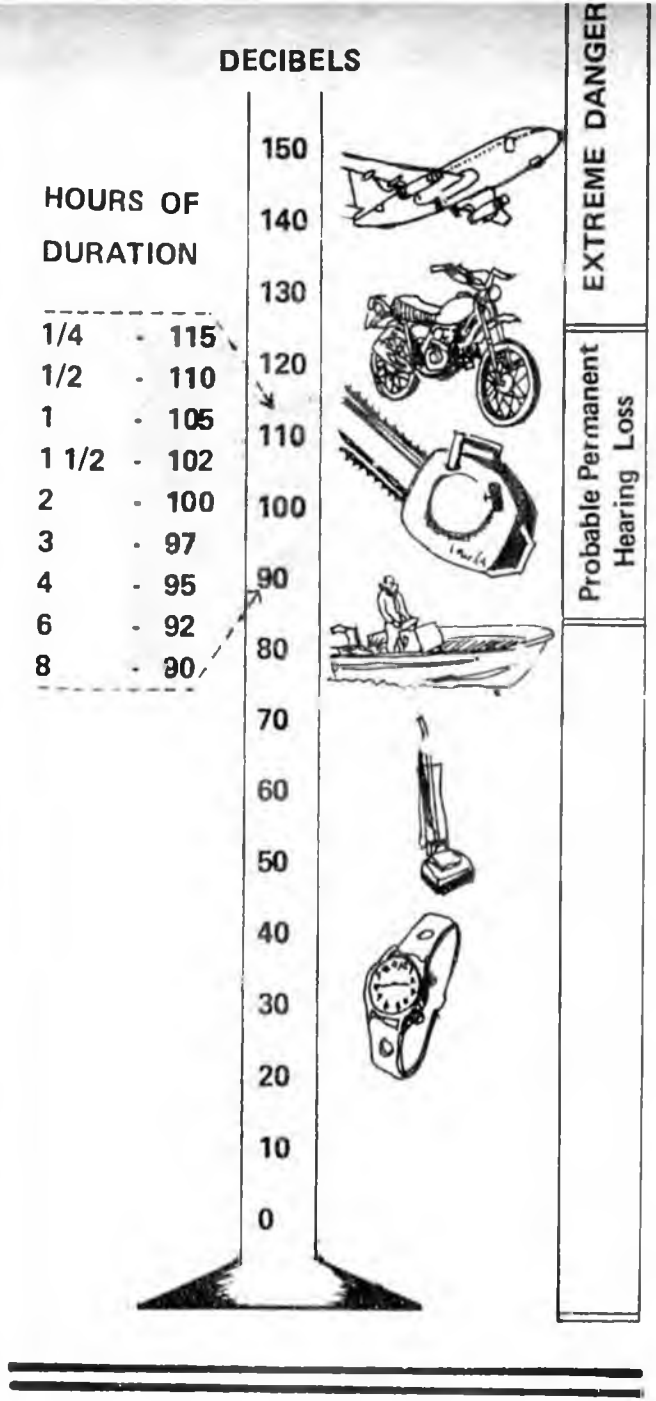
1. An AUDIOLOGIST is defined as a professional who is concerned with NORMAL and IMPAIRED hearing, and with identifying, evaluating, and remediating those who have hearing problems. If a hearing problem exists, an AUDIOLOGIST can determine what type and amount of impairment, how the person can best use his remaining hearing, if the person could benefit from a hearing aid and can assist in the selection of the most appropriate aid.

2. A SPEECH PATHOLOGIST is a professional who is concerned with the NORMAL DEVELOPMENT of speech and language and with speech and language disorders. The SPEECH PATHOLOGIST can determine through evaluations if an oral communication problem exists and if so, decide the best method for treatment.

WHERE

* SCHOOLS
* PRIVATE CLINICS
* REHABILITATION CENTERS
* RESOURCE CENTERS
* PRIVATE PRACTICE
* STATE AND FEDERAL AGENCIES

For information on available services in your area, call or write to one of the addresses on the back of this pamphlet.



Noise))) Sources

FOR MORE INFORMATION AND HELP CONTACT:

YOUR LOCAL HEALTH AIDE
OR
PUBLIC HEALTH NURSE

REGIONAL AUDIOLOGIST
Audiology Unit South
Mt. Edgecumbe
Alaska 99835

Phone. 966-8320

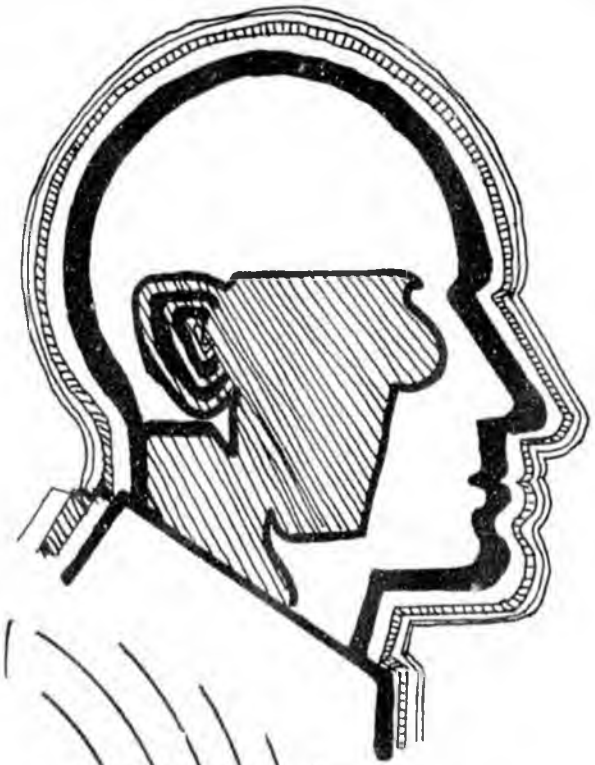
REGIONAL AUDIOLOGIST
Communicative Disorders Program
525 East Fourth Avenue
Anchorage, Alaska 99501

Phone. 274-1559

REGIONAL AUDIOLOGIST
Communicative Disorders Program
1020 Barnette Street
Fairbanks, Alaska 99701

Phone.452-6291

DEPARTMENT
OF
HEALTH AND SOCIAL SERVICES



NOISE CAUSED HEARING LOSS

EXPOSURE TO NOISE IS A COMMON CAUSE OF HEARING LOSS!

INTENSE BURSTS OF LOUD NOISE MAY DAMAGE THE STRUCTURE OF THE EAR

HOWEVER, NOISE LEVELS OF LESSER INTENSITY MAY ALSO CAUSE A HEARING LOSS IF YOU ARE EXPOSED TO THE NOISE FOR A PERIOD OF TIME

EXCESSIVE EXPOSURE TO NOISE DOES DAMAGE TO THE SENSITIVE HAIR LIKE STRUCTURES IN THE INNER EAR. THE LOSS OF THEIR SENSITIVITY IS GRADUAL AND USUALLY NOT NOTICED UNTILL THE PERSON HAS LOST MUCH OF HIS HEARING

THIS DAMAGE IS PERMANENT!

SYMPTOMS:

1. RINGING EARS AFTER NOISE EXPOSURE

2. DIFFICULTY HEARING SPEECH IN SOME ENVIRONMENTS (GROUP MEETINGS, RESTAURANTS, CHURCH, NOISY ROOMS ETC.

3. DIFFICULTY DISTINGUISHING BETWEEN SIMILAR SOUNDING WORDS

Warning !!

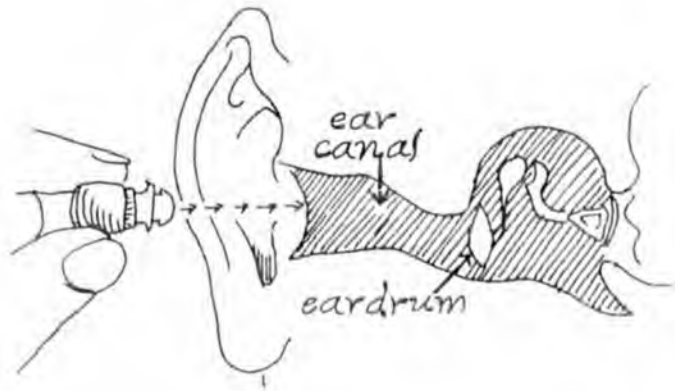
IF NOISE IS LOUD ENOUGH IN AN ENVIRONMENT TO CAUSE DIFFICULTY WITH THE UNDERSTANDING OF SPEECH OR IF INDIVIDUALS MUST RAISE THEIR VOICE TO BE UNDERSTOOD, THE NOISE LEVEL IS PROBABLY EXCESSIVE.

*REDUCE THE LOUDNESS OF THE NOISE IF POSSIBLE

*AVOID EXPOSURE TO LOUD NOISE

*IF THIS IS NOT POSSIBLE.....

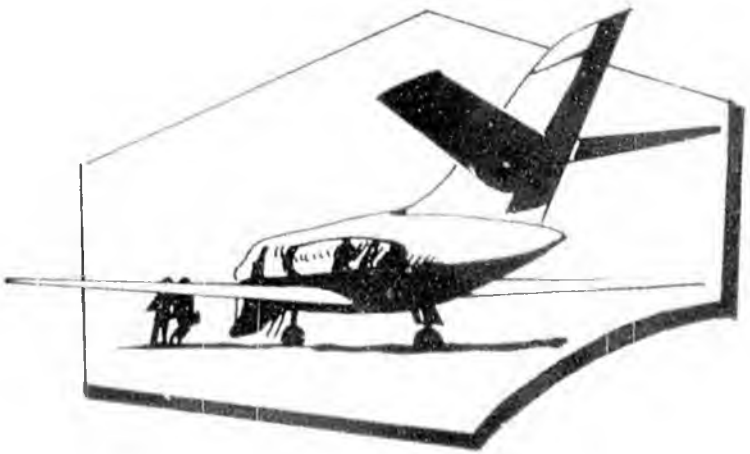
EAR PLUGS ARE VERY EFFECTIVE FOR MOST SOUND LEVELS. THEY MUST BE CAREFULLY FITTED AND PERIODICALLY CHECKED.



EAR MUFFS PROTECT ALL PARTS OF THE EAR AND OFFER WIDEST RANGE OF SOUND PROTECTION .....DON'T REQUIRE FREQUENT ADJUSTMENT.

Protection Against

NOISE-INDUCED Hearing Loss



STATE OF ALASKA / JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER POUCH H JUNEAU 99811

Dear Fellow Alaskan:

If you have noticed that you are not hearing as well as you once were, or if you have a ringing noise in your ears, we want to let you know what is happening and what you can do to prevent it.

Because there is no cure for hearing loss caused by noise, the Alaska Department of Health and Social Services is interested in attempting to prevent this type of hearing loss.

This pamphlet has been prepared to alert you to the possibility of hearing loss through your day to day activities. I hope that the information presented here will make you more aware of the reasons for hearing loss and cause you to take measures to preserve this irretrievable possession so essential to your health and well-being.

Sincerely,

Francis S. L. Williamson

Francis S. L. Williamson
Commissioner

NOISE-INDUCED HEARING LOSS:

Intense bursts of loud noise, such as a blast or an explosion, may produce severe damage to the structures of the middle and inner ear, causing hearing loss. Noise levels of lesser intensity may also produce a hearing loss if you are exposed to them for longer periods of time.

A hearing loss caused by excessive noise starts at high frequencies, usually 4000 cps and may go unnoticed at first. A loss may later occur in lower frequencies, also with continued exposure. At this point, speech may not be as clear as it once was.

Over-exposure to steady noise results in a slowly increasing hearing loss. You probably won't notice this type of loss until it reaches the point where speech is becoming difficult to understand. Unfortunately, this type of hearing loss is permanent. Even though you may be moved from the noisy environment, your hearing will not return to normal. Exposure to noise is the most common cause of hearing loss except for the aging process.

THIS CHART SHOWS THE INTENSITY (DECIBEL LEVEL) OF MANY PIECES OF EQUIPMENT, AND THE DANGER INVOLVED WHEN EXPOSED TO THIS NOISE WITHOUT ADEQUATE HEARING PROTECTION

	Decibel Level	Possible Sources
EXTREME DANGER	155 dB	Rifle blast, close-up jet engine
	140 dB	Shotgun blast, jet airport
	120 dB	Rock drill, hydraulic press, turbine engine
PROBABLE PERMANENT HEARING LOSS WITH REPEATED EXPOSURE	115 dB ↓ 90 dB	Airplane engine, snow machines, sheet metal hammers, chain saws, marine diesel engine room, air compressors, diesel trucks.
	60 dB to 70 dB	CONVERSATIONAL SPEECH

D A N G E R S I G N S

- Ringing Ears After Noise Exposure
- Difficulty Hearing After Noise Exposure
- Difficulty Hearing in Presence of Background Noise

If these symptoms are present consult your Audiologist or Public Health Nurse

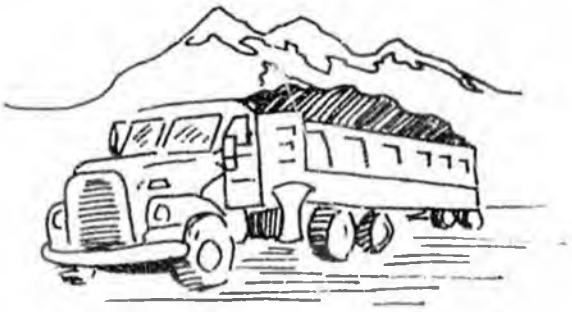
EAR PLUGS OR MUFFS?

Prevention of injury on the job is not new to you; you wear a hard hat, goggles, safety boots, etc...should you think of working in a high noise area without hearing protection?

Many ear plugs and muffs are designed to block out only the concussion of damaging noise. You can still hear conversation almost normally.

Ear plugs will not hurt your ears or put a hole in the eardrum. You may need a little time to get used to them, just like a new pair of eyeglasses. Ear plugs come in several sizes, and some need to be fitted. A snug fit is important in keeping out damaging sound.

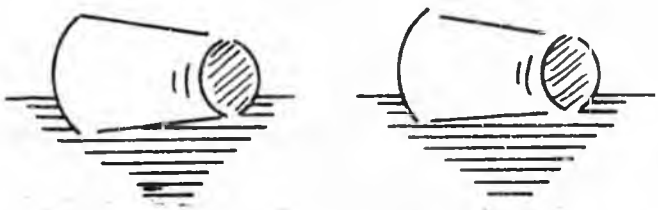
Ear muffs are worn over the entire ear, and may be worn with a hard hat. They may be a little more expensive than earplugs, but they are more comfortable to wear and offer more protection.



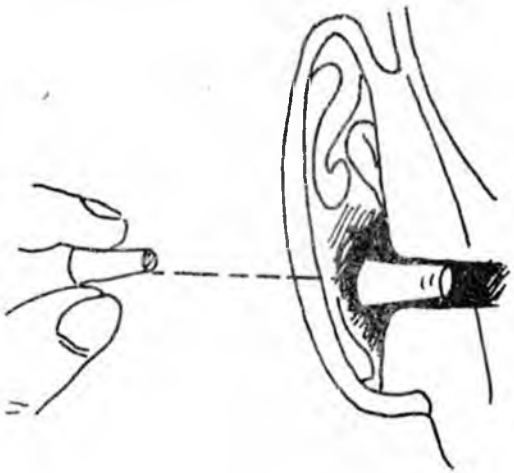
The following page shows you which type of ear protection is advisable in different situations. Ordering information is also shown.

RECOMMENDED FOR PERSONS WHO ARE EXPOSED TO GREATER THAN 90 dB OF NOISE (SEE CHART) THROUGHOUT THE WORKING DAY:

E.A.R. Ear Plugs



This ear plug fits nearly all ears and is comfortable and inexpensive.



A snug fit is important in keeping out damaging sound.

RECOMMENDED FOR THOSE PERSONS WHO ARE INTERMITTENTLY EXPOSED TO GREATER THAN 90 dB OF NOISE, SUCH AS BLASTS FROM JET ENGINES; OR THOSE WHO CANNOT TOLERATE A PROTECTIVE DEVICE IN THE EAR CANAL.

Ear muffs are the most comfortable of all protection devices. They may be worn with hard hats.

THE MOST EFFECTIVE COMBINATION FOR EAR PROTECTION IN EXTREMELY HIGH RISK NOISE AREAS (120 dB+) ARE PLUGS WORN WITH MUFFS.

COMPANY	PRODUCT	PRICE
Big Three Lincoln Alaska 6415 Arctic Blvd Anchorage, AK 276-1216	E.A.R. foam ear plugs	.25 Pair
	David Clark headband muff	8.70 Each
Liquid Air, Inc. 6510 Arctic Spur Anchorage, AK 272-6541	Glendale headband muff	9.50 Each
	MSA headband muff	9.50 Each
	Glendale rubber ear plug	.85 Pair
Arctic Welding & Supply 1110 E. Northern Lights Blvd Anchorage, AK 276-6870	Glendale auraldome muffs	12.00 Each
	E.A.R. foam ear plug	.40 Pair 65.00 Box
Sahlberg Safety & Supply 1702 Ship Avenue Anchorage, AK	David Clark headband muff Type E310	8.20 Each
	E.A.R. foam ear plug	.19 Pair
	3-M, rubber fin plugs	.25 Pair

COMPANY	PRODUCT	PRICE
Safetv Inc. 1952 Dowling Road. Anchorage, AK	Flents FL 080 headband muff	8.95 (1-11) Each 8.75 (12-100) Each
	Piece & Quiet headband muff	3.00 Each
	Silaflex F-1092 moldable plastic ear plug	15.00 Box
	Dielectric FL 085 ear muff	6.00 Each
	Flexaplug five flanged silacone ear plug	1.50 (1-11) Pair 1.25 (12-99) Pair 1.00 (100+) Pair
	E.A.R. foam ear plug	.75 (1-11) Pair .60 (12-99) Pair .50 (100+) Pair

If you have questions, or if you require further information, contact the Audiologist in your area:

Southeastern Region:

Audiology Unit, 1 South
P.O. Box 577
Mt. Edgecumbe, Alaska 99835
Ph. 966-8320

Southcentral Region:

Communicative Disorders Program
3401 East 42nd Avenue
Anchorage, Alaska 99504
Ph. 274-1559

Northern Region:

Communicative Disorders Program
1020 Barnette Street-Annex
Fairbanks, Alaska 99701
Ph. 452-6291

The Alaska Department of Health and Social Services does not imply endorsement of only those products shown in this brochure. They are intended for samples of design and protection only.

Alaska Dept. of Health & Social Services
Communicative Disorders Program
3710 East 20th Avenue
Anchorage, Alaska 99504

September 1977

Pamphlet #3

STATE OF ALASKA
DEPT. OF HEALTH AND SOCIAL SERVICES
JAY S. HAMMOND, GOVERNOR
DIVISION OF PUBLIC HEALTH
COMMUNICATIVE DISORDER PROGRAM
3401 East 42nd Avenue
Anchorage, Alaska 99504

STATUS REPORT OF PREVENTIVE SERVICES TO THE HEARING IMPAIRED
REQUESTED BY REPRESENTATIVE THELMA BUCHHOLDT

Preventive programs for otitis media and noise induced hearing loss are two separate issues, although both conditions result in mild to moderate hearing loss with consequent degrees of handicap. Specific recommendations will be made for prevention in each of these areas with the realization that, for any such program to succeed it must be accomplished in a coordinated manner with each of the major health care organizations including the Community Health Aide Program, Alaska Department of Health and Social Services (public health nurses and Communicative Disorders Program) and the Indian Health Service physicians. A fiscal note is included on the final page.

NOISE INDUCED HEARING LOSS

The prevalence of noise induced hearing loss in rural Alaska has been found to be unusually high because of the repeated exposure of many individuals to snowmobiles, rifle fire, light aircraft, chain saws, motor boats, etc. This is a permanent but preventable condition through health education and use of proper ear protection. The following preventive steps are recommended.

1. A school health curriculum section on noise induced hearing loss and its prevention should be developed and provided to all school districts along with the necessary audio/visual materials and instructional guidelines for implementing this program.

2. Pamphlets have been developed by the Communicative Disorders Program explaining the hazards of exposure to excessive loud noises and protective measures. Samples of these are attached to this document. These items should be produced in greater volume and distributed more widely than is presently possible.

3. Policy and procedure for distribution of ear plugs by the public health nurses to high risk populations has been established by the Communicative Disorders Program but funding for purchase of these ear plugs in bulk is not a budgeted item. These ear plugs would be provided to individuals who are already experiencing various degrees of noise induced loss and to those persons who participate in health education programs with respect to noise induced hearing loss. For other individuals health education pamphlets should be provided which would inform them where they can write to purchase ear plugs at their own expense.

OTITIS MEDIA

Otitis media is a more complex issue because, even though it is a major source of morbidity in Alaska, a primary, initial cause of the problem has not been isolated. It is likely that a combination of factors are involved including nutrition, sanitation, availability of medical care, climate, crowded housing conditions, etc.. While PRIMARY PREVENTION (the prevention of otitis media before its occurrence) is a matter for ongoing clinical research to address, (see Dr. Spence's paper) several very positive steps can be taken in SECONDARY PREVENTION to manage the disease after its occurrence to lessen its debilitating effects and prevent further complications. These steps include (1) conducting early identification programs, insuring effective medical treatment and assuring prompt and appropriate referral (2) providing necessary surgical treatment (3) providing audiological and educational management for children with educationally significant hearing losses (4) conducting a systematic program to monitor hearing status of impaired and high risk individuals (5) implementing comprehensive hearing health education programs.

Some progress has been made in each of these areas but further effort is needed in each to insure a program with the necessary depth and continuity to handle a problem of the magnitude that exists. I will summarize these below:

1. Early identification, effective medical treatment and appropriate referral. A system for early identification has been established which includes identification and treatment by health aides and public health nurses with the assistance of regionally based audiologists followed by referral to the audiologists and Indian Health Service physicians when appropriate. However, well thought out training moduals need to be developed to insure that all health providers are able to conduct indentification, diagnostic and treatment programs in a uniform manner and according to guidelines which have been established jointly by Department of Health and Social Services and the Indian Health Service, Ear, Nose and Throat Section. (These guidelines have been developed but training packets and mechanisms for implementing training programs in this area have not been addressed.) In addition, TRACER studies need to be undertaken to check for gaps in the referral process. Through this mechanism cases of chronic otitis media would be studied retrospectively to evaluate each step of the treatment and referral process using Assessment of Medical Care for Children, Institute of Medicine (1974), as a guide.

2. SURGICAL CARE

   Effective surgical treatment for various types of otitis media is available through the Ear, Nose and Throat Section of the Alaska Native Medical Center, the Section of Family Health's Handicapped Children's Program and Medicaid working cooperatively. This is the desirable mechanism to employ to obtain surgery for clients in need however, all of these programs have been inadequately funded to meet the pressing need and considerable backlog of clients has accumulated in much of the State, especially in the Bethel area. (Dr. Spence will address this in his paper.)

3. Audiological and educational management of children with handicapping hearing loss.
Audiology programs have been established in three regions of the State and a fourth clinic in the Bethel region is being requested of the Legislature in the Governor's Budget for Fiscal Year 1979. Each regional clinic functions in a coordinated manner with the nurses, health aides, physicians and schools of their respecitve areas. These audiological facilities provide a high quality and substantial quantity of clinical audiology care and are the nucleus of services for the hearing impaired. If the Bethel office is funded by the Legislature the only deficit will be the lack of clerical support and travel monies needed to run the Bethel Regional Office. These items were deleted by the Governor's Budget Review Committee.

4. Need for a systematic approach to monitoring hearing status of clients.
An audiology data system has been designed by the Communicative Disorders Program which incorporates input from programs conducted by the public health nurses, the audiologists of the Communicative Disorders Program, personnel testing hearing for the Indian Health Service, Ear, Nose and Throat Section, and from school hearing conservation programs. Common input and data management for all of these health care providers is incorporated into one functioning data system to provide ongoing patient management information and statistical reports to participating parties. This system lacks only funding of part time clerical support and computer key punch costs to become fully functional.

5. Health education materials such as those attached, (For Teachers With Hearing-Impaired Students in a Regular Classroom + Who Can Help?) need to be produced in greater volume and distributed to parents, teachers, and health care providers. Appropriate films also are needed to enhance health education efforts.

David R. Canterbury, Ed.D., Chief
Communicative Disorders Program

1. Primary Prevention of Otitis Media.
Basic research must be conducted in this area to ascertain which additional measures should be instituted on a population-wide basis. Results of this research will be of sufficient interest nation-wide that federal maternal and child health research funds would very likely be awarded if a grant proposal can be developed. The high incidence of otitis media in Alaska and availability of an integrated health care network are factors which make Alaska an ideal location for this research. Existing staff can be delegated the responsibility for development of this grant proposal.

2. Surgical Care.
Since inception of the emphasis program to provide surgical restoration of chronic otitis media with perforation, there has been a priority system used

in selecting cases for surgery (bilateral, age 8-18 as high priority). In recent years there has been a rising level of expectation, i.e., a desire to extend the criteria for surgery to unilateral cases and older persons. These expectations are not unrealistic and, indeed, are being met in urban areas of our State. Funding, however, has not been increased to allow the Handicapped Children's Program and the Alaska Native Health Service to meet these expectations. In FY 1978 a $100,000 appropriation has resulted in 200 additional surgical cases in that area which had the largest backlog of cases. Renewal of th[illegible] funding within the Handicapped Children's Program would allow much needed [illegible]ased surgical care in other areas of the State.

David A. Spence

David A. Spence, M.D., M.P.H., Chief
Section of Family Health

STATUS REPORT OF PREVENTIVE SERVICES TO THE HEARING IMPAIRED
REQUESTED BY REPRESENTATIVE THELMA BUCHHOLDT

Attachment I Fiscal Note
Page One

NOISE INDUCED HEARING LOSS

1. School hearing health curriculum estimated cost quoted by South Central Regional Resource Center, Department of Education.

	CONTRACTUAL	SUPPLIES	PERSONNEL	TRAVEL	TOTAL
Personnel Cost: 2 people 6 weeks to develop curriculum + materials	9,720				
Typist	900				
Art Work	400				
Office Supplies		100			
Telephone Costs	50				
Overhead (Administrative)	993				
150 Intermediate Level Booklets	349				
150 High School & Adult Level Booklets	349				
Promotional Brochure	30				
6 Films @ $375 each		2,250			
	12,791	2,350			15,141

2. Printing and distribution of preventive brochures NOISE CAUSED HEARING LOSS and PROTECTION AGAINST NOISE CAUSED HEARING LOSS. Distribution includes 120 copies of each brochure to 215 Health Aides and 10 Public Health Service Hospitals.

Printing & Distribution	4,612				4,612

3. Supply and distribution of earplugs to Public Health Nurses. Distribution of 220 ear plugs will be made to each Health Center.

Supply		1,500			
Distribution	80				
	80	1,500			1,580

Noise Induced Hearing Loss Total 21,333

OTITIS MEDIA

1. Early identification, effective medical treatment and appropriate referral.
   SEE: Narrative and Fiscal note by Dr. Spence.

2. Surgical Care.
   SEE: Narrative and Fiscal note by Dr. Spence.

3. Audiological and educational management of children with handicapping hearing loss.

	CONTRACTUAL	SUPPLIES	PERSONNEL	TRAVEL	TOTAL
Clerical support for Bethel Regional Office			19,473		
Travel for Bethel Regional Office				7,500	
			19,473	7,500	26,973

4. Need for systematic approach to monitoring hearing status of clients.

Clerical Support: 1/2 time C/T II, permanent part time position.			7,334		
Key Punch Costs	3,510				
	3,510		7,334		10,844

5. Otitis media health education.

Production of 2 additional pamphlets, distribution of 4.	1,532				
Distribution of 4 pamphlets.	500				
2 Films		900			
	2,032	900			2,932
				Otitis Media Total	40,749
			NOISE INDUCED HEARING LOSS & OTITIS MEDIA		62,082
6. Surgical Care within Handicapped Children's Program component	100,000				100,000
			COMBINED TOTAL		162,082

STATE OF ALASKA
JAY S. HAMMOND, GOVERNOR
DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER
POUCH H 01 – JUNEAU 99811

February 8, 1978

Document# Legislature General #19

The Honorable Thelma Buchholdt
State of Alaska
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Mrs. Buchholdt:

Please find enclosed a status report of preventive services to the hearing impaired.

Respectfully submitted,

Helen Beirne

Helen Beirne
Commissioner

06-F38LH

155 clients in Bethel

(1) Leadroom population

(2) Floors below the Leadroom

(3)

We should ask
him what he paid
as a joke?

Thelma:

Otitis Media is like the weather - everyone talks about it but nobody does much about it.

The original intent of HB 805 - at least as far as I am concerned - was to fund for preventative measures in the areas of OT and NIHL. The original proposal papers furnished by Dr. H. Beirne, identified and concentrated on this area of the issue and offered resolutions.

The bill, as is, doesn't seem to be headed in the same direction. It doesn't say anything about Hearing Loss related to Noise nor about the preventative aspects of the problem.

We have only remedial work being accomplished in any concentrated way; we need both that and preventative.

From Anchorage:

Testimony has been scheduled to be heard from

Dr. David Canterbury - Dir., State program.

Phil Smith - Ruralcap

STATE OF ALASKA
JAY S. HAMMOND, GOVERNOR
DEPT. OF HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH
COMMUNICATIVE DISORDER PROGRAM
3401 East 42nd Avenue
Anchorage, Alaska 99504

PUBLIC HEALTH AUDIOLOGY IN RURAL ALASKA
An Inter-agency Approach

David R. Canterbury, ED.D.

For many years otitis media has been recognized as a major health problem in rural Alaska. Perhaps the highest prevalence of this condition in the United States is found in the Alaskan Natives. This fact has been documented on numerous occasions and as the identification and evaluation techniques have evolved, the true scope of the problem has become increasingly evident. The Communicative Disorders Program of the Alaska Department of Health and Social Services working cooperatively with other state and federal agencies, is attempting to establish identification, evaluation, referral and remedial programs in perhaps the most challenging geographic area in the continental United States from the health services delivery perspective.

While the State's land mass of 586,500 square miles is larger than California, Montana and Texas combined, the population only slightly exceeds 400,000 people. Most of these individuals reside in the Anchorage area but there are 150 communities with populations of less than 5,000 people and 40% of all Alaskans are located in communities of less than 1,000. Most of the rural communities are accessible only by light aircraft and in the cases of larger villages, by scheduled airline services. Road systems to rural areas are almost non-existent and distances between these villages are substantial e.g. distances from Anchorage, the largest city, to various outlying communities are; Adak 1,209 miles, Barrow 722 miles, Ketchikan 768 miles and Bethel 420 miles. The entire State west to east spans a distance equivalent to that

from California to Florida. The terrain and climate vary widely from the deep cut fjords of the Southeast Panhandle where rainfall averages exceed 150 inches per year, to the tundra of Northern and Western Alaska with predictable winter lows in excess of -50° Fahrenheit. In Northern and Western Alaska exists one of the most unique human environments known in the State as "the bush". The term refers to the predominately Native villages of the area. Although urban conveniences are being introduced to these villages, they are not modern in character nor do they share much in common with America's small towns. "In bush" telephone and television are not common and in many locations residents rely upon shortwave radio. "The bush" is not connected internally or with other portions of the State by road network. Boats in the summer, snow machines in the winter and small airplanes are the most common means of travel. Residents participate in a market economy, still substantially relying on the land and water resources near their home to meet their subsistance needs. About one sixth of the State's population is Alaskan Eskimo or Alaskan Indian. There are six major languages with over twenty significantly different dialects.

There are four organizations in the State of Alaska supplying hearing health care to residents of rural areas. These include:

1. The Community Health Aide Program.
2. The Alaska State Public Health Nurses.
3. Physicians of Federal Indian Health Service.
4. Audiologists of the Alaska State Communicative Disorders Program.

COMMUNITY HEALTH AIDE PROGRAM

Since 1968 Community Health Aides have been employed by the Regional Native Health Corporations. Health Aides are Native residents of the villages who are trained in primary health care at basic and advanced levels by accredited

programs provided through the University of Alaska. There are 205 full time Aides located in 171 villages. They operate under the medical direction provided by physicians of the Indian Health Service Hospitals and their activities are monitored by the State Board of Medical Examiners. They are often the only full time health providers in residence in smaller villages and carry much of the responsibility for intervention in cases of acute otitis media and the ongoing care of chronic otitis media conditions which are quite prevalent. They operate from an established set of standing orders and are in frequent radio/telephone contact with physicians of the Indian Health Service Hospitals. It is estimated that the Community Health Aide Programs conduct 200,000 patient encounters annually for all types of problems. Otitis media is one of the most frequent causes of referral.

ALASKA STATE PUBLIC HEALTH NURSES

Approximately 60 public health nurses supply a wide range of health care to even the most remote of the Alaskan villages. These nurses are based in larger villages and itinerate out to the less populous areas on a scheduled basis as do the physicians of the Indian Health Service. In addition to their other duties, nurses receive training from the Communicative Disorders Program audiologists to provide specific services to the hearing handicapped including pure tone and impedance screening techniques, basic threshold testing, first level counselling, making of earmold impressions for prospective hearing aid users and the fitting of ear plugs as a protection against noise induced hearing loss. Nurses may also provide medication to clients with middle ear disorders from established medical standing orders. The Communicative Disorders Program provides an audiometer for each nurse involved in direct services and the nurses are responsible for administering and/or performing hearing screening activities according to established guidelines. These activities call for all children to be screened on a scheduled basis through their

preschool and school years. While the school systems share responsibility for the implementation of screening programs for school age children, this is often done by the public health nurse in less populous areas. Local volunteers and health aides are trained to work with the nurse in screening activities.

Screening failures receive pure tone threshold tests and sometimes tympanometry from the public health nurse during his/her village visit. All test results are sent to the Communicative Disorders Program audiologists for review, interpretation and recommendations for further management. The nurses also make earmold impressions for prospective hearing aid wearers so that custom fitted ear molds are available when an individual is seen by an audiologist for a hearing aid evaluation and possible fitting. This service provided by the public health nurse often eliminates the necessity of transporting the client out of the village more than once to see the audiologist.

INDIAN HEALTH SERVICE

Physicians of the Federal Indian Health Service program staff hospitals in six outlying areas of the State and in addition a large Indian Health Services Hospital, located in the community of Anchorage. The Anchorage facility contains a staff of two to three Ear, Nose and Throat physicians and one audiologist. They see approximately 300 patients per year for surgery and conduct an ongoing out-patient program. Most of the surgeries scheduled are tympanoplasties. One of the outlying hospitals located in the Southeast section of the State (Mt. Edgecumbe Hospital) also has the services of an Ear, Nose and Throat specialist on a philanthropic fellowship routed through an Eastern university training program. Referrals are made to the ENT programs from the health aides, public health nurses, physicians functioning out of rural hospitals and from the audiologists.

AUDIOLOGY-COMMUNICATIVE DISORDERS PROGRAM

Three levels of services are provided in audiology by the Alaska Communicative Disorders Program.

1. Regional Clinic Services (located in Anchorage, Mt. Edgecumbe, Fairbanks and Bethel).
2. Community or large village clinics.
3. Remote village services.

1. REGIONAL CLINICS

Regional clinic services are provided by a staff of eight audiologists who function out of four regional clinics. Each audiologist devotes about 50% of his or her time to providing the full range of audiology services through the clinic. Regional clinics are fully equiped diagnostic facilities including two channel audiometers, clinical impedance equipment, sound level meters, hearing aid analyzers, etc. Most regional clinics also have either double or single wall sound proof rooms. These facilities form the nucleus of audiology services and are located in, or are highly coordinated with, Indian Health Service and/or nursing facilities. Clients flown in from villages receive evaluations, are fitted with hearing aids, are counselled and are referred for medical management. These regional clinics also serve as training facilities. Before each public health nurse assumes her field station a required orientation into the management of hearing disorders is provided by the audiologist. Periodically, more extensive additional training is accomplished to further enhance the level of skills. Fifty-five nurses attended such extensive training programs in 1977.

2. COMMUNITY OR LARGE VILLAGE CLINICS

Community or large village clinics are held on a scheduled basis three to six times annually. (Presently there are fifteen sites in the State which receive this type of service. All are accessible by commercial jet

service or the limited road system.) When the audiologist leaves the regional clinics to visit these areas he customarily takes with him a portable pure tone audiometer with speech circuitry, portable impedance instrumentation and the necessary supplies for conducting a clinic. Down filled parkas and bunny boots (cold weather boots) are also standard equipment for bush travel during the winter months. The case load during these clinics is referred by physicians, community health aides and public health nurses from their activities in those communities and the surrounding more remote villages. Computer print outs from a recently developed audiology data system integrates diagnostic audiology, nursing and medical information from all sources. This facilitates the follow up of cases seen previously. Medical referral to Indian Health Service Hospital facilities is usually possible at these sites.

3. REMOTE VILLAGES

Remote villages are accessible only by light aircraft flown by "bush pilots". When traveling to these villages it is necessary to also take along a down filled sleeping bag and enough food to last the duration of the trip (two to five days). Since no other accomodations are available, visitors often resort to sleeping in the school house, church or health aides office and eating food stuffs that are brought along. The audiologist works directly with the community health aide, an itinerant public health nurse or itinerant Indian Health Service physician. He performs audiological evaluations, provides counselling, fits hearing aids, and provides training for the nurse or health aide. The nurse or health aide in turn initiates medical standing orders when necessary on identified cases. Some cases are then referred into the regional or community clinics for more extensive management.

In the past a large number of remote villages were visited annually by the audiologist but as the case load in the regional community clinics has risen, so has the ability of the health aides, and public health nurses to manage and refer. Presently only about twenty remote villages are visited each year by the audiologist. Because of the small populations in these areas and travel expense, these clinics, when attended, are for everyone in the village regardless of age, referral source or hearing complaint.

The Central Office of the Communicative Disorders Program (in Anchorage) offers direct support to the audiologists and nurses by furnishing audiometers, impedance testing equipment, supplies, testing forms and calibration services. Annually and as needed all of the 90 audiometers owned by the program are calibrated. This service is also supplied to the few school-based hearing conservation programs at cost. In addition, the computer based data collection system incorporating audiological, nursing and medical information into one ongoing patient management and statistical system was implemented in 1977 and is based in the Central Office.

EXTENT OF HEARING LOSS ENCOUNTERED

Acute otitis media and its chronic sequellae, including hearing loss has been recognized as a leading cause of medical referral among Alaskan Natives for at least the last three decades. This high prevalence of otitis media has been documented by numerous publications including, the McGrath's Project (1962); Brody (1964); Brody et al (1965); Reed and Brody (1966); Reed et al (1967); Maynard (1969); and Reed and Dunn (1970). The most comprehensive study was begun in 1960 by the Arctic Health Research Center, Kaplan et al (1973). This investigation included 643 live births occuring

between October 1960 and December of 1962 in 27 Eskimo villages in the Yukon-Kuskokwim River Deltas. In addition to periodic visits of a research nurse to these villages through the initial years of study, 489 of these children were evaluated by a physician, a nurse, an audiologist and a psychologist in a follow-up done in 1969, 70, and 71. The findings of these studies revealed that perforations and scarring of the tympanic membrane were present in 41% of the children evaluated. A hearing loss of 26 decibels (PTA) or greater was present in 16% and an additional 25% had a measurable conductive hearing loss less than 25 decibels (for a total of 41% with measurable conductive hearing impairment). Children with a history of otitis media prior to age two and a hearing loss in excess of 26 decibels for the middle speech range had a statistically significant loss of verbal ability and were behind in reading, math and language development. In addition, the children who possessed a conductive component but had hearing better than 26 decibels (PTA) were also adversely affected in verbal areas. The number of otitis media episodes was related to the tympanic membrane abnormalities observed, the amount of hearing loss and low verbal ability on achievement test scores.

Use of impedance audiometery for identification and diagnosis was begun in the early 1970's and today is used extensively throughout urban and rural Alaska. The result has been the collection of a great deal of information about the prevalence of middle ear pathology in the State. Data collection during 1975 to 1978 by the Communicative Disorders Program once again, revealed the scope of the problem encountered. During that period of time, several different age groups were monitored to establish prevalence figures. Of the pre-school population seen, middle ear effusion or tympanic membrane perforations were found in 20% of the children in Southeast Alaska and 38% of the same age group in Southwestern Alaska. Statewide prevalence is about 27% for pre-schoolers. Impedance documented negative middle ear pressure exists in

roughly 20% of this group (In excess of -100mm negative pressure). Most of the problems identified are due to serous otitis media presenting at various stages. The numbers of chronic tympanic membrane perforations are being steadily reduced due to an active surgical program but bush communities of Southwestern Alaska still have an alarming number of cases (the Bethel Alaska area, population about 15,000 had approximately 200 unilateral and bilateral surgeries performed during the 1977-78 fiscal year utilizing both State and Federal resources. Most of these were tympanoplasties).

The hearing status of high school age children from Northern villages has been monitored for more than four years by the audiology facility at Mt. Edgecumbe, (Kimball (1975). Conductive hearing losses have been found in 20-39% of the cases seen each year, sensory neural loss was found in 9-17%, Kimball (1977). The latter finding is believed to be due to noise induced hearing loss from excessive exposure to snow mobiles, rifle fire, light aircraft, motor boats etc.

The amount of ear pathology in Alaska is substantial and the continued efforts of all health care providers will be needed to eventually bring the situation to a manageable level. Prevention efforts are being emphasized through early identification and health education on several programmatic fronts and as the system of management between the many parties involved continues to develop a more and more efficient client management system should result.

The Alaska Communicative Disorders Program is partially funded by Maternal Child Health Special Project Grant (10H 82000309)

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STATE of ALASKA

MEMORANDUM

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

TO: The Record

DATE: December 9, 1977

FILE NO:

TELEPHONE NO:

FROM: David A. Spence, M.D., Chief
Section of Family Health

SUBJECT: Prevalence listing of otitis media with perforation.

The attached, unduplicated prevalence listing has been compiled by Cozzi Alward, R.N., and Michelle Riccardi, R.N., from the following sources: October and November, 1977, observations of perforations by field and ENT physicians, public health nurses, and audiologists (442) ears; and previous listings of persons awaiting tympanoplasties (501 ears). This is not a listing, per se, of persons for whom a tympanoplasty has actually been recommended, but it follows that a very significant number of them will be so classified once they have been evaluated by an ENT surgeon.

The bar chart shows the age distribution of the individuals under 21 years of age with chronic otitis media with perforation. In this disease, recurrent, closely-spaced or inadequately treated acute infections (which proceed to perforation and drainage) lead eventually to a rising prevalence of non-healing of the perforation. Below age five years there is inconsistent reporting since surgery has not been recommended for these ages. Further study and analysis will be required to reveal any changing incidence of perforation within the last five to ten years.

It must be noted that 119 persons have received tympanoplasty surgery at the Bethel Hospital within the last eight months and are thus not included in this listing.

Three conclusions seem warranted from this information: (1) consideration of an improved reporting format for otitis media, (2) a continued cooperative effort should be made to reduce this backlog of persons needing ear surgery, and (3) preventive measures should be undertaken to lower the incidence of new cases.

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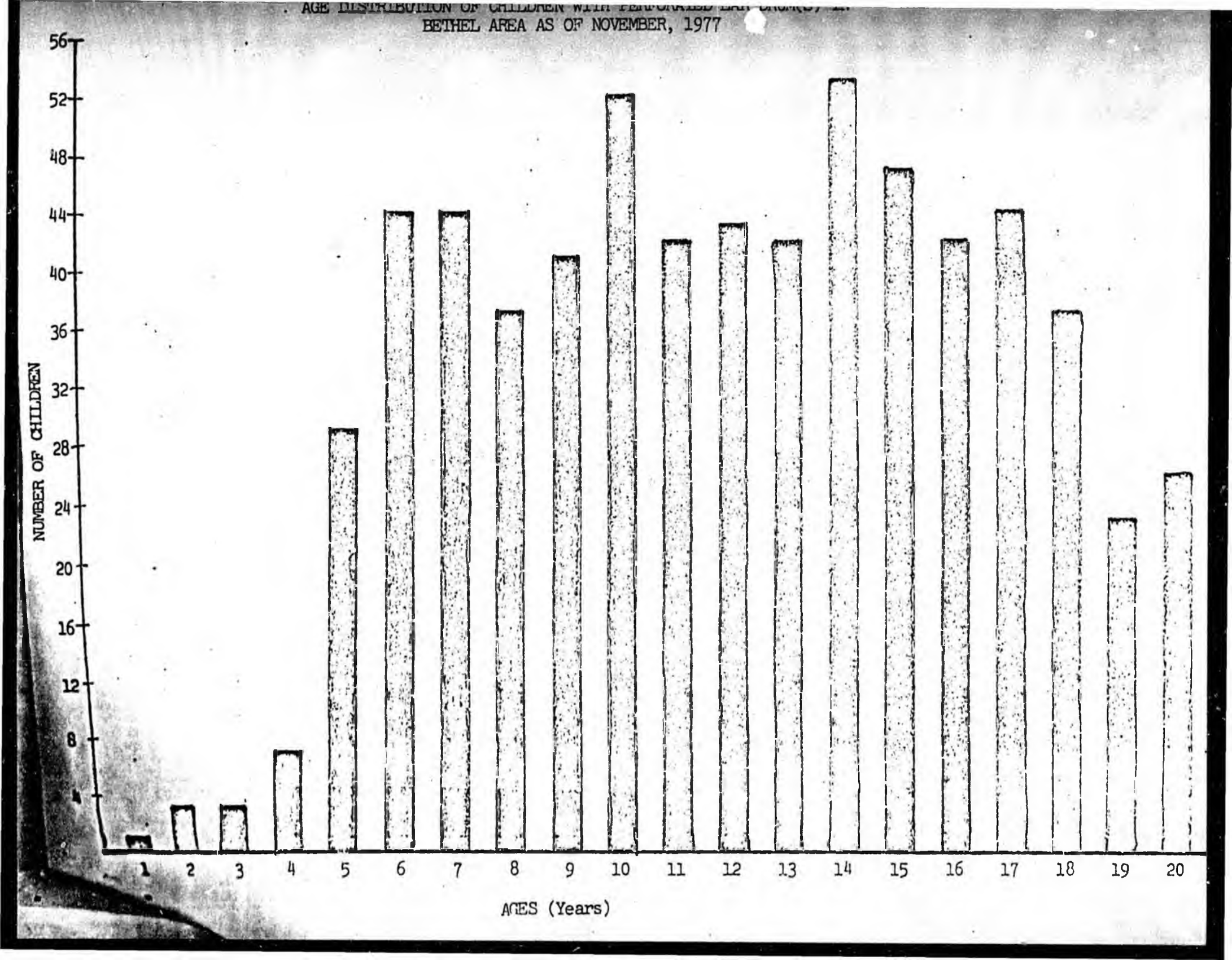
Speech-Hearing Program

AGE DISTRIBUTION OF CHILDREN WITH REPORTED EAR INFECTION(S) IN
BETHEL AREA AS OF NOVEMBER, 1977



NOVEMBER 1977 PREVALANCE LISTING OF
CHRONIC OTITIS MEDIA WITH PERFORATION IN
45 VILLAGES IN THE BETHEL AREA

	Persons with birthdates of 1/1/56 or later (under 21 years of age)		Persons with birthdates Prior to 1956 (over 21 years of age)		
	Unilateral Perforation	Bilateral Perforations	Unilateral Perforation	Bilateral Perforations	Total Ears Perforated
Alakanuk	27	12	3	0	54
Akiachuk	18	15	0	0	51
Akiak	1	1	0	0	3
Aniak	9	1	0	0	11
Anvik	0	1	0	0	2
Atmautluak	3	1	0	0	5
Bethel	69	20	14	2	127
Chauthbaluk	3	0	0	0	3
Chefornak	9	3	1	0	16
Chevak	29	2	4	0	37
Eek	0	1	0	0	2
Crooked Creek	5	0	1	0	6
Emmonak	26	5	1	0	37
Greyling	0	0	0	0	0
Holy Cross	7	3	0	0	13
Hooper Bay	30	7	3	0	47
Kasigluk	8	1	2	0	12
Kipnuk	28	15	0	0	58
Kongiganak	11	7	2	0	27
Kotlik	18	2	3	0	25
Kwethluk	28	2	4	0	36
Lower Kalskag	2	2	0	0	6
Lime Village	"Several"	"Several"			
Kwigillingok	5	1	0	0	7
Marshall	5	2	2	0	11
Mekoryuk	13	0	0	0	13
Mountain Village	42	15	4	0	76
Napakiak	7	6	3	0	22
Napaskiak	7	3	0	0	13
Newtok	5	7	1	0	20
Nightmute	7	5	1	1	19
Nunapitchuk	4	0	0	0	4
Oscarville	6	0	0	0	6
Pilot Station	19	9	0	0	37
Pitka's Point	1	0	0	0	1
Quinhagak	8	6	0	0	20
Russian Mission	5	0	0	0	5
Scammon Bay	7	0	0	0	7
Shageluk	3	0	0	0	3
Sheldon's Point	9	0	0	1	11
Sleetmute	4	1	0	0	6
Saint Mary's	12	1	0	0	14
Stony River	4	1	0	0	6
Toksook Bay	15	3	1	0	22
Tuluksak	7	0	1	1	10
Tuntutuliak	2	0	0	0	2
Tununak	15	1	2	0	19
Upper Kalskag	8	1	1	0	11
45 Villages	551 Persons	163 Persons	57 Persons	5	943

STATEMENT OF PROBLEM

For many years otitis media has been recognized as the major cause of morbidity in rural Alaska. Studies done in the middle and late 1950's reported unusually high incidence or prevalence rates of this disease among the Natives, (Haymen and Koster 1957, and the McGrath Project 1962). An infant morbidity and mortality study begun in 1960 revealed that 38% of a cohort group of Alaskan Eskimo infants had at least one episode of draining ear during their first year of life (Maynard and Hammes 1970). By 1964 otitis media was recognized as the second highest cause of morbidity among Alaska Natives. In 1965, Reed, in a follow up on the Alaska Eskimo cohort group, found that 62% of the children had had one or more episodes since birth. In the same year, Reed and Dunn also found that 63% of the children examined in six Eskimo villages showed past or present evidence of otitis media.

In the most recent studies, Kaplan, Fleshman, Bender, Baum and Clark studied 489 Alaska Eskimo children who had been followed through the first ten years of life; 76% had one or more episodes of otitis media since birth. Of these, 78% had their first attack during the first two years of life. Perforation and scarring of the tympanic membrane were present in 41%. A mild hearing loss of 26 decibels or greater was present in 17% and an additional 25% were in the normal range but had measurable conductive hearing loss. Children with a history of otitis media prior to two years of age and a mild loss (26 dB or greater) had a statistically significant loss of verbal ability and

were behind in total reading, total math and language development. In addition, children who had an early onset of otitis media but now had normal hearing with a conductive component were also adversely affected in verbal areas. The number of otitis media episodes was related to the tympanic membrane abnormality, hearing loss and low verbal ability in achievement scores.

Data collection during the first half of FY 1975 by the Communicative Disorders Project once again revealed the scope of the problem encountered. During that period of time, three specific groups were studied in detail. One group consisted of twelve preschool and Head Start classes located in Southeast Alaska. Of the 328 children tested using impedance audiometric techniques, 20% showed indications of tympanic membrane perforations or middle ear effusion, and 27% showed substantial negative middle ear pressure which indicates lack of eustacian tube functioning. This negative pressure is often a prelude to middle ear difficulties and these children could be considered at high risk.

A similar study was conducted in ten villages in the Bethel area where 211 children were seen. Of these, 33% were medical referrals, and 22% showed evidence of eustachian tube malfunctions. These two preschool studies indicate that there is still a substantial incidence of early occurance of middle ear pathology. This is especially significant since if uncorrected these hearing losses will undoubtedly affect school performance, cause emotional problems, and significant deficits in language ability. Such a hearing loss occurs at an age when speech and language readiness is at its peak.

The problem of ear pathology in rural Alaska is not a transitory one as is indicated by our third FY 1975 study which included the total

incoming population of new students to the BIA high school at Mt. Edgecumbe. A total of 256 students were evaluated with total diagnostic batteries. About 97, or 38% of those seen demonstrated a significant hearing loss. Of those 97 individuals, 63% were conductive losses, 30% were sensori-neural, and 7% mixed. The high incidence of sensori-neural losses found in this relatively young population (ages 14 through 16) indicates either that these impairments may be due to the secondary effects of otitis media, or to excessive noise exposure or perhaps both. Alaskan Natives are exposed to an inordinate amount of high intensity noise originating from snowmobiles, rifle fire, light aircraft and motor boats. This is another problem which will receive more attention during the coming year. (For more detailed breakdown of these three specific studies, please refer to the progress report for FY 1975.)

Studies accomplished in the first half of Fiscal Year 1976 also confirm earlier findings. During that period of time, 617 Head Start children located in villages throughout the state were examined by impedance and pure tone testing procedures. Of these children, ages 3-5 years, 166 (27%) had middle ear conditions which necessitated medical referral. An additional 106 children (17%) demonstrated negative middle ear pressure, a condition associated with eustachian tube malfunction which often occurs prior to the development of serous otitis media. Another 34 children could not be tested. Only 271 (43%) were found to have no indications of middle ear problems. A summary of these findings is enclosed in Appendix C.

During Fiscal Year 1975 there were 1,745 individuals (mostly children) who were referred for medical attention by the Communicative Disorders

Program. During the first half of Fiscal Year 1976, 1,115 clients were referred for medical attention. While these referrals represent the full range of pathology, a great many of these suffer from serous otitis media.

In addition to problems encountered in attempting to deliver services in a large geographic area with poor transportation availability, Alaska has multiple layers of state and federal governmental agencies operating. Many of these have services which are of value to communicatively handicapped individuals; however, fragmentation or geographic isolation has significantly reduced any impact they may have upon the state as a whole. The programs that have established services are usually restricted to relatively small geographic areas. Few attempts to reach the communicatively handicapped individual in rural Alaska have been made.

A child with a communicative disorder has been one of the most neglected of the many health and educational problems. (Otitis media is no doubt contributing to this problem significantly.) There are virtually no clinical speech pathologists who routinely serve children in rural Alaska. When such positions have been established they have been filled with inadequately trained individuals who soon become overwhelmed by the scope of the pathology with which they are confronted. Their tenure is consequently of short duration in most cases. Staff turnover in rural Alaska is a persistent problem because of the break thus created in the continuity of services. If quality personnel are acquired for programs within the state, staff retention problems persist because there is very little that can be done to obtain on going enrichment

professionally. Funds are restricted for out-of-state travel to short courses and seminars.

Examination of the scope of the problem, areas of need and possible approaches to amelioration of the situation have been discussed from various perspectives from time to time. Some fruitful activities have developed on the clinical level and efforts expended in the area of prevention and surgical management of acute and chronic otitis media have been outstanding examples of productivity by the Public Health Service field hospitals and the ear, nose and throat section of the Alaska Native Medical Center.

Answers to the problem of serous otitis media, however, remain unresolved., This condition, which is evident in a very high percentage of children in rural Alaska, has only become evident in the last several years. Whether this condition was previously overlooked in light of the presence of more severe pathology and less sensitive diagnostic tools, or whether this is a secondary effect of antibiotic treatment representing incompletely resolved bacterial infections of the middle ear is unknown. The following is an exerpt from the 10th edition of The Textbook of Pediatrics which refers to the condition of serous otitis media specifically.

> SEROUS OTITIS MEDIA. Serous effusions of the middle ear are believed to originate as a physical phenomenon secondary to blockage of the eustachian tube and negative pressure in the middle ear cavity. The inciting cause of the obstructing edema or lymphoid hyperplasia may be nasopharyngeal inflammation, allergy or barotrauma, as from rapid descent in a nonpressurized aircraft cabin. The increasing recognition of serous otitis in the antibiotic era suggests that some cases represent incompletely resolved bacterial infections of the middle ear, but proof of this hypothesis is lacking. Attempts to isolate

viruses from serous effusions have generally been unsuccessful, but viruses may play an indirect role by setting the stage for tubal dysfunction accompanying nasopharyngitis.

The serous fluid produces a sensation of fullness in the ear, decreased hearing and a popping or clicking sound with swallowing or jaw movement. The tympanic membrane is bulging and dull, with a few injected vessels or a diffuse, dusky hue, but there is much variation in the appearance, and pneumatoscopy may indicate fluid when the membrane looks almost normal. Later in the couse when the fluid becomes viscous ("glue ear") there may be retraction, with the prominence of the short process of the malleus, and the drum may acquire a blue-white coloration.

Electroacoustic impedance testing procedures are a highly sensitive method of identifying and diagnosing this problem. However, the availability of such instrumentation is presently restricted to the audiologists in the state and needs to be extended to other health care providers. Since the condition of serous otitis is very difficult to diagnose by an otoscopic examination, the health care provider who is treating the case of serous otitis and does not have impedance instrumentation has no way to tell when the condition resolves. Consequently, the effectiveness of various remedial measures is poorly documented.

There is a lack of consensus among the medical community concerning what type of management is appropriate for serous otitis. Some individuals believe that this is a highly transient phenomena which is of short duration and do very little in the area of medical treatment of the condition. (Preliminary studies by the Communicative Disorders Project on Alaskan children indicate that it is often of longer duration. More study of this factor is needed, however.) Others believe that treatment with antihistamines and decongestants is a proper approach. Still others are quite uncertain as to whether or not these medications have any effect but use them nevertheless as a precautionary measure. There is

no unanimity concerning how long such decongestants should be administered and what should be done should the child fail to respond to such treatment.

There is also some disagreement concerning the advisability and the feasibility of using polyethelene tube insertions with persistent cases of otitis. This is relatively standard practice by otolaryngologists practicing in cities. It has never been utilized to any extent in bush Alaska.

A medical, audiological and educational policy for the treatment of serous otitis media is needed at this time. Multidisciplinary course of pathology studies on representative populations could answer some of these nagging questions. For example, serial audiologic examinations using impedance and pure tone audiometry performed monthly on representative groups could for the first time give some solid indications as to what the seasonal variations of serous otitis are, how much hearing loss is involved, and what the duration of various stages of the condition are. A longer term study would be necessary to evaluate the functional impact of this disease upon language and educational abilities of the children so affected. Studies confirming the effectiveness or lack of effectiveness of various medications and surgical procedures necessitates the full cooperation of the medical community. One such study is being undertaken at this time by the Rural Alaska Community Action Program in eleven Head Start villages in the Bethel area. The Communicative Disorders Project has worked cooperatively with this agency to initiate this undertaking. It will be a demonstration project of the effectiveness of the utilization of polyethelene tubes in the treatment of serous otitis. (See Appendix C)

This outline is a description of the segments of the overall problem on which there appears to be lack of complete information that is quantifiable or lack of clearly defined and/or commonly known policy and procedure.

PHASE II

DEFINITION OF THE PROBLEM AND STATEMENT OF NEEDS

Otitis Media in Alaska

EPIDEMIOLOGY	**NEEDS**
age of onset projected course of pathology seasonal variation (sanitation) (housing) (nutrition)	With each of the areas of concern listed more intensive study needs to be undertaken to establish some quantifiable measures the parameters of the problem.
PREVALENCE	
by geographic area by size of village	The development of a functional and comprehensive data system should facilitate the gathering of data on specific geographic areas within the state and the grouping of high incidence areas according to village size, climate, frequency of medical care, etc.
DIAGNOSIS	
serous acute chronic	A consensus of opinion needs to be developed among all health care providers concerning an operational definition with each type of pathology. There not only needs to be a consensus on the labels which are used with each condition but also specific observations which are necessary to classify the person in each category should be clarified to all health care providers

MANAGEMENT CRITERIA

A. History	Documentation on representative population of health history.
B. Audiologic Evaluation	Extention of duties to PHR's and Health Aides (training and equipment needed).
C. Physical Examination	PHN and Health Aide training needed.
D. Medication	Agreement on medication needed for each condition.
E. Follow up	Use of data system for follow up. Coordination with AIHC.
F. Referral for Medical	Clarification of referral channels to all medical providers. Check at specific locale on effectiveness of referral channel.

IMPACT OF CARE

Effectiveness of medication	Course of pathology studies on the local level.
Effectiveness of surgery	Post surgical follow up results obtained via data system.

FUNCTIONAL IMPACT

Educational Speech, Language Psycho-social	Documentation of effect of otitis media on performance in each area by well controlled investigations. Coordination of efforts with: 1. Local and regional educational agencies (Regional Resource Center - Regional Educational Attendance Areas). 2. Speech pathology 3. Psychologist and social worker 4. Native Health Corporations

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A similar study was conducted in ten villages in the Bethel area where 211 children were seen. Of these, 33% were medical referrals, and 22% showed evidence of eustachian tube malfunctions. These two preschool studies indicate that there is still a substantial incidence of early occurance of middle ear pathology. This is especially significant since if uncorrected those hearing losses will undoubtedly affect school performance, cause emotional problems, and significant deficits in language ability. Such a hearing loss occurs at an age when speech and language readiness is at its peak.

The problem of ear pathology in rural Alaska is not a transitory one as is indicated by our third FY 1975 study which included the total

Incoming population of new students to the BIA high school at Mt. Edgecumbe. A total of 256 students were evaluated with total diagnostic batteries. About 97, or 38% of those seen demonstrated a significant hearing loss. Of those 97 individuals, 63% were conductive losses, 30% were sensori-neural, and 7% mixed. The high incidence of sensori-neural losses found in this relatively young population (ages 14 through 16) indicates either that these impairments may be due to the secondary effects of otitis media, or to excessive noise exposure or perhaps both. Alaskan Natives are exposed to an inordinate amount of high intensity noise originating from snowmobiles, rifle fire, light aircraft and motor boats. This is another problem which will receive more attention during the coming year. (For more detailed breakdown of these three specific studies, please refer to the progress report for FY 1976.)

Studies accomplished in the first half of Fiscal Year 1976 also confirm earlier findings. During that period of time, 617 Head Start children located in villages throughout the state were examined by impedance and pure tone testing procedures. Of these children, ages 3-5 years, 166 (27%) had middle ear conditions which necessitated medical referral. An additional 106 children (17%) demonstrated negative middle ear pressure, a condition associated with eustachian tube malfunction which often occurs prior to the development of serous otitis media. Another 34 children could not be tested. Only 311 [redacted]) were found to have no indications of middle ear problems. A summary of these findings is enclosed in Appendix C.

During Fiscal Year 1975 there were 1,745 individuals (mostly children) who were referred for medical attention by the Communicative Disorders

Program. During the first half of Fiscal Year 1976, 1,115 clients were referred for medical attention. While these referrals represent the full range of pathology, a great many of these suffer from serous otitis media. But a very large % of Chronic otitis with perforations also. (See attached info.)
In addition to problems encountered in attempting to deliver services in a large geographic area with poor transportation availability, Alaska has multiple layers of state and federal governmental agencies operating. Many of these have services which are of value to communicatively handicapped individuals; however, fragmentation or geographic isolation has significantly reduced any impact they may have upon the state as a whole. The programs that have established services are usually restricted to relatively small geographic areas. Few attempts to reach the communicatively handicapped individual in rural Alaska have been made.

A child with a communicative disorder has been one of the most neglected of the many health and educational problems. (Otitis media is no doubt contributing to this problem significantly.) There are virtually no clinical speech pathologists who routinely serve children in rural Alaska. When such positions have been established they have been filled with inadequately trained individuals who soon become overwhelmed by the scope of the pathology with which they are confronted. Their tenure is consequently of short duration in most cases. Staff turnover in rural Alaska is a persistent problem because of the break thus created in the continuity of services. If quality personnel are acquired for programs within the state, staff retention problems persist because there is very little that can be done to obtain on going enrichment

professionally. Funds are restricted for out-of-state travel to short courses and seminars.

Examination of the scope of the problem, areas of need and possible approaches to amelioration of the situation have been discussed from various perspectives from time to time. Some fruitful activities have developed on the clinical level and efforts expended in the area of prevention and surgical management of acute and chronic otitis media have been outstanding examples of productivity by the Public Health Service field hospitals and the ear, nose and throat section of the Alaska Native Medical Center.

NEW INFO - INDICATES THERE IS STILL A GREAT NEED IN THIS AREA ESPECIALLY PREVENTION

Answers to the problem of serous otitis media, however, remain unresolved., This condition, which is evident in a very high percentage of children in rural Alaska, has only become evident in the last several years. Whether this condition was previously overlooked in light of the presence of more severe pathology and less sensitive diagnostic tools, or whether this is a secondary effect of antibiotic treatment representing incompletely resolved bacterial infections of the middle ear is unknown. The following is an exerpt from the 10th edition of the Textbook of Pediatrics which refers to the condition of serous otitis media specifically.

> SEROUS OTITIS MEDIA. Serous effusions of the middle ear are believed to originate as a physical phenomenon secondary to blockage of the eustachian tube and negative pressure in the middle ear cavity. The inciting cause of the obstructing edema or lymphoid hyperplasia may be nasopharyngeal inflammation, allergy or barotrauma, as from rapid descent in a nonpressurized aircraft cabin. The increasing recognition of serous otitis in the antibiotic era suggests that some cases represent incompletely resolved bacterial infections of the middle ear, but proof of this hypothesis is lacking. Attempts to isolate

> viruses from serous effusions have generally been unsuccessful, but viruses may play an indirect role by setting the stage for tubal dysfunction accompanying nasopharyngitis.
>
> The serous fluid produces a sensation of fullness in the ear, decreased hearing and a popping or clicking sound with swallowing or jaw movement. The tympanic membrane is bulging and dull, with a few injected vessels or a diffuse, dusky hue, but there is much variation in the appearance, and pneumatoscopy may indicate fluid when the membrane looks almost normal. Later in the course when the fluid becomes viscous ("glue ear") there may be retraction, with the prominence of the short process of the malleus, and the drum may acquire a blue-white coloration.

Electroacoustic impedance testing procedures are a highly sensitive method of identifying and diagnosing this problem. However, the availability of such instrumentation is presently restricted to the audiologists in the state and needs to be extended to other health care providers. Since the condition of serous otitis is very difficult to diagnose by an otoscopic examination, the health care provider who is treating the case of serous otitis and does not have impedance instrumentation has no way to tell when the condition resolves. Consequently, the effectiveness of various remedial measures is poorly documented.

There is a lack of consensus among the medical community concerning what type of management is appropriate for serous otitis. Some individuals believe that this is a highly transient phenomena which is of short duration and do very little in the area of medical treatment of the condition. (Preliminary studies by the Communicative Disorders Project on Alaskan children indicate that it is often of longer duration. More study of this factor is needed, however.) Others believe that treatment with antihistamines and decongestants is a proper approach. Still others are quite uncertain as to whether or not these medications have any effect but use them nevertheless as a precautionary measure. There is

no unanimity concerning how long such decongestants should be administered and what should be done should the child fail to respond to such treatment.

There is also some disagreement concerning the advisability and the feasibility of using polyethelene tube insertions with persistent cases of otitis. This is relatively standard practice by otolaryngologists practicing in cities. It has never been utilized to any extent in bush Alaska.

MAY NOT BE FEASIBLE IN RURAL ALASKA. USING LOWER 48 STDS.

A medical, audiological and educational policy for the treatment of serous otitis media is needed at this time. Multidisciplinary course of pathology studies on representative populations could answer some of these nagging questions. For example, serial audiologic examinations using impedance and pure tone audiometry performed monthly on representative groups could for the first time give some solid indications as to what the seasonal variations of serous otitis are, how much hearing loss is involved, and what the duration of various stages of the condition are. A longer term study would be necessary to evaluate the functional impact of this disease upon language and educational abilities of the children so affected. Studies confirming the effectiveness or lack of effectiveness of various medications and surgical procedures necessitates the full cooperation of the medical community. One such study is being undertaken at this time by the Rural Alaska Community Action Program in eleven Head Start villages in the Bethel area. The Communicative Disorders Project has worked cooperatively with this agency to initiate this undertaking. It will be a demonstration project of the effectiveness of the utilization of polyethelene tubes in the treatment of serous otitis. (See Appendix C)

FY 76-77 study nearly completed.

This outline is a description of the segments of the overall problem on which there appears to be lack of complete information that is quantifiable or lack of clearly defined and/or commonly known policy and procedure.

PHASE II

DEFINITION OF THE PROBLEM AND STATEMENT OF NEEDS

Otitis Media in Alaska

EPIDEMIOLOGY

age of onset
projected course of pathology
seasonal variation
(sanitation)
(housing)
(nutrition)

NEEDS

With each of the areas of concern listed more intensive study needs to be undertaken to establish some quantifiable ~~measures~~ the parameters of the problem.

PREVALENCE

by geographic area

by size of village

THIS DATA SYSTEM HAS NOW BEEN DEVELOPED & IMPLEMENTED BY COMM. DIS. PROGRAM

The development of a functional and comprehensive data system should facilitate the gathering of data on specific geographic areas within the state and the grouping of high incidence areas according to village size, climate, frequency of medical care, etc.

DIAGNOSIS

serous
acute
chronic

IN PROCESS OF DEVELOPMENT

A consensus of opinion needs to be developed among all health care providers concerning an operational definition with each type of pathology. There not only needs to be a consensus on the labels which are used with each condition but also specific observations which are necessary to classify the person in each category should be clarified to all health care providers.

MANAGEMENT CRITERIA

A.	History	Documentation on representative population of health history.
B.	Audiologic Evaluation	Extention of duties to PHN's and Health Aides (training and equipment needed). DONE
C.	Physical Examination	PHN and Health Aide training needed.
D.	Medication	Agreement on medication needed for each condition.
E.	Follow up	Use of data system for follow up. Coordination with AIHC. DONE
F.	Referral for Medical	Clarification of referral channels to all medical providers. Check at specific locale on effectiveness of referral channel. REF. CHANNELS CLARIFIED BUT EFFECTIVENESS HASN'T BEEN CHECKED.

IMPACT OF CARE

Effectiveness of medication	Course of pathology udies on the local level.
Effectiveness of surgery	Post surgical follow up results obtained via data system.

FUNCTIONAL IMPACT

Educational Speech, Language Psycho-social	Documentation of effect of otitis media on performance in each area by well controlled investigations. Coordination of efforts with: 1. Local and regional educational agencies (Regional Resource Center - Regional Educational Attendance Areas). 2. Speech pathology 3. Psychologist and social worker 4. Native Health Corporations

STATE of ALASKA

MEMORANDUM

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

TO: The Record

DATE: December 9, 1977

FILE NO:

TELEPHONE NO:

FROM: David A. Spence, M.D., Chief
Section of Family Health

SUBJECT: Prevalence listing of otitis media with perforation.

The attached, unduplicated prevalence listing has been compiled by Cozzi Alward, R.N., and Michelle Riccardi, R.N., from the following sources: October and November, 1977, observations of perforations by field and ENT physicians, public health nurses, and audiologists (442) ears; and previous listings of persons awaiting tympanoplasties (501 ears). This is not a listing, per se, of persons for whom a tympanoplasty has actually been recommended, but it follows that a very significant number of them will be so classified once they have been evaluated by an ENT surgeon.

The bar chart shows the age distribution of the individuals under 21 years of age with chronic otitis media with perforation. In this disease, recurrent, closely-spaced or inadequately treated acute infections (which proceed to perforation and drainage) lead eventually to a rising prevalence of non-healing of the perforation. Below age five years there is inconsistent reporting since surgery has not been recommended for these ages. Further study and analysis will be required to reveal any changing incidence of perforation within the last five to ten years.

It must be noted that 119 persons have received tympanoplasty surgery at the Bethel Hospital within the last eight months and are thus not included in this listing.

Three conclusions seem warranted from this information: (1) consideration of an improved reporting format for otitis media, (2) a continued cooperative effort should be made to reduce this backlog of persons needing ear surgery, and (3) preventive measures should be undertaken to lower the incidence of new cases.

DISTRIBUTION:

Mr. James Armbrust
Tom Bender, M.D.
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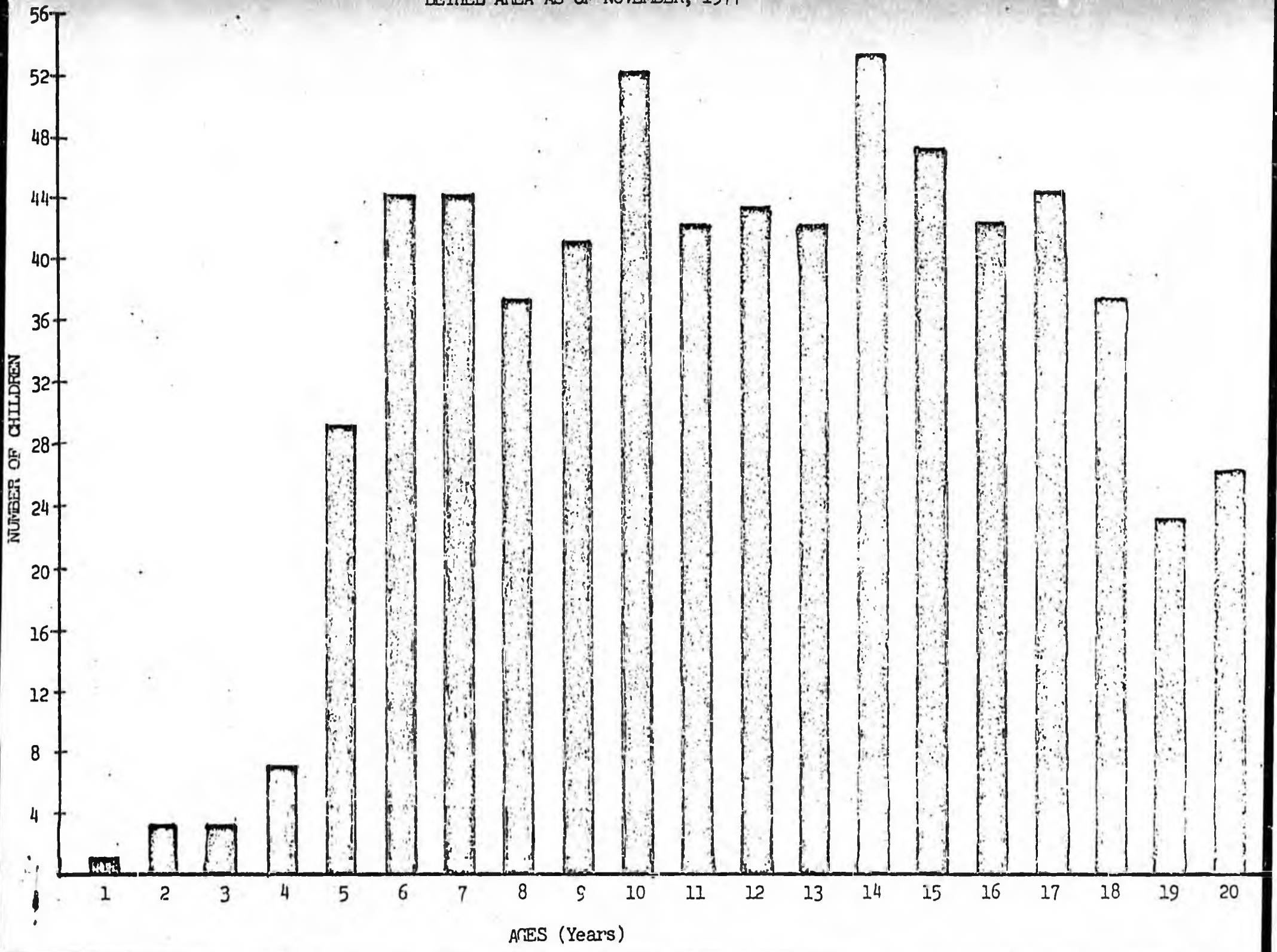
Mr. Don Hitchcock
Robert Hurwitz, M.D.
Ms. Lois Jund
Mr. Michael Morgan
Charles Nielsen, M.D.
Ms. Pat Shea
Carl Shewmake, M.D.
Marion Talbot, M.D.
Elizabeth Tower, M.D.
David Williams, M.D.

RECEIVED
DEC 14 REC'D
Speech-Hearing Program

AGE DISTRIBUTION OF CHILDREN WITH PERFORATED EAR DRUM(S) IN
BETHEL AREA AS OF NOVEMBER, 1977



NOVEMBER 1977 PREVALANCE*LISTING OF CHRONIC OTITIS MEDIA WITH PERFORATION IN 45 VILLAGES IN THE BETHEL AREA

	Persons with birthdates of 1/1/56 or later (under 21 years of age)		Persons with birthdates Prior to 1956 (over 21 years of age)		
	Unilateral Perforation	Bilateral Perforations	Unilateral Perforation	Bilateral Perforations	Total Ears Perforated
Alakanuk	27	12	3	0	54
Akiachuk	18	15	0	0	51
Akiak	1	1	0	0	3
Aniak	9	1	0	0	11
Anvik:	0	1	0	0	2
Atmautluak	3	1	0	0	5
Bethel	69	20	14	2	127
Chauthbaluk	3	0	0	0	3
Chefornak	9	3	1	0	16
Chevak	29	2	4	0	37
Eek	0	1	0	0	2
Crooked Creek	5	0	1	0	6
Emmonak	26	5	1	0	37
Greyling	0	0	0	0	0
Holy Cross	7	3	0	0	13
Hooper Bay	30	7	3	0	47
Kasigluk	8	1	2	0	12
Kipnuk	28	15	0	0	58
Kongiganak	11	7	2	0	27
Kotlik	18	2	3	0	25
Kwethluk	28	2	4	0	36
Lower Kalskag	2	2	0	0	6
Lime Village	"Several"	"Several"			
Kwigillingok	5	1	0	0	7
Marshall	5	2	2	0	11
Mekoryuk	13	0	0	0	13
Mountain Village	42	15	4	0	76
Napakiak	7	6	3	0	22
Napaskiak	7	3	0	0	13
Newtok	5	7	1	0	20
Nightmute	7	5	1	1	19
Nunapitchuk	4	0	0	0	4
Oscarville	6	0	0	0	6
Pilot Station	19	9	0	0	37
Pitka's Point	1	0	0	0	1
Quinhagak	8	6	0	0	20
Russian Mission	5	0	0	0	5
Scammon Bay	7	0	0	0	7
Shageluk	3	0	0	0	3
Sheldon's Point	9	0	0	1	11
Sleetmute	4	1	0	0	6
Saint Mary's	12	1	0	0	14
Stony River	4	1	0	0	6
Toksook Bay	15	3	1	0	22
Tuluksak	7	0	1	1	10
Tuncutuliak	2	0	0	0	2
Tununak	15	1	2	0	19
Upper Kalskag	8	1	1	0	11
TOTALS: 45 Villages	551 Persons	163 Persons	57 Persons	5 Persons	943 Ears
	714 Persons		62 ** Persons		

RECEIVED
OCT 14 1977

* There are two levels of certainty comprising this prevalence listing: Of the 943 ears listed, 442 have been observed during October and November 1977, by health program professionals working in the Bethel Area; the remaining 501 ears have been compiled from previous listings of persons needing care for chronic draining ears.

** For these persons over 21 years of age, this prevalance of 62 persons represents only the tip of the iceberg since there has been no effort to list persons over 21.

HB

816

04-D3LH

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF REVENUE

OFFICE OF THE COMMISSIONER | POUCH S – JUNEAU 99811

February 28, 1978

The Honorable Charles Parr
Chairman
House Health, Education &
Social Services Committee
Alaska State Legislature
State Capitol Building - Room 112
Juneau, Alaska

Re: House Bill No. 816

Dear Mr. Parr:

House Bill No. 816, an Act establishing a tax credit for cost of neutering a domestic pet, was introduced in the House on February 14, 1978 and was referred to the House Health, Education & Social Services Committee and the House Finance Committee.

For the consideration of the House Health, Education & Social Services Committee, I am enclosing a Fiscal Note prepared by Mr. Gary L. Jenkins, Director, Audit Division, Department of Revenue concerning the proposed legislation.

Very truly yours,

R. D. Stevenson
Special Assistant

cc: The Honorable Steve Cowper
Chairman
House Finance Committee
Alaska State Legislature
State Capitol Building
Juneau, Alaska

John Messenger
Deputy Commissioner
Department of Revenue

Gary L. Jenkins, Director
Audit Division
Department of Revenue

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill No. 816

Title An Act establishing a tax credit for the cost of neutering a domestic

Requested by Health, Education & Social Services and Finance Committees Date 2/27/78 (pet

II. FISCAL DETAIL

Agency Affected Revenue

Program Category Affected Fiscal Services

Budget Request Unit(s) Affected Audit Division

EXPENDITURES (Thousands of Dollars) NONE

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL						

FUNDING (Thousands of Dollars) NONE

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS NONE

FULL TIME						
PART TIME						
TEMPORARY						

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

See memorandum dated 2/27/78 to R. D. Stevenson

IV. DATE February 27, 1978 PREPARED BY [signature]

AGENCY Audit Division

PHONE 465-2320

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

33-001 (Rev. 12/77)

STATE
of ALASKA

MEMORANDUM

TO: R. D. Stevenson
Special Assistant
Department of Revenue

DATE: February 27, 1978

FILE NO:

TELEPHONE NO:

FROM: Gary L. Jenkins
Director
Audit Division

SUBJECT: House Bill No. 816

This bill would provide for an income tax credit for the cost of having a domestic pet neutered. In attempting to estimate the cost of this potential tax credit, I called the local Veterinary Clinic and the Department of Commerce. The local Veterinary Clinic advised me that the cost for neutering a female dog or cat would average roughly $60 and the cost of male animals is somewhat less. However, since they anticipate that the cost of any such operation is higher in most other parts of the state, I have used an average cost of $60 for estimating purposes statewide. Further, they advised me that they average 15 such operations per week, or 780 per year.

The Department of Commerce advised me there are 108 veterinarians licensed in the State of Alaska. However, they did not know how many clinics might exist in the state. Based on information provided by the Southeast Alaska Veterinary Clinic, it is assumed that most clinics include two veterinaries, with a small number of single veterinary clinics being in operation. Thus for estimation purposes, I have assumed 60 operating clinics in the State.

The cost of 60 clinics doing an average of 780 operations per year at an average cost of $60 equals $2,800,000. This would be the amount of revenue lost to the State General Fund if this bill were to become law.

HB
819

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. H. B. 819
Title State Operated Spay Clinics
Requested by HESS Committee-House Date 3-6-78

II. FISCAL DETAIL
Agency Affected Natural Resources-Agriculture
Program Category Affected Public Protection
Budget Request Unit(s) Affected Agricultural Inspection

EXPENDITURES (Thousands of Dollars)

		FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100	PERSONAL SERVICES	38,000	40,000	42,000	44,000	46,000	48,000
200	TRAVEL	6,000	6,000	6,000	6,000	7,000	7,000
300	CONTRACTUAL	22,500	23,000	23,500	24,000	24,500	25,000
400	COMMODITIES	6,000	6,000	6,000	6,000	6,000	6,000
500	EQUIPMENT	7,000	3,000	3,000	3,000	3,000	3,000
600	LAND & STRUCTURES	27,000	-	-	-	-	-
700	GRANTS, CLAIMS, ETC.						
	TOTAL	106,500	78,000	80,500	83,000	86,500	89,000

FUNDING (Thousands of Dollars)

GENERAL FUND	106,500	78,000	80,500	83,000	86,500	89,000
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME	2	2	2	2	2	2
PART TIME						
TEMPORARY						

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

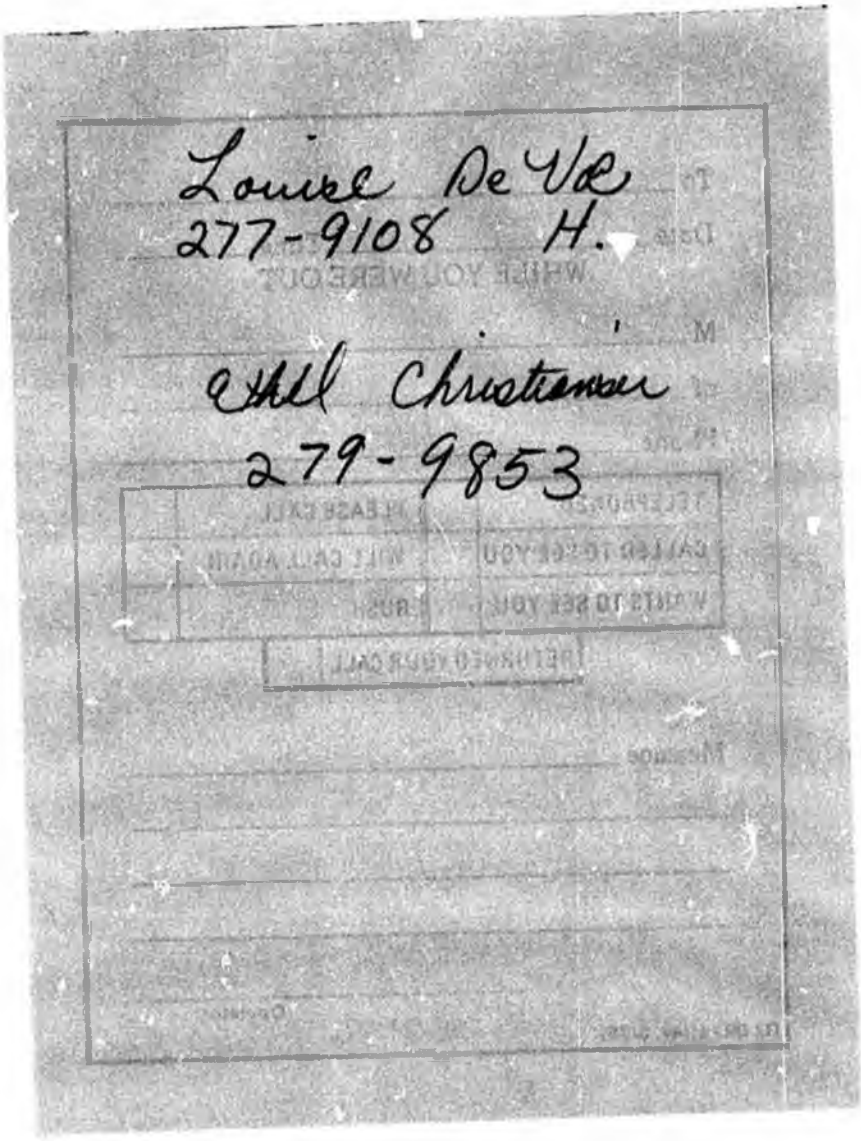
Note: Budget attachment is based on information provided on earlier Spay Bills by Mercy Crusade who were former prime sponsors of similar legislation in the Seventh, Eighth, and Ninth sessions.

See also attached letter.

IV. DATE 3-6-78 PREPARED BY F.S. Honsinger, D.V.M., State Veterinarian
AGENCY Natural Resources-Agriculture
PHONE 465-2420

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

33-601 (Rev. 12/77)


Louise DeVR
277-9108 H.

Ethel Christensen
279-9853

Rep. Chas. Parr
Capitol - Room 110

WHY DOES ALASKA NEED A LOW-COST SPAY CLINIC?

Because

in Anchorage alone 850 UNWANTED dogs and cats are killed every month at the animal shelter, and the cost per animal handled has risen from $21.50 in 1975 to $33.43 in January, 1978---

pet overpopulation in all of Alaska is due to lack of birth control and the high cost of spay/neuter surgery---

lack of animal control programs and funding in outlying areas results in random, periodic shooting of surplus dogs---

pipeline transients have left numerous hungry and homeless pets in every city affected by the pipeline boom---

EXPECTED RESULTS OF SPAY PROGRAM

It will reduce costs and alleviate problems in animal control---

It will STOP or reduce waste of lives and dollars, suffering, and the CRUELTY of surplus breeding---

[Ref.: Theodore J. Sorich, MS, MBA, researcher for low-cost spay/neuter clinics in California, states that for each net investment of one dollar NOW for low-cost spaying and neutering...six dollars and fifty cents in future animal costs over a period of ten years will be prevented.]

ESTIMATED COST OF PILOT SPAY PROGRAM

$130,000 for start-up cost and first year of operation; program is expected to become self-supporting within the first year, as have similar clinics State-side. (See Pg.VII)

FUNDING AT HAND

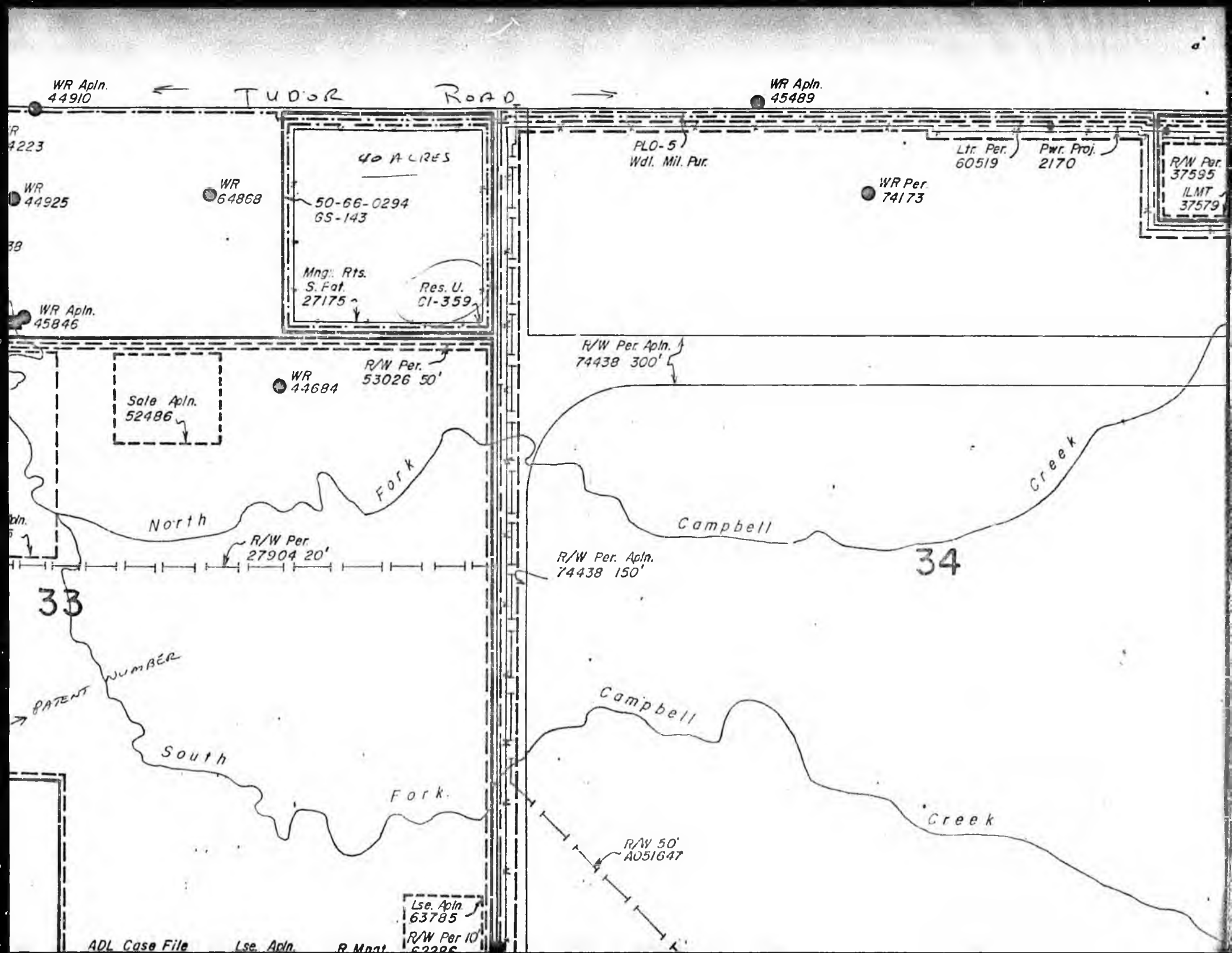
SPCA assets:	Cash on hand 2/24/78	$21,627.29
	SPCA lot,mkt.value,will sell	20,000.00
	Total Assets	$41,627.29
SPCA liability:	Loan balance, mobile home	12,545.00
	Available funds 2/24/78	$29,082.29

SUMMATION:

Unfortunately, it appears the SPCA will not be able financially to open the spay clinic for many months, judging from the current rate of donations and sale of goods at its thrift store.

Public sentiment and urging has led the SPCA to ask the State for a grant and for land in order to proceed with this much-needed program immediately.

With adequate funding, the spay clinic service would be expanded State-wide by means of a mobile surgery for regular visits to towns throughout Alaska.


WR Apln. 44910
TUDOR Road
WR Apln. 45489
40 ACRES
50-66-0294 GS-143
WR 44925
WR 64868
WR Apln. 45846
Mng. Rts. S. Fat. 27175
Res. U. CI-359
PLO-5 Wdl. Mil. Pur.
Ltr. Per. 60519
Pwr. Proj. 2170
R/W Per. 37595
ILMT 37579
WR Per. 74173
R/W Per. Apln. 74438 300'
R/W Per. 53026 50'
WR 44684
Sale Apln. 52486
North Fork
Campbell Creek
R/W Per. 27904 20'
R/W Per. Apln. 74438 150'
33
34
PATENT NUMBER
South Fork
Campbell Creek
R/W 50' AO51647
Lse. Apln. 63785
R/W Per 10'
ADL Case File
Lse. Apln.
R Mngt

THE ALASKA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, INC.

EXECUTIVE BOARD - MEMBERSHIP
POST OFFICE BOX 776
ANCHORAGE, ALASKA 99510
KINMUK ANIMAL SHELTER OFFICE
3600 E. TUDOR ROAD
ANCHORAGE, ALASKA 99507
Ph.: 279-9853

Fellow Alaskans:

The State of Alaska and the Municipality of Anchorage have a surplus dog and cat population. Every month at the Animal Shelter in Anchorage an average of 800 unwanted animals are killed by euthanasia.

The problem is nation-wide, and the high cost of sterilization prevents many pet-owners from neutering their animals. Elsewhere in the United States in recent years, humane societies have successfully set up low-cost spay clinics. Experience has shown that a three-fold program of

(1) strict animal control,
(2) education, and
(3) low-cost spay clinics

combine to reduce the number of animals impounded and the number destroyed. Animal control costs elsewhere have decreased following the inauguration of low-cost spay clinics. Many such clinics have been contacted by us and they have provided figures showing they are self-supporting after the first eight to twelve months in operation; therefore we do not anticipate that any financial appeals will be necessary after the first year the low-cost spay clinic, <u>available to all Alaskans</u>, is in service.

Public and official sentiment now is such that the Alaska Society for the Prevention of Cruelty to Animals, Inc., must undertake the task of establishing and operating a low-cost spay clinic in Anchorage as soon as possible.

Please read the attached information describing our objectives and how other American cities are handling the problem.

As you can see, we need help financially to get started.

Very truly yours,

Board of Directors
The Alaska SPCA, Inc.

By: Ethel D Christensen Secretary-Treasurer

Attachments

P.S. The present board is composed of the following persons: Dewey Sipe, president; Gil Hagen, vice-president; Ethel Christensen, secretary-treasurer; and members Mike Adams, Mary Cassetta, Louise De Voe, Mary Girvan, Hildur Hakas, Ann Lohrey, and Alice Puster.

THE SURPLUS PET PROBLEM IN ANCHORAGE

Anyone who doubts that the Municipality of Anchorage needs pet population control should spend an hour at the Animal Shelter at 3600 Tudor Road and witness the euthanaire and crematory in use. There are usually 250 dogs and cats in kennels and cages. Kennel workers strive constantly to keep the pens tolerable. The animals themselves portray the gamut of emotions, from fear and distrust to boredom, from rare hostility to extreme friendliness. The yearning of most of them for recognition, a pat, a word, strikes the visitor's sensibilities with the force of a hammer-blow. The tenderhearted avoid the place. The callous ignore it.

The Animal Shelter and animal control throughout the Municipality are the responsibility by legal contract of The Alaska Society for the Prevention of Cruelty to Animals, Inc. The humane society, a non-profit organization incorporated in the State of Alaska in 1955, took over the task of animal control in Anchorage in 1967 because it knew there was no other group willing or able to devote attention to the humane disposal of unwanted animals. Previously, animal control in the Anchorage area was administered by the City and by Spenard in varying degrees of humanity and effectiveness. It was a civic chore, like street cleaning. The Alaska SPCA has and is endeavoring to improve the administration of animal control by careful screening of personnel and by encouraging professionalism in all phases of the work.

Surplus Pet Problem

We are faced with a constant flow of unwanted animals produced by indiscriminate breeding. An average of 800 dogs and cats are killed by euthanasia at the Shelter every month---nearly 10,000 a year.

An unspayed bitch and her unspayed daughters in a 5-year period can produce 324 puppies. Cats are even more prolific.

Population control for animals means that people must control it. The surest method is by surgical neutering. Birth control methods for animals have not yet been offered to the public in practical form. Surgical neutering operations on animals in Alaska are probably the most costly in all the United States. It is not unusual for a dog's spaying to cost $100.00. Neutering a male dog costs at least $45.00. For cats, the cost is only slightly less. Many pet owners cannot afford it. The daily care and feeding of a pet poses no economic problem to most families, who feel that a pet is a rightful addition for family fun and to train juveniles to accept responsibility, but the cost of surgical neutering and spaying is an insurmountable expense for many households.

Theodore J. Sorich, MS, MBA, researcher for low-cost spay-neuter clinics in California, has reported on the financial justification of low-cost spay clinics, published in the Congressional Record in 1973. He states that for each net investment of one dollar ($1.00) for low-cost spaying and neutering, the incurrence of six dollars and fifty cents ($6.50) in future animal control costs over a period of ten years will be prevented.

The Alaska SPCA is attempting to soften the financial stress

here by providing loans, interest-free for six months, under the "Responsible Pet Ownership" plan. This plan to diminish the pet population surplus by surgical operation is being utilized by a small percentage of residents, most of whom are paying back the loan within the 6-month interest-free period.

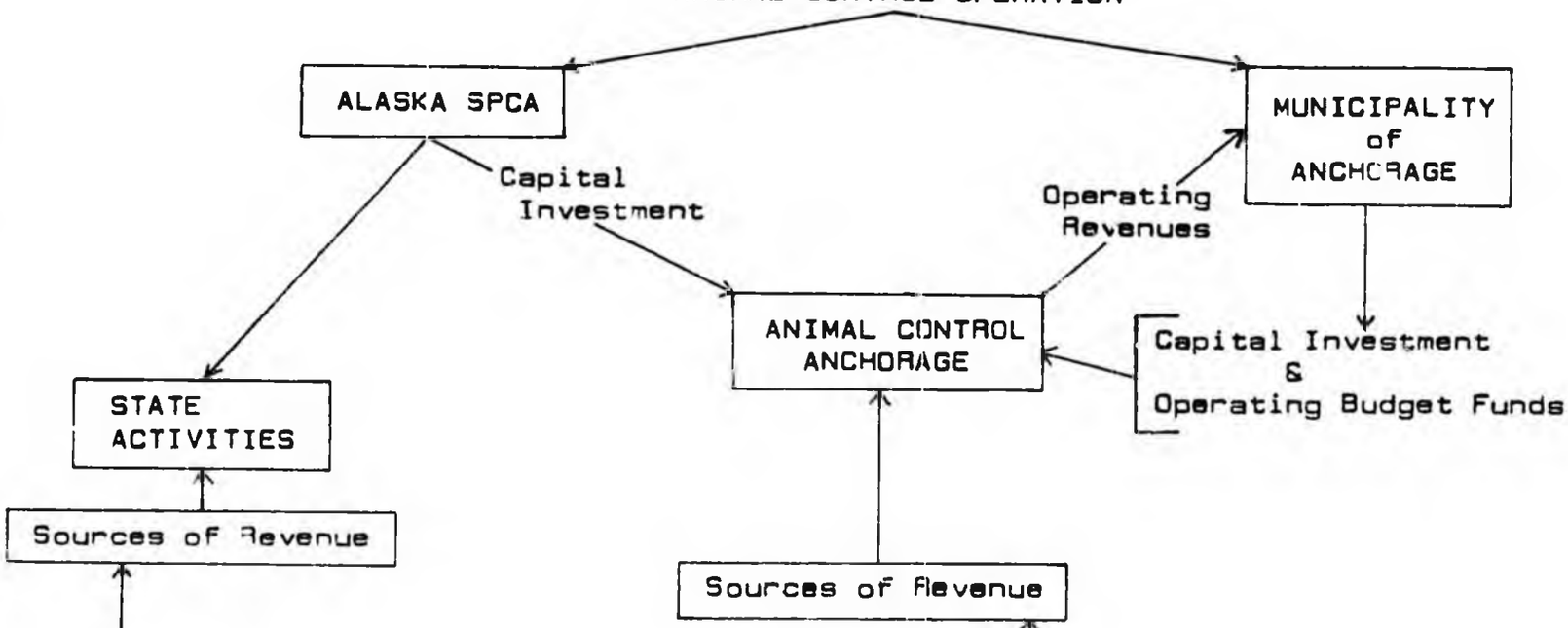
BUT---we are <u>not</u> coping with the problem. As Anchorage grows, the number of pets and unwanted animals increases.

A LOW-COST SPAY CLINIC IS THE NEXT, AND GREATEST, STEP TOWARD PET POPULATION CONTROL IN THE ANCHORAGE AREA.

The Alaska SPCA is a non-profit organization depending upon donations from the public for its existence and operation. The Animal Shelter operation funded by the Municipality is entirely separate from SPCA funding by donations. We are prepared to invest heavily from SPCA funds in this urgently-needed spay clinic facility, but we need help.

(CASH FLOW)

ALASKA SPCA CONTRACTS FOR ANIMAL CONTROL OPERATION



Donations
Memberships
Identification Tags - Sales
Animal Leashes - Sales
Cremation
  Private
  Veterinary

OPERATING BUDGET (from Municipality)

Less operating revenue:
  Adoption Fees
  Impound Fees
  Board
  Licensee
  Inoculation

} Monthly to Municipality

NET OPERATING EXPENSE

ORGANIZATION

ALASKA SPCA

MUNICIPALITY OF ANCHORAGE

Operating Contract
between
Alaska SPCA & Municipality

ANIMAL CONTROL
ANCHORAGE

STATEWIDE ACTIVITIES

1. Education - Films - Literature
2. Spay - RPO Program
3. Assistance to Other Locations
   a. animal control
   b. occasional travel
4. Iditarod Observation
5. Cruelty - Neglect
6. Disaster
7. Quarterly Newsletter

CASH FLOW

Partial Capital Investment in Plant & Equipment for Animal Control Operation

ANIMAL CONTROL
ANCHORAGE

Partial Capital Investment in Plant & Equipment for Animal Control Operation & Operating Budget Funds

SOURCES OF REVENUE

N/A

FUNDS FOR STATE & LOCAL

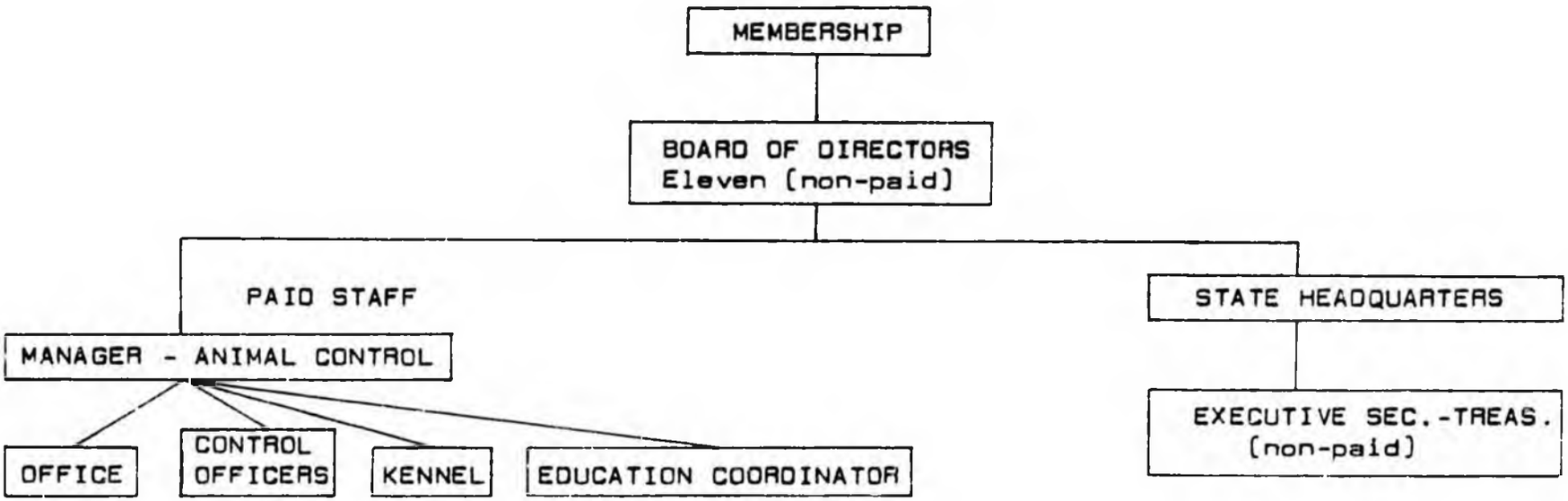
Donation
Memberships
ID Tag Sales
Leashes
Cremation

Adoption Fees
Impound Fees
Boarding Fees
License Fees
Inoculation Fees
} to Munc.

Operating Budget Funds from Municipality

ALASKA SPCA, INC.

ORGA.IZATION



Alaska SPCA Projections 1978 - ?

State Spay Clinic - State Headquarters
State Humane Education Office

I. Planning

A. Land selection and Building

1. Plan #1 - government leased land

a. lease low-cost government land
(1) State application filed 10/7/77 for 20 acres east of present Animal Shelter, Anchorage. State has not received title and a permit would have to be granted by BLM to place buildings on land.

b. building plans in stages:

Priority I -	State Spay Clinic and State Headquarters
Pricrity II -	State Humane Education Library & Auditorium for student use, films, etc.
Priority III-	Indoor and Outdoor Facility for Dog, Horse, and Cat Shows, etc.
Priority IV -	Outdoor area - temporary housing/space for visiting mushers, exhibitors, etc.
Priority V -	Petting Zoo

2. Plan #2 - private ownership of land

a. Land selection with proper zoning has been explored. The SPCA owns one lot on DeBarr Road. This can be traded, and larger lots purchased within adequate zoning. Costs are very high.

b. Building

Priority I -	Spay Clinic & State Headquarters
[Need rental units to pay for cost of operating clinic]	Office Rental

Priority II - State Educational Office, Library & Auditorium

II. Construction Costs

1. Plan #1 - on leased government land, ATCO or other relocatable units, priced - custom built - 2 to 4 units $20,000 to $40,000, plus $3,000 to $5,000 for foundations.

2. Plan #2 - on privately-owned land
   (a) 1/2 to 1 acre. Architect fees, cost of land with proper zoning and cost of building (3,000 sq.ft.) Cost estimate $300,000

   (b) inspected existing structure ALA on 2 lots. 7337 Old Seward Highway, priced $240,000 as is.

3. Cost of veterinarian's equipment - basic for spay-neuter clinic estimated $14,000 - current pricing of equipment in process.

SPAY CLINIC COST OF OPERATION

Following are statistics of some of the spay clinics and/or programs in operation around the United States:

First Year Start-Up & Initial Operating Costs

Name	Year	No. of Vets	First Year Capitalization and Operation
San Mateo Peninsula Humane Society	1973	1	$37,567
City of Berkeley	1975	1	$46,945
City of Los Angeles (one of six clinics)	1973	3	$87,000
Humane Society of Miami, Florida	1976	(3 vets volunteer 1½ days per week)	$20,000 (less bldg.)

Continuing Costs

Name	Year	No. of Surgeries	Cost of Operation	Fee Charged	Cost per Surgery - or Deficit
San Diego				$25-$50	
Miami	1976-77	30-40 per wk."free" (vet. donates services)			$20.50
Los Angeles (six clinics)	1974-75			$17.50	$23.58
Honolulu	1977		No Clinic	$20.00	
Animal Welfare of Miami	1977			$20.00	
San Mateo	1973-75	two years: 6,963	two years: $143,158	$20.00	$20.58

Additional Information Received 12-20-77

San Mateo	1977	23 per day (1 vet)	self-supporting	****	self-supporting

**** Male dogs - $18.00
Female dogs - 25.00
Female dogs over 90 lbs. - 50.00
Male cats - 15.00
Female cats - 21.00

SPAY CLINIC START-UP COST (Plan #1 only)

Anchorage 1978

Cash requirements until positive cash flow attained
(Figures based on 1977 cost of California and Oregon clinics - population about 215,00 each)

	Anchorage 1978	
Buildings (ATCO) 30' x 40'	$40,000	
Foundation	3,220	
Utilities - Hook-up	3,000	
Sub Total	$46,220	$46,220
Major Veterinary Equipment (list available)	$11,950	
Instruments - smaller items	1,874	
General Equipment	930	
Office Equipment	1,992	
Cleaning & Miscellaneous	100	
Sub Total	$16,846	$63,066
Supplies - Drugs & Disposable Items (initial 3-month inventory)	$ 3,181	
Net Cash Outflow first 7 months (see following page)	6,731	
Sub Total	$ 9,912	$72,978
Contingency Reserve (10%)		7,298
TOTAL CASH REQUIREMENT		$80,276

Experience elsewhere indicates one veterinarian can perform 2,800 spay surgeries and 700 neuters per year. Based on the 3,500 surgeries. cost per surgery decreases considerably.

Minimum cost of building and first year of operation cost on leased land ($1.00 a year) can be estimated to amount to $80,276. On private land (and in a new building) the cost estimate would be closer to a minimum of $350,000.

First Year Cost of Operation (Estimated) - Anchorage

Veterinarian's Salary	$28,000	per year	
" Aide Salary	12,000	" "	
Clerk's Salary	9,000	" "	
Utilities	1,500	" "	
Total Cash Requirement (Operation)			$ 50,500/yr.
" " " (Start-up)			80,276
GRAND TOTAL FIRST YEAR (Anchorage)			$130,776

ESTIMATED CASH FLOW --- FIRST YEAR'S OPERATION

ASSUMPTIONS

A. Spay/Neuter Clinic volume during first year is 70% of capacity, or 2,450 surgeries (70% of 3,500 = 2,450).

B. Revenues = No. of surgeries x $24.00 (a weighted-average fee--see next page).

C. Direct materials are not charged first three months but have been charged to start-up costs.

D. Cash expenditures for each of the remaining nine months = ((Total Annual Expenditures Minus Direct Materials) ÷ 12) plus (No. of Surgeries x $5.72). This formula accounts for the Direct Materials, costing about $5.72, which are "consumed" per surgery.

CASH FLOW PROJECTION --- FIRST YEAR'S OPERATION:

Month	% of Capacity	Number of Surgeries	Revenues	Cash Expenditures	Net Cash Flow	
1	43	125	$ 3,000	$ 4,208	-$1,208	
2	46	134	3,216	4,208	- 992	
3	49	143	3,432	4,208	- 776	
4	53	155	3,720	5,034	- 1,314	Cumulative Cash Flow, First 7 Months: ($6,731)
5	58	169	4,056	5,174	- 1,118	
6	63	184	4,416	5,260	- 844	
7	70	204	4,896	5,375	- 479	
8	78	227	5,448	5,506	+ 58	Positive Cash Flow Begins in 8th & 9th Months
9	87	254	6,096	5,661	+ 435	
10	95	277	6,648	5,793	+ 855	
11	98	286	6,864	5,844	+ 1,020	
12	100	292	7,008	5,879	+ 1,129	
	TOTALS	2,450	$52,816	$62,150	($3,234)	

ANNUAL OPERATING REVENUES & EXPENDITURES

ESTIMATED ANCHORAGE FIRST YEAR

I. Expenditures

Salaries			
	Veterinarian	$28,000 per yr.)	
	Vet. Assn't.	12,000 " ")	$4,208 per mo.
	Clerk	9,000 " ")	
Utilities		$ 1,500 per yr.)	$ 125 per mo.
		$50,500 per yr	

There are many indirect costs that have not been accounted for here. Further, no depreciation has been taken into consideration. Our main purpose here is to convey a reasonable estimate of start-up and first-year operating costs.

II. Revenues

Weighted average fee is based on the average species and sex distribution of animals altered:

50% female dogs
30% female cats
8% male dogs
12% male cats

Typical fees range from $12 to $30, hence a weighted fee of $24 per surgery.

Population Decrease AFTER Surgical-Neutering Programs

Again, quoting from data compiled by Mr. Sorich, the City of Los Angeles started its low-cost spay/neuter program in February, 1971. Prior to that date, the numbers of animals handled and destroyed in city shelters had increased steadily. Decreases in animals handled and destroyed, however, have occurred since that time as shown below:

FISCAL	PERCENT DECREASE IN ANIMALS HANDLED	PERCENT DECREASE IN ANIMALS DESTROYED
1971-72	8.5	5.9
1972-73	3.6	6.2
1973-74	6.7	9.7

Availability of three reduced cost spay/neuter clinics coupled with the incentive of a half-price license fee for spayed or neutered dogs, appears largely responsible for the fact that 40.5% of recent license applications were for altered dogs. In 1971, only 16% of the City's licensed dogs were altered.

The County of San Mateo-Peninsula Humane Society Clinic opened in January, 1973. In 1974, the number of animals surrendered to the Peninsula Humane Society was 16,079, a 39% decrease from the prior year figure of 26,488. Complaints and bite reports were each 13% below the previous year.

The City of Palo Alto Clinic opened in October, 1972. During the 1974-75 fiscal year, the city's Animal Services Division handled 5,743 animals, a 42% decrease from the prior fiscal year. The number of animals destroyed declined 23%.

During 1974, the rate of surrender of animals to Santa Clary County (California) pounds decreased 21% from 1973 levels. Two low-cost spay/neuter programs are available to Santa Clara County residents---the City of Palo Alto Clinic discussed above and a contract program between Santa Clara County and a large private veterinary hospital.

...And to those who would suggest that surgical sterilization is no more effective than killing as an animal population control measure, it should be pointed out that impounded and destroyed animals cover the entire age spectrum; many undoubtedly initiate countless reproduction chains before they are destroyed. By contrast, reduced cost spay/neuter programs, coupled with favorable license fee differentials for altered animals, provide positive incentives for owners to have their animals altered at the earliest safe age (before subsequent reproduction chains are initiated).

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt from Income Tax

Under section 501(c) of the Internal Revenue Code (Except Private Foundation)

1976

For the calendar year 1976, or fiscal year beginning 6/1, 1976, and ending 5/31, 1977

Please type, print or attach label. See instruction O.

Name of organization
Alaska S. P. C. A., Inc.
Address (number and street)
P. O. Box 776
City or town, State, and ZIP code
Anchorage, Alaska 99510

A Employer identification number (See instruction C)
92-6003063

B If gross receipts are not normally more than $5,000 (see general instructions A(3) and Q) check here ►

C If exemption application is pending, check here ►

D If address changed, check here ►

E Enter exemption Code paragraph ► 501(c) (3).
Check appropriate box, if applicable—Exempt under section ► [ ] 501(e) OR [ ] 501(f).

F Fair market value of assets at end of year (see instruction P) ► 59,277.12

Note: *If you checked block "B" above, do not complete Part I or Part II.* For rounding off money items to whole dollar amounts—see instructions.

Part I **All Organizations Complete Part I** *If line 8 is $25,000 or less, complete only Part I. Do not complete Part II.*

Receipts (Revenues)	1 Gross sales and receipts from all sources, other than shown on lines 5 and 6		11,824.31
	2 Cost of goods sold	343.08	
	3 Cost or other basis and sales expenses of assets sold		343.08
	4 Gross income (line 1 less sum of lines 2 and 3)		11,481.23
	5 Gross dues and assessments from members and affiliates		1,001.00
	6 Gross contributions, gifts, grants and similar amounts received (see instructions)		5,081.49
	7 Total (add lines 4, 5 and 6)		17,563.72
	8 Gross receipts for filing requirements tests (add lines 1, 5 and 6)	17,906.80	
Expenses and Disbursements	9 Expenses attributable to amount on line 4		
	10 Expenses attributable to amount on line 6		
	11 Other program-related disbursements	18,296.35	18,296.35
	12 Excess of receipts over expenses and disbursements (line 7 less sum of lines 9, 10, and 11) Increase or (Decrease) in net worth (see instructions)		(732.63)
		Beginning of year	End of year
Assets and Liabilities	13 Total assets	60,009.75	59,277.12
	14 Total liabilities		
	15 Net worth	60,009.75	59,277.12

		Yes	No
16	Have you engaged in any activities which have not previously been reported to the Internal Revenue Service? *If "Yes," attach a detailed description of such activities*		X
17	Have any changes not previously reported to the Internal Revenue Service been made in your governing instrument, articles of incorporation, or bylaws, or other instruments of similar import? *If "Yes," attach a copy of the changes*		X
18 (a)	Is this a group return filed on behalf of affiliated organizations covered by a group exemption letter? (See instruction G)		X
(b)	Is this a return filed by an affiliated organization covered by a group exemption letter? If "Yes," enter your central or parent organization's four digit group exemption number (GEN). (See instruction G.) ►		X
19	Have you filed a tax return on Form 990-T, "Exempt Organization Business Income Tax Return," for this year?		X
20	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instruction N.) *If "Yes," attach a schedule for the disposition(s) for the year(s) showing type of assets disposed of, the date(s) disposed, the cost or other basis, the fair market value on date of disposition and the names and addresses of the recipients of the assets distributed*		X
21 (a)	Enter amount expended directly or indirectly for political purposes $ NONE		
(b)	Did you file Form 1120-POL, "U.S. Income Tax Return of Certain Political Organizations," for this year?		X
22	Clubs exempt under section 501(c)(7) enter amount of: N/A		
(a)	Initiation fees and capital contributions included in line 5, Part I		
(b)	Gross receipts from general public from use of club facilities included in line 1, Part I. (See instruction 22)		
23	Organizations exempt under section 501(c)(12) enter amount of: N/A		
(a)	The total amount of gross income received from members or shareholders		
(b)	The total amount of gross income received from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
24	If you operate a school (see instructions for Part VI, Schedule A), do you certify that you have complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 578, covering racial nondiscrimination? *If "No," attach an explanation*	N/A [ ] Yes	[ ] No

25 The books are in care of ► Ethel Christiansen Telephone No. ► 907-279-0578
Located at ► 3600 East Tudor Road Anchorage, Alaska 99507

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Date	Signature of officer or trustee	Title
11/22/77		

Date	Signature of individual or firm preparing return	Preparer's address
	J. D. McCORMICK, C.P.A.	506 Sixth Avenue
	92-6002757	Anchorage, Alaska 99501

COPY

Part V Reason for Non-Private Foundation Status (See instructions for definitions)--*Continued*

(d) If applicable, enter the number of beneficiary or supported organizations exempt under:
(1) Section 501(c)(4) . . . . .
(2) Section 501(c)(5) . . . . .
(3) Section 501(c)(6) . . . . .

(e) Check here ► [ ] if your organization's sole or primary function is to provide funds to the beneficiary or supported organizations.

10 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 3 of instructions.)

Support Schedule (Complete only if block 6, 7 or 8, page 2, is checked)

Calendar year (or fiscal year beginning in) ►	(a) 1975	(b) 1974	(c) 1973	(d) 1972	(e) Total
11 Gifts, grants and contributions received. (Do not include unusual grants. See line 24 below)	1,713.23	3,584.78	8,471.24	6,349.04	20,118.29
12 Membership fees received	1,629.00	430.00	831.00	350.00	3,240.00
13 Gross receipts from admissions, sales of merchandise, performance of services, or furnishing of facilities in any activity which is not an unrelated business within the meaning of section 513	3,337.25	6,317.41	9,069.44	3,880.42	22,604.52
14 Gross income from interest, dividends, rents, royalties, and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975	825.68	2,681.23	1,451.51	2,401.35	7,359.77
15 Net income from unrelated business activities					
16 Tax revenues levied for your benefit and either paid to you or expended on your behalf					
17 The value of services or facilities furnished by a governmental unit to you without charge (do not include the value of services or facilities generally furnished to the public without charge)					
18 Other income (do not include gain or (loss) from sale of capital assets)--attach schedule	-0-	-0-	-0-	638.25	638.25
19 Total of lines 11 through 18	7,505.16	13,013.42	19,823.19	13,619.06	53,960.83
20 Line 19 less line 13	4,167.91	6,696.01	10,753.75	9,738.64	31,356.31
21 Enter 1% of line 19					

22 Organizations described in blocks 6 or 7, page 2:
(a) Enter 2% of amount in column (e), line 20 . . . . . 627.13
(b) Attach a list showing the name of and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts for the above four year period exceeded the amount shown in (a) above. Enter the sum of all excess amounts here . . . . . NONE

23 Organizations described in block 8, page 2:
(a) Attach a list, with respect to amounts shown on lines 11, 12, and 13, showing the name of, and total amounts received in each year from, each person who is a "disqualified person," and enter the sum of such amounts for each year:

(1) ..... (2) ..... (3) ..... (4) .....

(b) Attach a list showing the name and amount included in line 13 for each person (other than a "disqualified person"), but only if the amount for each year exceeds the greater of the amounts on line 21 for each year, or $5,000. The term "person" includes a bureau or agency of a governmental unit, and each person described in section 170(b)(1)(A)(i) through (vi). Enter the sum of such excess amounts for each year:

(1) (2) (3) (4)

24 Organizations described in Blocks 6, 7, and 8, page 2, that have received any unusual grants during any of the above taxable years, attach a list for each year showing the name of the contributor, the date and amount of grant, and a brief description of the nature of such grant. Do not include such grants in line 11 above. (See page 3 of instructions.)

HB
820

HB 820 file

May 2, 1978

Steve Cowper, Chairman
House Finance Committee
Alaska State Legislature

Dear Representative Cowper: RE: HB 820 (as amended)

HB 820, recently reported by the House HESS Committee, with a 60 years age limitation, is sorely marginal because it neither adequately nor fairly applies to an optimum range of deserving TRS retirees.

Age alone is not a satisfactory criterion, as is illustrated by the following substandard circumstances--i.e., HB 820 as amended allows any 60 year old retiree with the following "minimum levels" of creditable service to be entitled to the pension adjustment provisions...

(1) with 15 years of creditable service
(2) " 8 years of membership service
(3) " 5 years of membership service & 3 years of BIA Alaska service
(4) " 20 years of membership service
(5) " 20 years of membership service, including BIA Alaska service

...to repeat, any of the above minimum levels of service would entitle the 60 year old retiree to the pension adjustment provisions in HB 820.

Not one of the above 5 examples achieves an exemplary level of service! The 60 years-of-age criterion with those substandard levels of service does not compare satisfactorily with the examples of other deserving TRS retirees between 50 and 60 years of age whose teaching careers extended over 25, 30, or more years of service.

Noteworthy cases of retirees who would be disqualified by the 60 years/age-only limitation are too numerous to be exceptional. For example:

Case #1: The retiree who at 56 with 27 years (23 in Alaska) of creditable service will not be eligible for pension adjustment for 4 years.

Case #2: The retiree who at age 55 with 31 years (27 in Alaska) of creditable service will not be eligible for pension adjustment for 5 years.

Case #3: The retiree who at age 54 with 30 years (23 in Alaska) of creditable service will not be eligible for pension adjustment for 6 years.

*Case #4: The retiree who at age 53 is now on "disability" due to heart problem and who meanwhile would be eligible for the pension adjustments under HB 820--but will be actually disqualified from such pension adjustments at the earlier event--upon (1) acquiring 25 years of creditable service or upon reaching age 55.

By contrast:

Case "A": The 60 years-old retiree with only 8 years of membership (in Alaska) service who becomes eligible on 7/1/78 for any declared pension adjustthereafter.

Case "B": The 60 years-old retiree with only 15 years (5 in Alaska) of creditable service who is eligible on 7/1/78 for any declared pension adjustment.

*Note: It seems especially unfortunate that these occasional disability cases, often coincidental with age and stress, will all be converted to "normal retirement" status no later than age 55--also disqualified thereafter for eligibility under HB 820's pension adjustment provisions.

We earnestly contend that to discriminate among deserving retirees under the pressure of limited funds requires a more adequate and fairer means of qualifying retirees for the benefits to be granted.

Therefore, at the point on page #2, line 9, of the House HESS Committee's amending insertion (for the word "teachers") we urge that the following language be substituted:

. . ."those persons receiving disability or survivor benefits and to any other member currently receiving retirement benefits whose age is 50 years or older or whose creditable years of service total at least 25 years, provided further that the total sum of each such member's combined age and number of creditable years of service shall be at least 75 years". . .

In applying the amending language which we request, the basic requirements will become: (for example)

(1) retiree with 25 years' creditable service + 50 years age = 75

(2) retiree with 20 years' " " + 55 " " = 75

(3) retiree with 15 years' " " + 60 " " = 75

. . . all of which seems to be in harmony with the need to base eligibility for the benefits being granted on broader, wider criteria—i.e., (a) age and (b) service.

Younger retirees in their mid-40's who qualify for 20 years' membership service retirement may not be entitled to HB 820's provisions—noting, our (ASRTA) retired teachers organization has <u>never</u> supported the 20 years' retirement eligibility.

Also, a number of TRS members with prior 20 years' military service pensions (age 20 to 40 in military service) will become qualified <u>after</u> 20 years' TRS membership service at age 60 (age 40 to 60 in teaching service) <u>for</u> HB 820's pension adjustment provisions--allowable but paradoxical—while other, better qualified TRS retirees (whose retirement credentials are more impressive, whose fund contributions were greater) but whose ages are less than 60—thereby disqualifying them from the pension adjustment provisions of HB 820.

As a 2nd change, noting the extremes between lower and higher salaried persons, as well as the limited availability of funds, we further <u>propose</u> that there be a built-in ceiling for pension adjustment amounts, based on one of the two following options:

Option #1: . . ."that the maximum amount of any pension adjustment increase received by any retiree shall be limited to no more than 25 % greater than the median (average) amount of all such benefit increases being granted". . .

-or-

Option #2: . . ."that the declared percentage (up to 4 %) of such pension adjustment to be granted shall be applied only to a maximum limit not exceeding the initial $20,000 amount of any retiree's retirement benefit per annum.

The more optimum "option" above should be chosen—noting that #1 above may be, over time, more flexible and responsive to inflation—whereas #2 above may be somewhat easier to implement.

Whether higher salaried administrative personnel (public school or U. of Alaska) have a right to expect a full 4 % pension adjustment to be applied to their entire annual retirement benefit amounts which may range upwards to comparatively high levels—may be a sensitive issue. Considering again the (1) limitation of funds and (2) the possible magnitude of some retirement benefit amounts--our consensus is—we think not!

Therefore, it is fitting to implement the seemingly sound idea of an interim ceiling level whereby the limited funds available can be distributed more widely and effectively so as to render relief against inflation-caused loss of purchasing power--particularly to that portion of the retirees' incomes more directly connected with basic economic needs.

While we appreciate any effort and intent to constructively refer HB 820 onward in the legislative process, the 60 year/age-only limitation seems ill-advised, as carefull study of the applied circumstances will indicate. We view the age-only criterion as being dysfunctional in that it creates a disparity involving "age" and "service".

In summary, we respectfully contend that these circumstances warrant the two basic changes recommended herein—namely:

(1) Inclusion of both <u>age</u> and <u>service</u> criteria in the eligibility requirements for HB 820's pension adjustment provisions

(2) Inclusion of a built-in ceiling (%) limit <u>or</u> a limited portion (maximum) to which only the declared percentage of pension adjustment would be applied.

Respectfully,

Stanley M. Knedlik, Chairman Legislative Committees
Alaska State Retired Teachers Association
Central Alaska Retired Teachers Association

cc: Chas. H. Parr, Chairman
House HESS Committee
Robt. Van Houte, NEA-Alaska
Mary Carle, President - ASRTA
Catherine Larson, President - CARTA

April 25, 1978

House HESS Committee Members
Alaska State Legislature

RE: ASRTA Support of HB 820

Dear Mr. Parr, Chairman:

I urge the HESS Committee Members to favorably report HB 820 as an immediate and viable means of providing a perennial system of funding post-retirement pension adjustments in step with increases in the cost-of-living for TRS retirees.

The potential of HB 820's proposal can be best illustrated by the funding that would have been provided in 1977, if it had been in operation, when the State's and the Employing School Districts' respective contribution levels were lowered to 6.43 % each. The two combined differentials (below 7 %) of .57 % each, totaling more than 1 %, applied (times) to the TRS Payroll of approximately $215,000,000 would have provided more than $2,000,000 for the bonus account fund to be established—an amount substantial enough, with the investment returns, to have paid a 4 % pension adjustment for all TRS retirees for 3 or 4 years.

That is a persuasive possibility, and our membership of the Alaska State Retired Teachers Association strongly supports and urges your favorable consideration of this measure, HB 820.

Respectfully,

Stan Knedlik

Stanley M. Knedlik, Chairman - Legislative Committees
Alaska State Retired Teachers Association
Central Alaska Retired Teachers Association

To Hess

April 6, 1978

Legislative Board of Retirement Benefits analysis and recommendations on:

House Bill No. 820

The board endorses the attached fiscal note as its fiscal analysis of HB 820.

The board's previous recommendation, by a majority vote, that HB 820 do pass remains unchanged.

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 820
Title An Act Relating to the Teachers Retirement System
Requested by _____ Date _____

II. FISCAL DETAIL
Agency Affected Administration - Division of Retirement and Benefits
Program Category Affected Retirement and Benefits (TRS)
Budget Request Unit(s) Affected Teachers' Retirement System

EXPENDITURES (Thousands of Dollars)

		FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100	PERSONAL SERVICES		10.2				
200	TRAVEL						
300	CONTRACTUAL		17.5				
400	COMMODITIES						
500	EQUIPMENT		0.8				
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC		192.6	211.9	233.1	256.4	282.0
100	BENEFITS		44.4	48.8	53.7	59.1	65.0
	TOTAL	-0-	265.5	260.7	286.8	315.5	347.0

FUNDING (Thousands of Dollars)

GENERAL FUND		237.0	260.7	286.8	315.5	347.0
FEDERAL FUNDS						
OTHER (Specify)						
TRS		28.5				

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY		6 mos.				

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

1. Estimate FY 79 covered TRS payroll to be $214,000,000, with estimated annual increase of 10%.
2. Combined employer contribution rate and State Match now at 13.[illegible]% of payroll based on new actuarial assumption adopted by TRS Board.
3. Increase in combined TRS State Match and employer contribution rate would be .18%.
4. Administrative costs as attached.

Paul B. Arnoldt

IV. DATE 4/04/78 PREPARED BY Paul B. Arnoldt
AGENCY Division of Retirement & Benefits
PHONE 465-4460

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named) Representative Cowper
Office of the Governor (Keith Specking)

33-001 (Rev. 12/77)

ATTACHMENT

Bill/Resolution No. HB 820

ASSUMPTIONS:

1. Estimated FY79 Payroll (Total System) = $214,000,000
2. State Contribution Rate to Fund Bill = .09 %
3. State TRS Matching Rate to Fund Bill = .09 %
4. School District Rate to Fund Bill = .09 %

COST ANALYSIS:

	Employer	Payroll		Rate	Cost	Appropriation
1.	Department of Education	$ 5,800,000	X	.09 %	$ 5,220	To Their Budget
2.	University of Alaska	$ 43,500,000	X	.09 %	$ 39,150	To Their Budget
					$ 44,370	
3.	State TRS Matching	$214,000,000	X	.09 %	$192,600	To TRS Match
4.	State TRS Regular Budget:					
	Personal Services				$ 10,190	To Personal Services
	Travel				$	To Travel
	Contractual				$ 17,500	To Contractual
	Commodities				$	To Commodities
	Equipment				$ 800	To Equipment
	COST TO STATE IN FY79				$265,460	
5.	All School Districts	$164,700,000	X	.09 %	$148,230	
	TOTAL COST IN FY79				$413,690	

REMARKS:

1. Personal Services - one temporary Retirement & Benefits Specialist - 6 man months.

   Monthly Salary - $1,551 x 6 = $ 9,306
   Benefits at 9.5% = $ 884
   $10,190

2. Contractual Services - $17,500 for initial EDP systems design and development of PRPA analysis and calculation programs.

3. Equipment - Desk, chair, caiculator, etc. = $ 800

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6440
JUNEAU, ALASKA 99801

1978 APR 26 AM 12

02087 NL ANCHORAGE AK 50 04-25 1010P AST

PMS REP CHARLES PARR

CHAIRMAN HESS COMMITTEE

JUN

AS A RETIRED TEACHER I SUPPORT HB820. AS A REASONABLE AND AFFORDABLE ANSWER TO THE INCREASING COST OF LIVING HB866 IS LONG AND CUMBERSOME. I SUGGEST IT NOT BE PASSED OUT OF HESS COMMITTEE TILL FURTHER STUDY IS DONE AND PROPER REVISIONS ARE MADE.

CATHERINE LARSON

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6440
JUNEAU, ALASKA 99801

02058 NL ANCHORAGE ALASKA 126 04-16 341P AST

PMS THE HESS COMMITTEE REP CHARLIE PARR, CHAIRMAN

JUN

THE FOLLOWING MEMBERS OF THE ALASKA STATE AND CENTRAL ALASKA RETIRED TEACHERS ASSOCIATIONS IN WORKSHOP TODAY URGE YOUR SUPPORT HB822 TO ALLOW AMETHOD FOR FUNDING A POST RETIREMENT PENSION ADJUSTMENT. WE BELIEVE HB865 NEEDS TO BE AMENDED BECAUSE OF OBJECTIONABLE FEATURES IN STATEMENT 13(H) AS TO ACCURAL AND PAYMENT OF TECHER PENSIONS, AS WELL AS IN OTHER SECTIONS PAYMENT OF DISABILITY SURVIVORS AND SPOUSES BENEFITS. WE DO NOT SUPPORT THIS BILL AS IT STANDS NOW. WE SUPPORT BOTH HOUSE BILL 668 AND 636.

JO SULLICAN, CATHY LARSON, FRANCES RAY, ALICE THOMPSON BEATRICE MCDONALD, MARY CARLE, THELMA KNOWLES, EVELYN VEACH, ROBERT VEACH, JOHN REWOLINSKI, HELEN ERICKSON, LEAH PETERSON STANBERY, MARCO BRITCH, JOSEPHINE LACHANCE, MAYBELLE GERMAN, HELEN NOBLEY, TYNE HAUKEBO, JOAN MCKINNON, CORA KENDALL, RUTH HUDSON, BETTY SUTHERLAND

Anchorage, Alaska 99507
#191
9499 Brayton Drive
April 15, 1978

Representative Steve Cowper, Chairman
House Finance Committee
State Legislature
Pouch V
Juneau, Alaska 99801

Dear Rep. Cowper:

Thanks much for introducing HB 820 — a high priority item in retired-teacher legislation.

Two Things, I'm convinced, must be stressed:

1. All parties (the State, districts, and teachers) should pay the same rate — <u>whatever</u> it is, to make 820 work; adequate funding is, of course, essential.
2. "Bonus" COL payments should not be merely at the discretion of the TRS Administrator but should be based on very accurate calculations free of internal manipulation to allow for indications that the Fund won't allow a surplus of 9% when it actually would.

Finally, I'm further convinced that your Committee holds the key to genuine success for carrying out HB 820's important intent.

Sincerely yours,
Ivan M. Gilliam
Ivan M. Gilliam

HB
833

of ALASKA

MEMORANDUM

There was a total of $350,000 statewide on top of the Amounts listed below -

TO: Michael Morin
Administrative Assistant
Senator Hackney's Office

THRU: Nat Cole, Deputy Commissioner
Department of Education

FROM: Eula Ruby, Director
Project A-TIP
Program Development & Dissemination

DATE: March 8, 1978

FILE NO:

TELEPHONE NO:

SUBJECT: Contributions to Regional Resource Centers

The following is the information you requested:

According to the budgets filed with the Department of Education, the local district contributions to the Regional Resource Centers are as follows:

Southeast Regional Resource Center located in Juneau:

Districts make no contributions other than job specific contracts.

Southcentral Regional Resource Center located in Anchorage:

Districts make no contributions other than job specific contracts.

Bristol Bay Regional Resource Center located in Dillingham:

Bristol Bay Borough	$42,000
Lake & Peninsula	25,000 +
Dillingham	39,000
Southeast Region	30,000

Western Regional Resource Center located in Anchorage:

Iditarod	$ 9,000
Kuspuk	9,600
Lower Kuskokwin	19,500
Lower Yukon	14,600
St. Marys	7,300

Northwest Regional Resource Center located in Nome:

Nome City Schools	$62,000	job specific
Bering Strait	6,245	job specific
BIA	74,914	job specific

ER:bw

cc: Marilou Madden
Richard Luther

Michael - pls return w/ data on RRC funding

ITIDITAROD Area School District

POST OFFICE BOX 105 • McGRATH, ALASKA 99627 • (907) 524-3599

March 21, 1978

The Honorable Charles H. Parr
Alaska House of Representatives
Pouch "
Juneau, Alaska 99811

Dear Mr. Parr,

I am writing to you to encourage your support for additional funding for the five Regional Resource Centers. As Facilitator Linker for Iditarod Area School District, I recently attended the first Alaskan Conference on National Programs That Work, sponsored by the Alaska State Facilitator Project and the Southcentral Regional Resource Center. I found this conference well organized and an important source of information on proven educational programs. This conference represents just one of the services the Regional Resource Centers can provide for the educators they serve. There are many other services which are currently available or can be developed.

In order to offer greater service in meeting the needs of Alaska's children and educators, the Regional Resource Centers need your support and to establish a firmer foundation for program development, the Regional Resource Centers need the additional funding they are requesting.

Sincerely yours,

Ann Chase

Ann Chase
Facilitator Linker

cc:
Al Ose
Thelma Bucholdt
Samuel R. Cotton
Alfred C. Nakak
M. F. Beirne
Don Bennett
C.V. Chatterton
Randy Phillips

Education's budget request of $350,000 to support Region I Resource Centers. Briefly:

1. The funding level is not adequate to demonstrate to school districts the capability of delivering educational services.

2. The Department of Education is conducting an internal assessment of educational service delivery. The Regional Resource Centers have been cited as an alternative to deliver services to districts. Through RRCs a variety of educational services are more accessible to the consumer.

3. The original request for RRCs in 1976 was for $800,000. The RRCs received $400,000 creating a hardship in stabilizing a solid hard money program.

4. The fact that only four centers operated during the last fiscal year and a fifth was organized this year with a drop from the $400,000 to a $350,000 funding level did create a financial hardship for the RRCs.

5. In a state with geographic isolation and ethnic diversity such as Alaska, there is a need to consider regional service efforts.

6. Currently there are five operating centers; South East, Southcentral, Northwest, Bristol Bay and Western. A sixth center may be organized in the near future. The drain on the existing $350,000 request would create financial hardship for existing RRCs.

7. With the decentralization of S.O.S. and the creation of 21 new school districts, the demand for educational services has greatly increased. The RRCs can provide a stable source for a variety of support services.

8. The RRCs are controlled by local "Boards" representatives from each participating community; therefore, RRCs can be more responsive to local needs.

9. While securing grants and contracts may be a valid effort for RRCs, the nature of the dedicated funds and short term "soft" money aspects of competitive grants does not lend itself to a cadre or stabilized educational service delivery system. In addition, the diversity of RRC program staff can provide advantages to centers with grant-writing capability and leave other centers out of this type funding.

10. The RRC Directors and State Advisory Council recognizes the value of local district financial support as a viable funding method. In fact, it is their recommendation that over a five-year period decreased funding should occur. However, point #1 indicates a need to more fully demonstrate RRC's educational service delivery capabilities.

11. The prospect of six little DOEs being created is a valid concern. However, two issues counteract that possibility: 1) RRCs are locally controlled through Boards; and 2) RRCs are service providers and not regulatory.

SOUTHCENTRAL REGIONAL RESOURCE CENTER

NAME	FUNCTION	FUNDING SOURCE)1)
J STAMM	DIRECTOR	1,2
JOHN NEWELL	FINANCE DIRECTOR	1,2,3
C TALASZ	SPECIAL EDUCATION COORDINATOR	1,4
J KNAPP	CURRICULM DEVELOPMENT SPECIALIST	1,4
I CRITTENDON	FACILITATOR AND INFO-FORMATION RESOURCE COORDINATOR	3,2
J GORMAN	LINKING AGENT	3
J BRODIE	CONSULTANT FOR THE BLIND AND VISUALLY IMPAIRED	2
L MCCRUM	TELECOMMUNICATIONS SPECIALIST	3
V DUNCAN	INFORMATION RESOURCE SPECIALIST	3,2
R KENNEDY	SPECIAL EDUCATION CONSULTANT	4
R STILLMAN	SCHOOL PSYCHOLOGIST	4
M HOWE	SCHOOL PSYCHOLOGIST	4
H BISCHOFF	SCHOOL PSYCHOLOGIST	4
D KONOPASEK	PROGRAM COORDINATOR PROVIDENCE HEIGHTS PROGRAM	2
J BISKIS	INSTRUCTOR - PROVIDENCE HEIGHTS PROGRAM	2
K MURPHY	INSTRUCTOR - PROVIDENCE HEIGHTS PROGRAM	2
S ROTH	INSTRUCTIONAL ASST PROVIDENCE HEIGHTS PROGRAM	2
M SENA	INSTRUCTIONAL ASST PPOVIDENCE HEIGHTS PROGRAM	2
G MOO	VOCATIONAL EDUCATION INTERN	4,3
K TERRY	SECRETARY	1,4
J ROGERS	SECRETARY	2
M TURNER	SECRETARY	3

(1) FUNDING SOURCE. FUNDS TO SUPPORT STAFF POSITIONS ARE DERIVED FROM ONE OR MORE OF THE FOLLOWING SOURCES.

1. STATE OPERATING GRANT
2. CONTRACTS/GRANTS WITH THE DEPARTMENT OF EDUCATION.
3. CONTRACTS/GRANTS WITH FEDERAL FUNDING AGENCIES.
4. SERVICE CONTRACTS WITH SCHOOL DISTRICTS.

SINCERELY, JOHN STAMM

DELETE MESSAGE(Y/N)? Y

MESSAGE OPTION ? END

READY

SHEDRALLYDISK FILES; 0 BLOCKS IN USE
JOB 11 USER 128,2 LOGGED OFF KB14 AT 20-APR-78 13:54
SYSTEM RSTS V06C-03 SYSTEMS NW
RUN TIME WAS 5.6 SECONDS
ELAPSED TIME WAS 4 MINUTES
GOOD AFTERNOON

NORTHWEST REGIONAL RESOURCE CENTER EMPLOYEES

APRIL 24, 1978

NAME	POSITION	FUNDING SOURCE
Art Morton	Director	State Grant Nome Public Schools
Eileen Karp	Media & Materials	BIA VIB 1/2
Jeannie Hoesing	1/2 Time Bookeeper	BIA - State 1/4
Tom Robertson	Special Education	BIA VIB
Janet Dotermain	Apartment Manager	Nome Public Schools Contract
Harold Muktoyuk	1 hr. - Day Janitor	Nome Public Schools Contract
Joanne Eckels	Special Education Aide - 4 hrs.	BIA VIB
Reba Greenup	Special Education Aide - 1/2 Time	BIA VIB
Welma Marlin	Special Education Aide - 4 hrs.	VIB
Bonita Roche	2 hrs. Day - Librarian/Clerk	BSREAA Contract
Paul Merkouris	Media Technician	BIA Contract

BRISTOL BAY REGIONAL RESOURCE CENTER EMPLOYEES

APRIL 24, 1978

NAME	POSITION	FUNDING SOURCE
Robert Brown	Director	State Grant & LEA
Helen Virgin	Special Education/Media	LEA
Marguerita Jakof	Psychologist	LEA
Helene Sagmoen	Secretary/Bookeeper	State Grant
Janet Hall	Health Education	Health Education Fund
Diane Evans	Speech Therapist	LEA
Sherrie Risch	Grant Writer	LEA
Martha Pank	Clerk Typist	LEA
Marguerita Johnson	Librarian Aide	CETA
Debbie Clark	Media Aide	Special Education Contract

SOUTH EAST REGIONAL RESOURCE CENTER

EMPLOYEES --- APRIL 24, 1978

NAME	POSITION	LOCATION	FUNDING SOURCE
Allan Barnes	Director	Juneau	RRC, Health, Telecommunications, Special Ed.
Karen Bernstein	Housing Coordinator, RSVP	Juneau	RSVP
Robert Deckrosh	Media Design Specialist, Ken Cook	Juneau	CETA VI, Telecommunications
Virginia Eggert	IMC Specialist	Juneau	CETA VI, Telecommunications
Linda Luther	Program Consultant	Juneau	Gifted, RRC, YETP
LuAnne Packer	Telecommunications Specialist	Juneau	Telecommunications
Dany Peabody	Health Educator	Juneau	Office of Aging
Joan Swanson	Psychologist	Juneau	RRC, Title VIB
Vanita Thomsen	RSVP Coordinator	Juneau	RSVP
Kathy Conte	Speech Therapist	Juneau	RRC
Rusty Yerxa	Career Information Specialist	Juneau	YETP
Roxanne Turner	Office Aide	Juneau	Ceta VI, RRC
Aimee Youmans	Office Aide	Juneau	CETA VI, RRC

SOUTH EAST REGIONAL RESOURCE CENTER

EMPLOYEES, CONT. - APR. 24,'78

NAME	POSITION	LOCATION	FUNDING SOURCE
Toni-Jo Blewitt	Psychologist Assistant	Juneau	CETA VI, RRC, Title VI-B
Joyce McCann	Office Aide	Juneau	CETA VI, T/H
Doris Chandler	Bookkeeper	Juneau	RRC

SOUTH EAST REGIONAL RESOURCE CENTER

EMPLCYEES - TLINGET/HAIDA FUNDED

April 24, 1978

NAME	POSITION	LOCATION
Mary Jack	Aide	Angoon
	Aides	Hoonah
Jack Brown Ruby Smith	Aides	Klawock
Harold Martin	Aide	Kake

Mitchell —
Did they contribute?

ADAK REGION SCHOOLS

NAVSTA BOX 34
FPO SEATTLE 98791
PHONE 907-579-2244

March 7, 1978

DR. MONTE K. McBRIDE
SUPERINTENDENT

The Honorable Charles H. Parr
Chairman
Health, Education, and Social Services Committee
Ho se of Representatives
Pouch V, Mail Stop 3100
Juneau, Alaska 99811

Sir:

The Adak Region School Board wishes to convey to you their desire that the Regional Resource Centers obtain the additional support being requested during this legislative year.

While our Board recognizes the fact that, in the organization of these Resource Centers, mistakes have been made, we believe that the potential that can be accomplished through these Centers makes it necessary for us to ask for their increased support. If, at some uture date, our Board loses the feeling that their existence is beneficial to the educational program in Alaska, we will be more than pleased to convey this thought at that time.

Until then, we sincerely hope that you will endorse and support the additional monies for the Regional Resource Centers.

Sincerely,

Norman D. Thompson

Norman D. Thompson
Chairperson
Adak Region School Board

dm

HB 833

Southcentral Regional Resource Center

650 International Airport Rd.
Anchorage, Alaska 99502
907-276-4524

JOHN M. STAMM, Ph.D.
Director

March 13, 1978

The Honorable Charles H. Parr (Chairman)
Pouch V, Mail Stop #3100
Juneau AK 99811

Dear Representative Parr:

I am much concerned about a supplemental appropriation bill (House Bill 833) which is being introduced by Representatives Alfred Nakak (Nome), Phillip Guy (Kwethluk), James Duncan (Juneau), Terry Gardiner (Ketchikan), Hugh Malone (Kenai), and Russ Meekins (Anchorage).

The particular request for monies is being asked to increase the Department of Education's line item request for Regional Resource Centers. These monies would greatly facilitate the Resource Center's program developments in the state of Alaska.

Since I am a resident of Alaska, presently in Eagle River, I am concerned about the Centers having sufficient allocations provided them to extend staff and programs to assist local districts in meeting their needs. In the past RRCs have been handicapped in doing this because of limited monies from allocations.

Geographically and in population, Alaska is a more expensive area in which to travel to serve the populace's needs. I ask, therefore, for your support in passing House Bill 833, which will facilitate the Center's abilities to serve their districts.

Sincerely,

Rachel Kennedy

Rachel Kennedy
Special Education Consultant

RK/mpt

DISCUSSION ONLY

RRC POSITION PAPER

By: Eula Ruby

PREMISE

The legal and ultimate responsibility for the education of the citizenry of a state rests with the state. Under the Constitution and the Alaska Statutes, the Department of Education is the state agency that has been designated to carry out that responsibility and cannot abdicate it.

The Constitution of the State of Alaska

Article VII

Health, Education and Welfare

Section 1. Public Education. "The legislature shall by general law establish and maintain a system of public schools open to all children of the State."

Article 1. Department of Education

Section		*Section*	
10.	*Department of Education*	*55.*	*Repealed*
20.	*Duties of the department*	*57.*	*Transmittal selections*
30.	*Powers of the department*	*60.*	*Promulgation of regulations*
50.	*Selection of textbooks*	*70.*	*Withholding state funds*

Section. 14.07.010. Department of Education. The Department of Education includes the commissioner of education, the state Board of Education, and the staff necessary to carry out the functions of the department. (Sec. 1 ch 98 SLA 1966)

Sec. 14.07.020. Duties of the department. The department shall

(1) exercise general supervision over the public schools of the state except the University of Alaska;

(2) study the conditions and needs of the public schools of the state and adopt or recommend plans for the improvement of the public schools;

(3) provide advisory and consultative services to all public school governing bodies and personnel; -----

RATIONALE

THE STATE AGENCY

In the past the Department of Education has attempted to act in a responsive manner to the needs of the public schools within the state. It has attempted to fulfill a dual role, one role being regulatory in nature, the other being a service role. The service role, performing such functions as providing leadership, technical assistance, support, and guidance, was very often done on-site on a one-to-one or face-to-face basis. It is becoming apparent that the functions formerly performed under the service role can no longer be effectively performed by the state agency in the same manner in which it has been done in the past and still be cost effective. We must develop alternative strategies for delivering services to school districts.

The creation of twenty-one (21) new districts increased the numbers of clients almost 70%.

Assuming that with thirty (30)districts (clients) the state agency was 100% effective in carrying out its responsibilities of "educating its citizenry" with an

Educational Program Support staff of forty-eight (48) people; then with fifty-one (51) districts (an increase in the number of clients by 67%) and with an Educational Program Support staff of forty-five (45) people (a reduction of 2%) the conclusion can be drawn that the capacity to be "effective" has now been reduced significantly.

THE STATUS OF THE REGIONAL RESOURCE CENTERS

The same legislative act that decentralized the Alaska State Operated School System, and established twenty-one (21) Regional Educational Attendance Areas also provided districts the option of establishing six (6) Regional Resource Centers to be controlled by local school boards' representatives.

ARTICLE 3. REGIONAL RESOURCE CENTERS.

Sec. 14.12.150. ESTABLISHMENT AND PURPOSE. (a) The districts of the state public school system may join together to establish regional resource centers to provide the following services, including but not limited to, accounting, payroll and other fiscal, media, instructional support, bilingual-bicultural educational, inservice and staff development, student, diagnostic, school management and school board member training.

(b) A regional resource center established under (a) of this section shall be governed by a board consisting of one representative from each participating district. The representative shall be appointed by the governing board of that district. The term of office of regional resource center board members shall be two years, beginning July 1 of each calendar year. Vacancies shall be filled in the same manner of original appointment.

The vision of six strategically located service centers, servicing a natural geographic region, containing a network of public schools who willingly share

their fiscal resources is becoming dim.

a. Most districts have elected to wait until the centers have proven themselves. Some demonstrated this attitude (12) by not "belonging" at all. Some agreed to support the concept but not financially, except to contract for specific services. Some districts (11) are, in fact, supporting their centers both conceptually and financially.

b. The state dollars appropriated to provide administrative funds for start-up costs was insufficient to establish a secure base from which the centers could operate and be fully responsive to the needs of the districts they were to serve. Time is being spent bidding on contracts, writing and submitting proposals for available state and federal funds, and then implementing those projects. Cash flow problems have occurred because of no reserve funds. Other contract and grant awards receipts are frequently untimely. The state agency has been compelled to advance portions of quarterly allotments to meet payroll obligations.

SUMMARY

The state agency, in carrying out its statutorial mandates, is forced to examine

its roles. It is possible to maintain both the regulatory role and the service role and be responsive to statewide needs by devising alternative system(s) of delivering the service functions (leadership, technical assistance, guidance and support).

It is also possible to make the service function regulatory by mandating curriculum content; standardizing; adopting textbooks and materials; establishing and mandating statewide testing. This alternative, however, would violate the concept of local control and local determination.

The following questions need to be answered:

1. Do the local districts have the resources to satisfy their own identified needs? From a financial standpoint? From a standpoint of personnel with a given expertise?

2. Do Department personnel at the present time have the capacity to respond personally to all district needs?

   Note: The Resource Center in the Interior is nonexistent. The level of funding for the current centers is inadequate, and there is a lack of interest on the part of many districts to support such a center.

4. Which agencies in the state will carry out the service delivery function?

When the Regional Resource Center legislation was enacted, the Department began a study to identify the service and regulatory functions presently being performed by the Department that could be performed by the Regional Resource Centers as well. The intent was to "decentralize." Factors to be considered would be:

A. Whether the service is needed statewide;

B. Readiness of the Regional Resource Centers to perform the function or deliver the service;

C. Whether the service (or function) is well enough organized and effective enough to b worth transferring.

e.g. (1) The Alaska Student Instructional Support System recently completed was immediately transferable. The Southeast Regional Resource Center entered into an agreement with the Department of Education to conduct the training of districts and act as supplier of all the products.

e.g. (2) The Program Assessment and Planning functions in reading and mathematics, along with their "Program Planning and Assessment Handbooks," are almost ready to transfer and would be most appropriate at this time, now that the pupil tests and diagnostic system is available.

In some cases the duty stations of Department employees, possessing the necessary expertise, may need to be changed temporarily and placed in the Regional Resource Centers to assist in effective installation of the service function.

1. Funding - A Shared Effort:

Until adequate funding is available to assure the Department that the Regional Resource Centers are operable, willing and able, to add Department of Education service functions, it would be inappropriate to carry out a "phase-in" operation.

The following proposed funding plan is based on the following assumptions:

a. The Regional Resource Centers can provide program services (not regulatory) to districts more effectively than the Department of Education, or than the districts can provide for themselves.

b. As services are "phased-in" and increased in the Regional Resource Centers, the Department of Education functions would decrease, thus releasing some Department of Education resources. Each function, as it is phased in could be done through a contracted

arrangement. Addressed in the contract would be start-up costs, delivery and training requirements, etc.

c. The current funding level for Regional Resource Centers is inadequate at the present time.

Commissioner finds would recommend passage of HR 833 for $400,000 rather than the plan contained in this paper for this year

THEN:

A. FOUR SOURCES OF FUNDING ARE CONSIDERED:

1. The legislature continues base funding. $100,000 for each center for administrative cost would be minimum.

2. The legislature calculates a percentage of the districts' foundation funds to be placed in escrow in the Department, to be released when a Regional Resource Center is formed. Release only the funds of participating districts. This would provide an incentive for districts and Regional Resource Centers to work together. Monies not released would revert to the general fund.

3. The Department of Education through contracts, shares start-up and delivery costs. Contract monitoring at the Department level would assure that services are being provided, consistent with Department of Education statutory responsibilities).

4, Regional Resource Centers continue to obtain grants and bid contracts from other sources.

B. DEPARTMENT OF EDUCATION AND REGIONAL RESOURCE CENTERS JOINTLY PLAN AND AGREE ON A THREE TO FIVE YEAR ORDERLY PHASE-IN OPERATION.

THE
LAKE AND PENINSULA
SCHOOL DISTRICT
P. O. Box 119
Naknek, Alaska 99633

CHARLES R. WHITE, Supt.

March 30, 1978

The Honorable Charles Parr
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

The Lake and Peninsula School Board recently considered several items of legislation. At the last official Board meeting they acted to endorse or discourage passage of the following bills, which affect public schools of the state. As elected school officials, representing the parents of this district, they ask your careful consideration of this collective judgement.

Strongly Favor Passage

House Bill #833

We believe that REGIONAL RESOURCE CENTERS are beneficial to a great many rural districts. At least in Southwestern Alaska, one is needed. We contribute to it, and believe that a little more state funding could make it more viable.

House Bill #828 (We FAVOR)

This bill on SICK LEAVE should cut out present misuse of such benefit, and keep teachers with students except when really ill.

We Strongly DISCOURAGE Passage of the following:

House Bill #793 (We are AGAINST)

This bill's passage, requiring COMMUNITY SCHOOL COMMITTEES TO ACT ON HIRING would create serious inconvience in getting applicants to remote sites for interview. It would also revoke the Board's authority and flexibility in personnel matters.

House Bill #723 (We are AGAINST)
This self-serving TEACHER RETIREMENT bill would be costly, and is unnecessary. It would also make such item negotiable at the local district level, and each district would sooner or later succumb.

CS for House Bill #489 (We are AGAINST)
This bill regarding NEGOTIATIONS opens up a "bag of worms" by its wording. Please let stand the recent court decision of what is negotiable. Some ambiguous wording in this bill could be disasterous.

House Bill #848 (We are AGAINST)
This is a rediculous bill, full of regulations, which should not be in bill form. Mandating this SPECIAL EDUCATION LEGISLATION would cost over $40 million, and create another educational hierarchy outside of the Department of Education. PLEASE defeat this bill!

Be it known that we are firmly convinced thay any bill forcing COLLECTIVE BARGAINING is NOT in the best interests of the public schools of the state -- in whatever legislative form it may take.

We are grateful for your action on our behalf.

THE LAKE AND PENINSULA SCHOOL BOARD

Sara Hornberger, President
John Lind, Member
Linda Johnson, Clerk
Randy Briggs, Member

Charles R. White
by Charles R. White, Superintendent

CRW:blt

STATEWIDE REGIONAL RESOURCE CENTER ADVISORY COMMITTEE

433

Dear Senate Finance Committee Members:

Thank you for the opportunity to present information concerning Regional Resource Centers. It is our belief that the value of Resource Centers deserves special attention. The invitation to address the Committee is appreciated and provides encouragement. We hope that our budget request for $750,000 funding this next fiscal year will receive favorable consideration.

The attached statements and suggested budget request reflects the views of the Statewide Regional Resource Center Advisory Committee and the RRC Directors. We recognize the importance of your time and believe our presentation will provide additional information to your deliberations.

Sincerely,

Carl Glick

Carl Glick, Chairperson (283-7644)
Orin Biffe, Member
Bob McConnell, Member
Mark Hanson, Member

Eula Ruby, D.O.E. Liaison
Margaret Farrant, Western RRC Director (276-1308)
Robert Brown, Bristol Bay RRC Director (842-5531)
John Stamm, Southcentral RRC Director (276-4524)
Art Morton, Northwest RRC Director (443-2824)
Allan Barnes, South East RRC Director (586-6806)
Shirley Rediger, Information Officer (586-6806)

kt

Enclosures

There are a variety of reasons to reconsider the Department of Education's budget request of $350,000 to support Regional Resource Centers. Briefly:

1. The funding level is not adequate to demonstrate to school districts the capability of delivering educational services.

2. The Department of Education is conducting an internal assessment of educational service delivery. The Regional Resource Centers have been cited as an alternative to deliver services to districts. Through RRCs a variety of educational services are more accessible to the consumer.

3. The original request for RRCs in 1976 was for $800,000. The RRCs received $400,000 creating a hardship in stabilizing a solid hard money program.

4. The fact that only four centers operated during the last fiscal year and a fifth was organized this year with a drop from the $400,000 to a $350,000 funding level did create a financial hardship for the RRCs.

5. In a state with geographic isolation and ethnic diversity such as Alaska, there is a need to consider regional service efforts.

6. Currently there are five operating centers; South East, Southcentral, Northwest, Bristol Bay and Western. A sixth center may be organized in the near future. The drain on the existing $350,000 request would create financial hardship for existing RRCs.

7. With the decentralization of S.O.S. and the creation of 21 new school districts, the demand for educational services has greatly increased. The RRCs can provide a stable source for a variety of support services.

8. The RRCs are controlled by local "Boards" representatives from each participating community; therefore, RRCs can be more responsive to local needs.

9. While securing grants and contracts may be a valid effort for RRCs, the nature of the dedicated funds and short term "soft" money aspects of competitive grants does not lend itself to a cadre or stabilized educational service delivery system. In addition, the diversity of RRC program staff can provide advantages to centers with grant-writing capability and leave other centers out of this type funding.

10. The RRC Directors and State Advisory Council recognizes the value of local district financial support as a viable funding method. In fact, it is their recommendation that over a five-year period decreased funding should occur. However, point #1 indicates a need to more fully demonstrate RRC's educational service delivery capabilities.

11. The prospect of six little DOEs being created is a valid concern. However, two issues counteract that possibility: 1) RRCs are locally controlled through Boards; and 2) RRCs are service providers and not regulatory.

BUDGET REQUEST
$750,000

1. Base Support $100,000 for Center

   Director
   Office support (secretary, finance manager)
   Rent
   Travel
   Supplies
   Communication

2. Remaining monies distributed on average daily membership (ADM) applied toward program development and service delivery.

   2.1 Projections for 6 RRCs

   6 centers X 100,000 = $600,000

   ADM portion - 150,000
   (150,000 ÷ 90,000 ADM = $1.60 per ADM)

   2.2 Projection for 5 RRCs

   Current duplication

   5 centers X 100,000 = 500,000
   ADM portion - 250,000
   (250,000 ÷ 40,000 ADM = $6.25)

3. The $100,000 is necessary for basic administration and operation of a center. The ADM portion is essential as an equalization factor for centers serving large numbers of students and teachers.

PROGRAM SERVICES

SOUTH EAST REGIONAL RESOURCE CENTER

127 S. Franklin

Juneau, Alaska 99801

Serving:

Annette Island School District

Chatham School District

Craig City School District

Haines Borough School District

Hoonah City School District

Hydaburg City School District

Juneau Borough School District

Kake City School District

Ketchikan Borough School District

Klawock City School District

Pelican City School District

Petersburg City School District

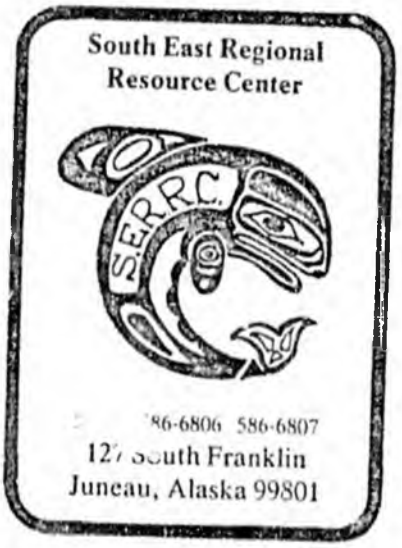
Sitka Borough School District

Skagway City School District

Southeast Island School District

Wrangell City School District

Yakutat City School District



February 1, 1978

Annette Island School District

Psychological Services	10 days	Contract
Ken Cook Instructional Program	3 rotations	Contract
Title I ESEA Consultation	2 days	Contract
CETA Aide-Paraprofessional	Full Time	
CETA Aide Training	11 days	
CETA Aide Follow-up	9 days	
Speech Therapy Services	20 days	Contract
Board Meeting SERRC	6 days	
IMC Requests	Upon request	
SMERC Requests	Upon request	
RSVP	15 students	
Community Education	3 days	

Chatham Strait School District

Psychological Services	18 days	Contract
Ken Cook Instructional Program	3 rotations	Contract
CETA Aide-Paraprofessional	Full Time	
CETA Aide Training	11 days	
CETA Aide Follow-up	9 days	
Speech Therapy Services	22 days	Contract
Health Education Services	9 days	
Gifted Program Consultation	9 days	
RSVP	8 students	
Telecommunications Field Site	10 days minimum	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
Community Education	3 days	

Craig City Schools

Psychological Services	14 days	Contract
Ken Cook Instructional Program	3 rotations	Contract
CETA Aide-Paraprofessional	Full Time	
CETA Aide Training	11 days	
CETA Aide Follow-up	9 days	
Career Counseling	10 days	
Health Education	9 days	
RSVP	10 students	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
Community Education	3 days	

Haines Borough Schools

Gifted Program Consultation	9 days	
RSVP	12 students	
Telecommunications Field Test Site	10 days	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	

Hoonah Public Schools

Psychological Services	16 days	Contract
Ken Cook Instructional Program	3 rotations	
CETA Aide-Paraprofessional	Full Time	
CETA Aide Training	6 days	
CETA Follow-up	9 contacts	
Health Education	9 days	
Gifted Child Consultation	9 days	
RSVP	13 students	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
Community Education	3 days	
Tlingit/Haide CETA Aide	(2) Full Time	
Media Slide Tape		Contract
Telecommunications Field Test Site	10 days	

Hydaburg City Schools

Psychological Services	12 days	Contract
Health Education	9 days	
Gifted Child Consultation	9 days	
Career Information Counseling	10 days	
RSVP	5 students	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
Community Education	3 days	

Greater Juneau Borough Schools

Psychological Services	6 days	Contract
Ken Cook Instructional Program	3 rotations	
Gifted Child Consultation	Upon request	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
Community Education	3 days	

Kake School District

Ken Cook Instructional Program	3 rotations	
CETA Aide-Paraprofessional	Full Time	
CETA Aide Training	11 days	
CETA Aide Follow-up	9 days	
Gifted Child Consultation	9 days	
RSVP	20 students	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
Community Education	3 days	

Ketchikan School District

Ken Cook Instructional Program	3 rotations	Contract
CETA Aide-Paraprofessional	Full Time	
CETA Aide Training	11 days	
CETA Aide Follow-up	9 days	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
Community Education	3 days	

Klawock School District

Ken Cook Instructional Program	3 rotations	Contract
Tlingit/Haide CETA Aide	(2) Full Time	
Health Education Services	9 days	
Career Information Services	10 days	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
Community Education	3 days	

Pelican School District

RSVP	5 students	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
Community Education	3 days	

Petersburg School District

Ken Cook Instructional Program	3 rotations	Contract
Gifted Program Consultation	9 days	
Career Information Counseling	10 days	
IMC Requests	Upon Request	
SMERC Requests	Upon Request	
Board Meeting SERRC	6 days	
Community Education	3 days	
RSVP	13 students	

Sitka School District

Gifted Program Consultation	9 days
RSVP	11 students
IMC Requests	Upon request
SMERC Requests	Upon request
Board Meeting SERRC	6 days
Community Education	3 days

Southeast Island School District

Health Education Services	9 days
Career Information Counseling	10 days
IMC Requests	Upon request
SMERC Requests	Upon request
Community Education	3 days
Board Meeting SERRC	6 days
RSVP	9 students

Skagway School District

Psychological Services	7 days	Contract
Ken Cook Instructional Program	3 rotations	Contract
In-Service Training	5 days	Contract
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
RSVP	8 students	
Community Education	3 days	

Wrangell School District

Psychological Services	34 days	Contract
Speech Services	16 days	Contract
CETA Aide-Paraprofessional	(2) Full Time	
CETA Aide Training	22 days	
CETA Aide Follow-up	9 days	
Gifted Program Consultation	9 days	
Health Education Services	9 days	
RSVP	15 students	
Telecommunications Field Test Site	10 days	
Career Information Counseling	10 days	
Community Education	3 days	
Board Meeting SERRC	9 days	
IMC Requests	Upon request	
SMERC Requests	Upon request	

Yakutat School District

Psychological Services	10 days	Contract
Speech Services	3 days	Contract
RSVP	6 students	
Board Meeting SERRC	6 days	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Community Education	3 days	

Definitions of Terms/Services

Board Meeting - SERRC
: Provisions for a representative from each of the seventeen districts to send a representative to three two-day Board meetings in Juneau with the Southeast Regional Resource Center.

Career Information Counseling
: On-site consultation with in-school and out-of-school youth regarding careers and jobs. Includes working with local educators.

CETA Aide Follow-Up
: On-site visitation with CETA aide on work progress, and meeting with local supervisor.

CETA Aide-Paraprofessional
: Comprehensive Employment Training Act position, hired in local community, employed by Resource Center.

CETA Aide Training
: Providing training in Ken Cook Program and other teacher-aide activities.

Community Education
: Includes provision for in-district consultation on Community School development; regional workshop for beginners; participation in the State Community Education Convention.

Gifted Program Consultation
: On-site consultation with local educators on planning for gifted students' curriculum. Includes two regional training workshops.

Health Education Services
: On-site consultation with local educators on health curriculum development activities.

IMC Requests
: Instructional Materials Center materials are housed in the Regional Resource Center. Each district has two catalogs and can request materials from the some 10,000 items for six week periods.

In-Service Training
: Depends upon local district requests. It includes presenting training activities to all staff or to one person.

Ken Cook Instructional Program

Self-paced vocational program including hardware, motorcycles, chain saws, boat engines.

Media Slide Tape

Special production for the Hoonah Schools on their Follow through Reading Program.

Psychological Services

Testing students; child study team consultation; consultation with staff.

RSVP

Rural Student Vocational Program, bringing 160 students to Juneau for two-week work experience. Housing and on-site visitation are included.

SMERC Requests

San Mateo Educational Resource Center, located in California, houses microfiche copies of thousands of research, planning and evaluation educational reports. Educators request materials through the Regional Resource Center.

Speech Services

Evaluation of students; training aides; consultation with staff.

Telecommunications Field Test Site

Includes monitoring all message traffic on a mail-drop system, training local staff on network use and coordinating with the North West Regional Laboratory.

Tlingit/Haida CETA Aide

Special contract with Tlingit-Haida Central Council to place ten Native CETA aides.

SOUTHCENTRAL REGIONAL RESOURCE CENTER

REPORT OF SERVICES

July 1, 1977 - February 1, 1978

The functions of the Southcentral Regional Resource Center (SCRRC) are divided into four major areas: (1) special education through the Learning Resource Center (LRC; (2) curriculum development, program improvement and evaluation through the Program Development and Support Section; (3) information and instructional materials dissemination through the Information Dissemination Section; and (4) center administration through the Director's office.

Delineated below are the services which have been provided between July 1, 1977, and February 1, 1978, described in terms of staff days involved in providing services, persons (teachers, children, administrators, parents) receiving services, and materials/products disseminated.

Given the current funding situation and staff available, the SCRRC is operating a maximum capacity. We are forced to turn down a rapidly growing number of requests for new and additional services. To a large extent, many of our services are project or contract specific. That is, staff are principally supported through grants or contracts with federal or state agencies and local school districts. With staff committed to specific projects, opportunities to respond to emerging needs of the center's service area, as well as program expansion and development of new programs is greatly constructed. Currently, the basic state grant amounts to only 15% of the center's budget. This money ($114,000) covers administrative costs (salary for Director, Finance Director, Secretary), board operation, communications and facility rental, leaving little for development of new and/or additional programs and services.

The SCRRC serves the following eleven (11) school districts:

	1977* ADM	Professional Staff
Adak	619	45
Aleutian Region	219	24
Chugach	63	6
Copper River	652	50
Cordova	558	45
Kenai	5,313	341
King Cove	114	15
Kodiak	2,117	125
Matanuska-Susitna	3,268	215
Pribilof	189	12
Valdez	987	62
Total	14,099	940

* Enrollment costs are currently higher.

The schools served through the SCRRC are spread throughout the Southcentral region of the state, including Kodiak, the Aleutian Chain, and the Pribilof Islands. Travel costs to the Aleutian Chain and the Pribilof Islands are extremely expensive. For example, from Anchorage to Adka through Adak is $1,604; to Adka via Cold Bay is $5,313.20; to Nikolski $453.60; to Sand Point $300.00; to St. Paul $434.00 and St. George $474.00 (the latter two sites having only one flight in and our per week). Thus, it costs approximately $684.00 for travel and per diem for the SCRRC Board member from the Pribilof District to attend a Board meeting (or $2,736.00 for four scheduled meetings). Costs are similarly high for travel from Adak, King Cove and Kodiak Board members.

PROGRAM SECTION

Learning Resource Center (LRC)
(Special Education)

STAFFING

6.5 FTE

SERVICES PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
1.0 General services		
1.1 Individual student evaluations (six districts)	297	204 students evaluated 128 Teacher Conferences 76 Child Study Team meetings conducted
1.2 Program development, management	74	35 administrators, teachers
1.3 In-service training for teachers	28	55 teachers, aides
1.4 Review of instructional curriculum materials for dissemination	27	19 teachers, administrators
1.5 Program evaluation	7	9 teachers, administrators
1.6 Dissemination of information on special education materials procedures	20	25 teachers, administrators 80 instructional items, information searches
1.7 Non-biased Assessment Task Force	10	Report on issues and problems in assessment of (Alaskan) minorities. Development of non-biased assessment procedures manual.
1.8 Special Child Study Team	5	Development of a comprehensive identification, referral treatment system for children with developmental disabilities
1.9 Interagency planning, and cooperation	15	Alaska Vision/Hearing Impaired Program, Communicative Disorders, Alaska Native Medical Center
1.10 Speech and language	20	60 speech and language evaluations of school children, 25 individual treatment programs developed
1.11 Grant Writing	20	

SERVICES PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
1.12 Report preparation typing	60	
STAFFING		
20 FTE		
2.0 Special Services		
2.1 Consultant for Blind/ Visually Impaired Students	110	35 student evaluations 35 individual education programs developed, reviewed 75 teachers/administrators conferences 25 parent conferences
2.2 In-service training	5	70 teachers, aides, administrators
2.3 Development of instructional aid and materials depository	40	95 Braille books, 237 large print books, and 3 pieces of hardware
2.4 Clinical support	65	
2.5 Program development guides	10	2 information guides for teachers, "Including Visually Handicapped in Your Classroom" and "The Visually Impaired Student"
2.6 Clinical support	120	
STAFFING		
5.25 FTE		
3.0 Providence Heights School (API)		
3.1 Instructional program for 10 (ADM) elementary severely emotionally distrubed children	200	Development of IEP, classroom instructional, clinical staffing
3.2 Instructional program for 17 (ADM) adolescent severely emotionally disturbed children	200	(as above)

SERVICES PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
3.3 Program coordination	100	Curriculum development, program evaluation, clinical staffings

PROGRAM SECTION

Program Development and Support

STAFFING

3.5 FTE

SERVICES PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
1.0 General Program Assistance		
1.1 Curriculum/program evaluation	28	45 teachers, administrators 2 reports produced
1.2 Curriculum development	22	50 Board members, teachers, administrators
1.3 Community educational goals and facilities	18	60 Community members, teacher school board members, administrators, 2 facilities plans developed
1.4 Development and implementation of Health Education program	15	Health education proposal Dissemination of 15 Health Education materials evaluation guides
1.6 Development of instructional resources for rural secondary and community schools	20	50 persons interviewed and resource catalog developed
1.7 Preparation of Indian Education Act grant for Aleutian Pribilof Islands Association	40	Grant submitted for funding
1.8 Clerical support	120	

SERVICES PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
2.0 Alaska State Facilitator Project		
2.1 Development and dissimination of project awareness material	15	600 mailings to district administrators, principals, program specialist, teacher
2.2 Conduct Facilitator awareness workshops	20	336 School administrators, teachers, Department of Education staff
2.3 District needs assessment program adoptions	40	2 districts adopted nationally validated projects.
2.4 Development and expansion of Alaska Facilitator Project	10	12 Title IV Advisory Council members and DOE staff
2.5 Development of state awareness workshops	20	22 nationally validated projects invited
2.6 Project administrator	50	
3.0 Northwest Reading Consortium		
3.1 Development of and assistance to elementary and secondary reading program task force	40	38 teachers and administrators Development of 6 separate reading program improvement strategies
3.2 Technical assistance and in-service training	20	38 teachers, administrators
3.3 Provide release time and consultants for program development		114 staff days of teacher release time paid for
3.4 Project improvement and in-service	15	New program objectives and materials
3.5 Project administrator	40	
3.6 Clerical support	120	

PROGRAM SECTION

Center Administration

STAFFING

2.5 FTE

SERVICE PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE PRODUCTS DEVELOPED
1.0 Center administration	140	Administer board policy and regulations. Develop, conduct needs assessment. Develop, monitor center Annual Plan of Service. Develop staff handbook. Supervise staff. Develop new center programs and services. Participate with state and local agencies in service development and delivery. Preparation of grants (6 submitted for funding) and contracts.
2.0 Finance Director	140	Management of payroll for 20 staff. Accounting for funds on 10 separate grants, projects. Management of all financial records.
3.0 Clerical support to center administration	120	

SERVICE PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
4.0 Vocational Education		
4.1 Assessment of vocational education program	10	12 teachers, administrators, report on program needs
4.2 Curriculum development	10	12 teachers, administrators
4.3 C.E.T.A. proposal development	10	C.E.T.A. proposal funded
4.4 Program research, information dissemination	20	Development of vocational and career education resource file

PROGRAM SECTION

Information Dissemination

STAFFING

1.0 FTE

SERVICES PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
1.0 Development of SCRRC Information Package	14	Production of information brochure sent to 700 teachers, administrators
2.0 Development of SCRRC Newsletter	15	1800 Newsletters distributed (3 separate editions) to all teachers, administrators, board members in service area
3.0 Conduct instructional media in-service	7	30 teachers
4.0 Conduct A-TIPP awareness workshops	15	150 teachers, administrators
5.0 Screen, negotiate and submit requests for educational information through Project A-TIP	50	456 requests received and submitted
6.0 Dissemination of instructional resource guides	8	380 guides mailed (4 mailings) to 95 school sites with 940 instructional personnel
7.0 Dissemination of instructional materials	15	120 mailings to 95 teachers

BRISTOL BAY REGIONAL RESOURCE CENTER

DECEMBER MONTHLY REPORT

ATIPP ACTIVITIES

Searches filed	10
Searches received	28

The searches filed requested information on a variety of subjects including pre-schools for rural areas, curriculum or instructional activities in various secondary subject matter areas, counselling programs, plus miscellaneous microfiche.

MATERIALS LOAN

Total items checked out = 134

The largest category in which materials were checked out was reading (54 items) followed by book bags (27 items). Most of the other materials checked out were approximately evenly distributed between math, miscellaneous subjects, professional library, and video tapes.

IN-SERVICE ACTIVITIES AND WORKSHOPS

Dec. 2 - 3 Classroom Management/Behavior Modification Workshop in Dillingham. Participants were teachers, teacher aides, and special education teachers from Dillingham City Schools, S/W Region Schools, L & P Schools and several persons from the Nome area. One University credit was available for those desiring it.

Dec. 13-15 Aide Training In-Service for the instructors and/or supervisors for the Aide Training Course - Child Development and Developmental Disabilities to begin in January 1977.

Dec. 14-15 Community Education Workshop

TEACHER TRAINING VIDEO CASSETTE DEVELOPED

Dec. 29, 1976 - A 45 minute Metric In-Service Video program (an introduction to the metric system) was filmed with Leo Lutchansky as instructor.

PROFESSIONAL MEETINGS OR WORKSHOPS ATTENDED BY STAFF

Dec. 8-10 Annual Northwest Learning Resource System Conference in Seattle attended by Helen Virgin and Sonja Hawkins. NWLRS funded trip for Helen Virgin.

Dec. 13-15 Aide Training In-service in Dillingham in cooperation with the U. of A.

OTHER RCLA ACTIVITIES

December 14 to 15, 1976 - coordinated the Regional Community Schools workshop attended by the representatives of the four school districts and various local and State agencies.

OTHER RCLA ACTIVITIES CONTINUED

The RCLA psychologist assisted S/W Region Schools in student assessment.

Bristol Bay Area Health Corporation printed their newsletter using the center's mimeograph. They provided their own supplies and machine operator.

Bristol Bay Native Association has requested the use of the center's mimeograph machine on the same basis as B.B.A.H.C.

System FORE materials are being duplicated by S.L.I. number and distributed to participating schools. The System FORE Extensions have been received and are being distributed.

Sonja Hawkins collected testing materials for Language assessment.

The regular activities such as helping teachers with materials and information, the radio program and the newsletter were continued.

Psychological Services to date... Feb. 1, 1978

In compliance with the Bristol Bay Regional Resource Center's Annual Plan of Service - fy 78; section VI. SPecial Education; objective 6.1, the following services have been thus for rendered:

6.1.1. Direct assistance in child centered appraisal of exceptional children or suspected exceptional children in the 4 member districts have been as follows:

SOUTHWEST: TESTED - 31
LAKE AND PENINSULA: TESTED - 18, C.S.T. PLACEMENT - 18
BRISTOL BAY BOROUGH: 2 DAYS ASSISTANCE
DILLINGHAM: TESTED - 15, C.S.T. PLACEMENT -39

6.1.2. Services of a School Psychologist on a shared basis as follows:

SOUTHWEST: (approximate) DAYS REQUESTED:11
DAYS COMPLETED: 11
DAYS REMAINING: 0

LAKE & PENINSULA: DAYS REQUESTED: 40
DAYS COMPLETED: 21
DAYS REMAINING: 19

BRISTOL BAY BOROUGH: DAYS REQUESTED: 21
DAYS COMPLETED: 3
DAYS REMAINING: 17

DILLINGHAM CITY: DAYS REQUESTED: 60
DAYS COMPLETED: 32
DAYS REMAINING: 28

6.1.3. Assistance in child centered programming of handicapped children was:
4 DISTRICT TOTAL PSYCHOLOGICAL WRITE-UPS - 64 children
4 DISTRICT C.S.T. PLACEMENT PROGRAMMING - 58 children

6.1.4. In-service activities/workshops for teachers of exceptional children have been:
1 - Special Ed. procedures (L&P)
1 - Slingerland (DLG. AND S.W.)
1 (proposed) - 94 - 142 (DLG.)

6.1.6. Providing on-site consultant services as requested:
LAKE & PENINSULA: 18 HRS.
BRISTOL BAY BOROUGH: 14 HRS.
DILLINGHAM: 39 HRS.
TOTAL: 71

EXPENSE SAMPLE in providing psychological services to 4 district areas:
A. flight to Pilot Point.....$283.00
per diem in " " .....$ 10.00
TOTAL $293.00
B. One testing instrument as requested by 4 districts...$395.00

It has been thus far agreed that the Psychological Services rendered to date have been completed and very well accepted. All services are in compliance with Alaskan Federal Regulations.

In analysis of hours involved, full-time expense would not be feasible in the hiring of a full-time psychologist for each district. It should be noted that one district does have full-time psychological services yet still has the need for the Resource Center.

[signature]
[illegible] SCHOOL PSYCHOLOGIST

BRISTOL BAY REGIONAL RESOURCE CENTER

Box 10234 Dillingham, Alaska 99576 Phone (907) 842 5531

Robert T. Brown
Director

MONTHLY REPORT - NOVEMBER/DECEMBER 1977

ATIPP/SMERC

Searches filed 18
Searches received 11 1/2

Instructional Materials Shipped Total = 392

Reading/Lanuage Arts	50	Bookbags	67
Math	28	Film Loops, Records & Tapes	10
Perceptual, Social Studies, Science, Art	= 82	Career Ed/Voc.	11
		Professional Materials	44
		Video Cassettes	41
		Miscellaneous	59

Workshops or Meetings attended by Staff

Nov. 3-4 ITV (Instructional Television) Meeting - Anchorage - Margritta Jakos

Nov. 9 Interim Committee on Educational Programs - Anchorage - Robert Brown

Nov. 22 Anchorage Council on Alcoholism - Anchorage - Robert Brown

Dec. 5 Telecommunications Task Force - Anchorage - Robert Brown

Dec. 12-13 Gifted Talented Workshop - Juneau - Helen Virgin

Dec. 15 Hearing Impaired Workshop - Anchorage - Helen Virgin

Workshops Sponsored by the BBRRC and Supervised by the Director

Nov. 16-17 Community Education Task Force Workshop - Dillingham

Dec. 8 -10 Curriculum Development Workshop - Naknek

Other Activities

1. Psychological assessment, interpretation and staffings for Dillingham City School District.

2. Psychological assessment, interpretation and staffings for Lake & Peninsula School District.

3. Psychological assessment, interpretation and staffings at Manokotak for Southwest Region School District.

Other Activities Continued

4. Assisting teachers with instructional materials.

5. Newsletter produced.

6. SMERC catalogs and information mailed to all teachers and administrators in member districts.

7. Instructional Material's Catalog revised and circulated to all schools in member districts.

8. New instructional materials (mostly secondary level) were selected for purchas

9. a for implementing Health Education Grant.

paration for implementing Alcoholism Education in Lake & Peninsula chool District.

11. Youth Employment Training Program Grant application written, presented to D.O.E. and approved.

12. Adult Basic Education Narrative Proposal for Grant was written and presented to D.O.E.

NORTHWEST REGIONAL RESOURCE CENTER

Box 945
Nome, Alaska 99762
Phone: 443-2824

July 1, 1977

State Grant

Bureau of Indian Affairs

Nome Public Schools

Carry over

November 1, 1977

- Bureau of Indian Affairs
  Provide Resource Materials, Cleaning
  & Preventative Maintenance

Bering Strait R.E.A.A.
Coordinating Title I workshop
Salary Survey of Seward Peninsula
Formal Assessment of Sp.Ed
Referrals

State of Alaska - Health Education

Nome Public Schools
Administrative Manual for Sp.Ed.
Management of Nome-Beltz Apartments
and Dormitory Complex

Proposed Contracts:

Bureau of Indian Affairs
(Nov. 21, 1977) Title VI-B - Sp.Ed.

Nome Public Schools
Title VII Bilingual Evaluation

These agencies passed resolutions supporting full effective funding for Regional Resource Centers:

Alaska Association of School Boards

Alaska Association of School Superintendents

Alaska Association of Secondary School Principals

WESTERN REGIONAL RESOURCE CENTER
P. O. Box 4-2830
Anchorage, Alaska 99509
276-1308

Began August, 1977

Region serves five districts (100% participation)

Iditarod
Kuspuk
Lower Kuskokwim
Lower Yukon
St. Mary's

Total Student Enrollment

Approximately 3,000 K-12

Schools:

59 elementary and secondary programs in 34 villages

STAFFING

Director

Support services currently include Secretary, Bookkeeper, Information and Resource Specialist, Research Assistant.

Professional services available on contractual basis include Program Development Specialists, Psychologists, Speech Therapist.

Grant Program project staff includes Vocational Guidance Counselor/ Coordinator, Counseling Aides, and may include Bilingual Basic Methods Trainers, Language Literacy Trainers, Materials Development Specialists and related support staff.

WESTERN REGIONAL RESOURCE CENTER
Summary of Recent Activities

FUNDING

1. State: Department of Education grant award of $47,000

2. District: Combined total unallocated contributions of $60,000. Proposed commitment of remaining funds in District Account #409 (Professional/Technical Services) by program budget item.

3. Grant Awards and Proposals: Proposal for Equipment Technician for Audio-Visual and Office Machines to provide field service and training, costs to be shared by Districts.

   - Submitted Federal Title VII grant application (2 year) for Training Program in Bilingual Education for Western region to develop trainers in Basic Language Teaching Methods and Language Literacy Training, including identification, acquisition, dissemination and development of relevant materials.

   - Submitted proposal for CETA Title III Youth Employment Training Project, Balance of State Prime Sponsor funds for pilot program in two of five districts (Iditarod and Kuspuk). Western Regional Resource Center was awarded approximately $70,000 for period January 1, 1978 through September 30, 1978 to provide counseling, career employment and work experience to approximately 300 youth ages 16-21 in or out of school.

   - Submitted proposal to Bureau of Indian Affairs to provide services pursuant to P.L. 94-142 in selected villages, estimated at $20,000 pending.

   - Proposal solicited by Kuskokwim Community College for evaluation of their Bilingual Vocational and Technical Training Program. Estimated at $3,500, pending.

4. Projected Activities: Submitting RFPs to Department of Education for FY78 Vocational Education funds.

   - Joint proposal of all RRCs for Teacher Centers proposal statewide.

   - Proposed training program for Generator Equipment Repair and Maintenance - cooperative effort between Department of Education, Alaska Skill Center (Seward) and Department of Community and Regional Affairs (CETA).

   - Proposed demonstration project in conjunction with Southcentral Regional Resource Center to provide total vision and hearing screening and coordinated Tx follow-up, including IEP preparation, for Western region and selected Southcentral districts, using P.L. 89-313 and P.L. 94-142 funds.

SERVICE - PRIORITIES

The key areas identified by a previous regional needs assessment and district requests are:

1. Telecommunications
2. Counseling and Guidance
3. Bilingual/Bicultural Program and Materials Development and Dissemination
4. Basic Curriculum Planning
5. Generator Equipment Repair, Maintenance and Training
6. Career/Vocational Educational Programs
7. Psychological and related Special Education Services
8. Equipment Technician for Audio-Visual Equipment and Office Machines

The basic directional emphasis of the Western Regional Resource Center currently is to develop comprehensive plans at a regional level for each of the major program areas being addressed. This is a prerequisite to providing effective and coordinated service delivery.

Support services, telecommunications and equipment servicing are also a critical preliminary step to facilitating any educational programming efforts.

MAJOR ACTIVITIES

Member, National Org. of County, Intermediate & Educ. Svc. Agencies

Member, Statewide Steering Committee for Educational Telecommunications Consortium

Member, Advisory Board, Alaska State Facilitator Project

Report to Interim Committee on Educational Programs, ASL

Participant Title I Conference of Nationally Validated Exemplary Programs

AN EXCERPT FROM GOVERNOR JAY S. HAMMOND'S ADDRESS TO

THE ASSOCIATION OF ALASKA SCHOOL BOARDS

NOVEMBER 11, 1977

"ANOTHER FUTURISTIC IDEA JUST GETTING OFF THE GROUND, IS THE REGIONAL RESOURCE CENTER CONCEPT. I SEE REGIONAL RESOURCE CENTERS AS VIABLE MEANS OF POOLING TALENTS AND SERVING MANY PEOPLE WITH A CORPS OF SPECIALIZED TRAINING AND OTHER RESOURCES. IT SEEMS INSANE TO SUGGEST THAT ONE SMALL DISTRICT WITH APPROXIMATELY HALF A REASONABLE CLIENT LOAD HIRE A SCHOOL PSYCHOLOGIST OR A SPECIALIZED READING EXPERT. CERTAINLY, A PROFESSIONAL WITH THAT LEVEL OF TRAINING WILL NOT BE INTERESTED IN A HALF-TIME JOB. THUS, THE RRCs CAN BE THE VEHICLE TO PREVENT THE COMMON TENDENCY TO GRAB A BODY AND HANG ONTO IT FOR DEAR LIFE IN SPITE OF THE FACT THAT THE REAL DEMAND IS ONLY FOR HALF A BODY. REGIONAL RESOURCE CENTERS, THROUGH THE COOPERATIVE EFFORTS AMONG ADMINISTRATORS AND BOARD MEMBERS, AS WELL AS STAFF, CAN DEVELOP THE MECHANISMS TO SHARE THE RESOURCES AVAILABLE IN THE MOST ECONOMICAL WAY POSSIBLE, COMPACTING HALF-BODY JOBS IN SUCH A WAY AS TO BETTER UTILIZE FULL BODIES."

THE FOLLOWING PAGES WERE TREATED AS
A UNIT IN THE ORIGINAL FILE.

April 11, 1978

STATEWIDE REGIONAL RESOURCE CENTER

ADVISORY COMMITTEE

TO: House HESS Committee members

The attached materials provide the background materials in support of H.B. 833.

The additional appropriation request in HB 833 will augment the funding of $350,000 presently in the Department of Education's budget for a total of $750,000 for the next fiscal year. The attached statements and suggested budget reflect the views of the Statewide Regional Resource Center Advisory Committee and the RRC Directors.

It is our belief that the value of the Regional Resource Centers deserve special attention and it is hoped that this funding level essential to delivery of educational services will receive favorable consideration.

Advisory Committee:

Clark Glick, Chairperson (283-7644)
Orin Riffe, Member
Bob McConnell, Member
Mark Hanson, Member
Eula Ruby, D.O.E. Liaison
Margaret Farrant, Western RRC Director (276-1308)
Robert Brown, Bristol Bay RRC Director (842-5531)
John Stamm, Southcentral RRC Director (276-4524)
Art Morton, Northwest RRC Director (443-2824)
Allan Barnes, South East RRC Director (586-6806)
Shirley Rediger, Information Officer (586-6806)

There are a variety of reasons to reconsider the Department of Education's budget request of $350,000 to support Regional Resource Centers. Briefly:

1. The funding level is not adequate to demonstrate to school districts the capability of delivering educational services.

2. The Department of Education is conducting an internal assessment of educational service delivery. The Regional Resource Centers have been cited as an alternative to deliver services to districts. Through RRCs, a variety of educational services are more accessible to the consumer.

3. The original request for RRCs in 1976 was for $800,000. The RRCs received $400,000 creating a hardship in stabilizing a solid hard money program.

4. The fact that only four centers operated during the last fiscal year, and a fifth was organized this year with a drop from the $400,000 to a $300,000 funding level did create a financial hardship for the RRCs.

5. In a state with geographic isolation and ethnic diversity such as Alaska, there is a need to consider regional service efforts.

6. Currently there are five operating centers; South East, Southcentral, Northwest, Bristol Bay and Western. A sixth center may be organized in the near future. The drain on the existing $350,000 request would create financial hardship for existing RRCs.

7. With the decentralization of S.O.S. and the creation of 21 new school districts, the demand for educational services has greatly increased. The RRCs can provide a stable source for a variety of support services.

8. The RRCs are controlled by local "Boards" representatives from each participating community; therefore, RRCs can be more responsive to local needs.

9. While securing grants and contracts may be a valid effort for RRCs, the nature of the dedicated funds and short term "soft" money aspects of competitive grants does not lend itself to a cadre or stabilized educational service delivery system. In addition, the diversity of RRC program staff can provide advantages to centers with grant-writing capability and leave other centers out of this type funding.

10. The RRC Directors and State Advisory Council recognizes the value of local district financial support as a viable funding method. In fact, it is their recommendation that over a five-year period decreased funding should occur. However, point #1 indicates a need to more fully demonstrate RRC's educational service delivery capabilities.

11. The prospect of six little DCEs being created is a valid concern. However, two issues counteract that possibility: 1) RRCs are locally controlled through Boards; and 2) RRCs are service providers and not regulatory.

$750,000

1. Base Support $100,000 for Center

   Director
   Office support (secretary, finance manager)
   Rent
   Travel
   Supplies
   Communication

2. Remaining monies distributed on average daily membership (ADM) applied toward program development and service delivery.

   2.1 Projections for 6 RRCs

   6 centers X 100,000 = $600,000

   ADM portion - 150,000
   (150,000 ÷ 90,000 ADM = $1.60 per ADM)

   2.2 Projection for 5 RRCs

   Current duplication

   5 centers X 100,000 = 500,000
   ADM portion - 250,000
   (250,000 ÷ 40,000 ADM = $6.25)

3. The $100,000 is necessary for basic administration and operation of a center. The ADM portion is essential as an equalization factor for centers serving large numbers of students and teachers.

These agencies passed resolutions supporting full effective funding for Regional Resource Centers:

Alaska Association of School Boards

Alaska Association of School Superintendents

Alaska Association of Secondary School Principals

PROGRAM SERVICES

SOUTH EAST REGIONAL RESOURCE CENTER

127 S. Franklin

Juneau, Alaska 99801

Serving:

Annette Island School District

Chatham School District

Craig City School District

Haines Borough School District

Hoonah City School District

Hydaburg City School District

Juneau Borough School District

Kake City School District

Ketchikan Borough School District

Klawock City School District

Pelican City School District

Petersburg City School District

Sitka Borough School District

Skagway City School District

Southeast Island School District

Wrangell City School District

Yakutat City School District

South East Regional Resource Center

SERRC

Phone 586-6806 586-6807

127 South Franklin

Juneau, Alaska 99801

February 1, 1978

Annette Island School District

Psychological Services	10 days	Contract
Ken Cook Instructional Program	3 rotations	Contract
Title I ESEA Consultation	2 days	Contract
CETA Aide-Paraprofessional	Full Time	
CETA Aide Training	11 days	
CETA Aide Follow-up	9 days	
Speech Therapy Services	20 days	Contract
Board Meeting SERRC	6 days	
IMC Requests	Upon request	
SMERC Requests	Upon request	
RSVP	15 students	
Community Education	3 days	

Chatham Strait School District

Psychological Services	18 days	Contract
Ken Cook Instructional Program	3 rotations	Contract
CETA Aide-Paraprofessional	Full Time	
CETA Aide Training	11 days	
CETA Aide Follow-up	9 days	
Speech Therapy Services	22 days	Contract
Health Education Services	9 days	
Gifted Program Consultation	9 days	
RSVP	8 students	
Telecommunications Field Site	10 days minimum	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
Community Education	3 days	

Craig City Schools

Psychological Services	14 days	Contract
Ken Cook Instructional Program	3 rotations	Contract
CETA Aide-Paraprofessional	Full Time	
CETA Aide Training	11 days	
CETA Aide Follow-up	9 days	
Career Counseling	10 days	
Health Education	9 days	
RSVP	10 students	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
Community Education	3 days	

Haines Borough Schools

Gifted Program Consultation	9 days	
RSVP	12 students	
Telecommunications Field Test Site	10 days	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	

Hoonah Public Schools

Psychological Services	16 days	Contract
Ken Cook Instructional Program	3 rotations	
CETA Aide-Paraprofessional	Full Time	
CETA Aide Training	6 days	
CETA Follow-up	9 contacts	
Health Education	9 days	
Gifted Child Consultation	9 days	
RSVP	13 students	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
Community Education	3 days	
Tlingit/Haide CETA Aide	(2) Full Time	
Media Slide Tape		Contract
Telecommunications Field Test Site	10 days	

Hydaburg City Schools

Psychological Services	12 days	Contract
Health Education	9 days	
Gifted Child Consultation	9 days	
Career Information Counseling	10 days	
RSVP	5 students	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
Community Education	3 days	

Greater Juneau Borough Schools

Psychological Services	6 days	Contract
Ken Cook Instructional Program	3 rotations	
Gifted Child Consultation	Upon request	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
Community Education	3 days	

Kake School District

Ken Cook Instructional Program	3 rotations	
CETA Aide-Paraprofessional	Full Time	
CETA Aide Training	11 days	
CETA Aide Follow-up	9 days	
Gifted Child Consultation	9 days	
RSVP	20 students	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
Community Education	3 days	

Ketchikan School District

Ken Cook Instructional Program	3 rotations	Contract
CETA Aide-Paraprofessional	Full Time	
CETA Aide Training	11 days	
CETA Aide Follow-up	9 days	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
Community Education	3 days	

Klawock School District

Ken Cook Instructional Program	3 rotations	Contract
Tlingit/Haide CETA Aide	(2) Full Time	
Health Education Services	9 days	
Career Information Services	10 days	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
Community Education	3 days	

Pelican School District

RSVP	5 students	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
Community Education	3 days	

Petersburg School District

Ken Cook Instructional Program	3 rotations	Contract
Gifted Program Consultation	9 days	
Career Information Counseling	10 days	
IMC Requests	Upon Request	
SMERC Requests	Upon Request	
Board Meeting SERRC	6 days	
Community Education	3 days	
RSVP	13 students	

Sitka School District

Gifted Program Consultation	9 days
RSVP	11 students
IMC Requests	Upon request
SMERC Requests	Upon request
Board Meeting SERRC	6 days
Community Education	3 days

Southeast Island School District

Health Education Services	9 days
Career Information Counseling	10 days
IMC Requests	Upon request
SMERC Requests	Upon request
Community Education	3 days
Board Meeting SERRC	6 days
RSVP	9 students

Ken Cook Instructional Program

Self-paced vocational program including hardware, motorcycles, chain saws, boat engines.

Media Slide Tape

Special production for the Hoonah Schools on their Follow through Reading Program.

Psychological Services

Testing students; child study team consultation; consultation with staff.

RSVP

Rural Student Vocational Program, bringing 160 students to Juneau for two-week work experience. Housing and on-site visitation are included.

SMERC Requests

San Mateo Educational Resource Center, located in California, houses microfiche copies of thousands of research, planning and evaluation educational reports. Educators request materials through the Regional Resource Center.

Speech Services

Evaluation of students; training aides; consultation with staff.

Telecommunications Field Test Site

Includes monitoring all message traffic on a mail-drop system, training local staff on network use and coordinating with the North West Regional Laboratory.

Tlingit/Haida CETA Aide

Special contract with Tlingit-Haida Central Council to place ten Native CETA aides.

Skagway School District

Psychological Services	7 days	Contract
Ken Cook Instructional Program	3 rotations	Contract
In-Service Training	5 days	Contract
IMC Requests	Upon request	
SMERC Requests	Upon request	
Board Meeting SERRC	6 days	
RSVP	8 students	
Community Education	3 days	

Wrangell School District

Psychological Services	34 days	Contract
Speech Services	16 days	Contract
CETA Aide-Paraprofessional	(2) Full Time	
CETA Aide Training	22 days	
CETA Aide Follow-up	9 days	
Gifted Program Consultation	9 days	
Health Education Services	9 days	
RSVP	15 students	
Telecommunications Field Test Site	10 days	
Career Information Counseling	10 days	
Community Education	3 days	
Board Meeting SERRC	9 days	
IMC Requests	Upon request	
SMERC Requests	Upon request	

Yakutat School District

Psychological Services	10 days	Contract
Speech Services	3 days	Contract
RSVP	6 students	
Board Meeting SERRC	6 days	
IMC Requests	Upon request	
SMERC Requests	Upon request	
Community Education	3 days	

Definitions of Terms/Services

Board Meeting - SERRC

Provisions for a representative from each of the seventeen districts to send a representative to three two-day Board meetings in Juneau with the Southeast Regional Resource Center.

Career Information Counseling

On-site consultation with in-school and out-of-school youth regarding careers and jobs. Includes working with local educators.

CETA Aide Follow-Up

On-site visitation with CETA aide on work progress, and meeting with local supervisor.

CETA Aide-Paraprofessional

Comprehensive Employment Training Act position, hired in local community, employed by Resource Center.

CETA Aide Training

Providing training in Ken Cook Program and other teacher-aide activities.

Community Education

Includes provision for in-district consultation on Community School development; regional workshop for beginners; participation in the State Community Education Convention.

Gifted Program Consultation

On-site consultation with local educators on planning for gifted students' curriculum. Includes two regional training workshops.

Health Education Services

On-site consultation with local educators on health curriculum development activities.

IMC Requests

Instructional Materials Center materials are housed in the Regional Resource Center. Each district has two catalogs and can request materials from the some 10,000 items for six week periods.

In-Service Training

Depends upon local district requests. It includes presenting training activities to all staff or to one person.

SOUTHCENTRAL REGIONAL RESOURCE CENTER

REPORT OF SERVICES

July 1, 1977 - February 1, 1978

The functions of the Southcentral Regional Resource Center (SCRRC) are divided into four major areas: (1) special education through the Learning Resource Center (LRC; (2) curriculum development, program improvement and evaluation through the Program Development and Support Section; (3) information and instructional materials dissemination through the Information Dissemination Section; and (4) center administration through the Director's office.

Delineated below are the services which have been provided between July 1, 1977, and February 1, 1978, described in terms of staff days involved in providing services, persons (teachers, children, administrators, parents) receiving services, and materials/products disseminated.

Given the current funding situation and staff available, the SCRRC is operating a maximum capacity. We are forced to turn down a rapidly growing number of requests for new and additional services. To a large extent, many of our services are project or contract specific. That is, staff are principally supported through grants or contracts with federal or state agencies and local school districts. With staff committed to specific projects, opportunities to respond to emerging needs of the center's service area, as well as program expansion and development of new programs is greatly constructed. Currently, the basic state grant amounts to only 15% of the center's budget. This money ($114,000) covers administrative costs (salary for Director, Finance Director, Secretary), board operation, communications and facility rental, leaving little for development of new and/or additional programs and services.

The SCRRC serves the following eleven (11) school districts:

	1977* ADM	Professional Staff
Adak	619	45
Aleutian Region	219	24
Chugach	63	6
Copper River	652	50
Cordova	558	45
Kenai	5,313	341
King Cove	114	15
Kodiak	2,117	125
Matanuska-Susitna	3,268	215
Pribilof	189	12
Valdez	987	62
Total	14,099	940

* Enrollment counts are currently higher.

The schools served through the SCRRC are spread throughout the Southcentral region of the state, including Kodiak, the Aleutian Chain, and the Pribilof Islands. Travel costs to the Aleutian Chain and the Pribilof Islands are extremely expensive. For example, from Anchorage to Adka through Adak is $1,604; to Adka via Cold Bay is $5,313.20; to Nikolski $453.60; to Sand Point $300.00; to St. Paul $434.00 and St. George $474.00 (the latter two sites having only one flight in and our per week). Thus, it costs approximately $684.00 for travel and per diem for the SCRRC Board member from the Pribilof District to attend a Board meeting (or $2,736.00 for four scheduled meetings). Costs are similarly high for travel from Adak, King Cove and Kodiak Board members.

PROGRAM SECTION

Learning Resource Center (LRC)
(Special Education)

STAFFING

6.5 FTE

SERVICES PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
1.0 General services		
1.1 Individual student evaluations (six districts)	297	204 students evaluated 128 Teacher Conferences 76 Child Study Team meetings conducted
1.2 Program development, management	74	35 administrators, teachers
1.3 In-service training for teachers	28	55 teachers, aides
1.4 Review of instructional curriculum materials for dissemination	27	19 teachers, administrators
1.5 Program evaluation	7	9 teachers, administrators
1.6 Dissemination of information on special education materials procedures	20	25 teachers, administrators 80 instructional items, information searches
1.7 Non-biased Assessment Task Force	10	Report on issues and problems in assessment of (Alaskan) minorities. Development of non-biased assessment procedures manual.
1.8 Special Child Study Team	5	Development of a comprehensive identification, referral treatment system for children with developmental disabilities
1.9 Interagency planning and cooperation	15	Alaska Vision/Hearing Inpaired Program, Communicative Disorders, Alaska Native Medical Center
1.10 Speech and language	20	60 speech and language evaluations of school children, 25 individual treatment programs developed
1.11 Grant Writing	20	

SERVICES PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
1.12 Report preparation typing	60	

STAFFING

20 FTE

2.0 Special Services

2.1 Consultant for Blind/ Visually Impaired Students	110	35 student evaluations 35 individual education programs developed, reviewed 75 teachers/administrators conferences 25 parent conferences
2.2 In-service training	5	70 teachers, aides, administrators
2.3 Development of instructional aid and materials depository	40	95 Braille books, 237 large print books, and 3 pieces of hardware
2.4 Clinical support	65	
2.5 Program development guides	10	2 information guides for teachers, "Including Visually Handicapped in Your Classroom" and "The Visually Impaired Student"
2.6 Clinical support	120	

STAFFING

5.25 FTE

3.0 Providence Heights School (API)

3.1 Instructional program for 10 (ADM) elementary severely emotionally distrubed children	200	Development of IEP, classroom instructional, clinical staffing
3.2 Instructional program for 17 (ADM) adolescent severely emotionally disturbed children	200	(as above)

SERVICES PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
3.3 Program coordination	100	Curriculum development, program evaluation, clinical staffings

PROGRAM SECTION

Program Development and Support

STAFFING

3.5 FTE

SERVICES PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
1.0 General Program Assistance		
1.1 Curriculum/program evaluation	28	45 teachers, administrators 2 reports produced
1.2 Curriculum development	22	50 Board members, teachers, administrators
1.3 Community educational goals and facilities	18	60 Community members, teachers, school board members, administrators, 2 facilities plans developed
1.4 Development and implementation of Health Education program	15	Health education proposal Dissemination of 15 Health Education materials evaluation guides
1.6 Development of instructional resources for rural secondary and community schools	20	50 persons interviewed and resource catalog developed
1.7 Preparation of Indian Education Act grant for Aleutian Pribilof Islands Association	40	Grant submitted for funding
1.8 Clerical support	120	

SERVICES PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
2.0 Alaska State Facilitator Project		
2.1 Development and dissimination of project awareness material	15	600 mailings to district administrators, principals, program specialist, teachers
2.2 Conduct Facilitator awareness workshops	20	336 School administrators, teachers, Department of Education staff
2.3 District needs assessment program adoptions	40	2 districts adopted nationally validated projects.
2.4 Development and expansion of Alaska Facilitator Project	10	12 Title IV Advisory Council members and DOE staff
2.5 Development of state awareness workshops	20	22 nationally validated projects invited
2.6 Project administrator	50	
3.0 Northwest Reading Consortium		
3.1 Development of and assistance to elementary and secondary reading program task force	40	38 teachers and administrators Development of 6 separate reading program improvement strategies
3.2 Technical assistance and in-service training	20	38 teachers, administrators
3.3 Provide release time and consultants for program development		114 staff days of teacher release time paid for
3.4 Project improvement and in-service	15	New program objectives and materials
3.5 Project administrator	40	
3.6 Clerical support	120	

PROGRAM SECTION

Center Administration

STAFFING

2.5 FTE

SERVICE PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE PRODUCTS DEVELOPED
1.0 Center administration	140	Administer board policy and regulations. Develop, conduct needs assessment. Develop, monitor center Annual Plan of Service. Develop staff handbook. Supervise staff. Develop new center programs and services. Participate with state and local agencies in service development and delivery. Preparation of grants (6 submitted for funding) and contracts.
2.0 Finance Director	140	Management of payroll for 20 staff. Accounting for funds on 10 separate grants, projects. Management of all financial records.
3.0 Clerical support to center administration	120	

SERVICE PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
4.0 Vocational Education		
4.1 Assessment of vocational education program	10	12 teachers, administrators, report on program needs
4.2 Curriculum development	10	12 teachers, administrators
4.3 C.E.T.A. proposal development	10	C.E.T.A. proposal funded
4.4 Program research, information dissemination	20	Development of vocational and career education resource file

PROGRAM SECTION

Information Dissemination

STAFFING

1.0 FTE

SERVICES PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
1.0 Development of SCRRC Information Package	14	Production of information brochure sent to 700 teachers, administrators
2.0 Development of SCRRC Newsletter	15	1800 Newsletters distributed (3 separate editions) to all teachers, administrators, board members in service area
3.0 Conduct instructional media in-service	7	30 teachers
4.0 Conduct A-TIPP awareness workshops	15	150 teachers, administrators
5.0 Screen, negotiate and submit requests for educational information through Project A-TIP	50	456 requests received and submitted
6.0 Dissemination of instructional resource guides	8	380 guides mailed (4 mailings) to 95 school sites with 940 instructional personnel
7.0 Dissemination of instructional materials	15	120 mailings to 95 teachers

BRISTOL BAY REGIONAL RESOURCE CENTER

Box 10234 Dillingham, Alaska 99576 Phone (907) 842 5531

Robert T. Brown
Director

MONTHLY REPORT - NOVEMBER/DECEMBER 1977

ATIPP/SMERC

Searches filed	18
Searches received	11 1/2

Instructional Materials Shipped Total = 392

Reading/Lanuage Arts	50	Bookbags	67
Math	28	Film Loops, Records & Tapes	10
Perceptual, Social Studies, Science, Art	= 82	Career Ed/Voc.	11
		Professional Materials	44
		Video Cassettes	41
		Miscellaneous	59

Workshops or Meetings attended by Staff

Nov. 3-4 ITV (Instructional Television) Meeting - Anchorage - Margritta Jakos

Nov. 9 Interim Committee on Educational Programs - Anchorage - Robert Brown

Nov. 22 Anchorage Council on Alcoholism - Anchorage - Robert Brown

Dec. 5 Telecommunications Task Force - Anchorage - Robert Brown

Dec. 12-13 Gifted Talented Workshop - Juneau - Helen Virgin

Dec. 15 Hearing Impaired Workshop - Anchorage - Helen Virgin

Workshops Sponsored by the BBRRC and Supervised by the Director

Nov. 16-17 Community Education Task Force Workshop - Dillingham

Dec. 8 -10 Curriculum Development Workshop - Naknek

Other Activities

1. Psychological assessment, interpretation and staffings for Dillingham City School District.

2. Psychological assessment, interpretation and staffings for Lake & Peninsula School District.

3. Psychological assessment, interpretation and staffings at Manokotak for Southwest Region School District.

4. Assisting teachers with instructional materials.

5. Newsletter produced.

6. SMERC catalogs and information mailed to all teachers and administrators in member districts.

7. Instructional Material's Catalog revised and circulated to all schools in member districts.

8. New instructional materials (mostly secondary level) were selected for purchase.

9. Preparation for implementing Health Education Grant.

10. Preparation for implementing Alcoholism Education in Lake & Peninsula School District.

11. Youth Employment Training Program Grant application written, presented to D.O.E. and approved.

12. Adult Basic Education Narrative Proposal for Grant was written and presented to D.O.E.

BRISTOL BAY REGIONAL RESOURCE CENTER

DECEMBER MONTHLY REPORT

ATIPP ACTIVITIES

Searches filed	10
Searches received	28

The searches filed requested information on a variety of subjects including pre-schools for rural areas, curriculum or instructional activities in various secondary subject matter areas, counselling programs, plus miscellaneous microfiche.

MATERIALS LOAN

Total items checked out = 134

The largest category in which materials were checked out was reading (54 items) followed by book bags (27 items). Most of the other materials checked out were approximately evenly distributed between math, miscellaneous subjects, professional library, and video tapes.

IN-SERVICE ACTIVITIES AND WORKSHOPS

Dec. 2 - 3 Classroom Management/Behavior Modification Workshop in Dillingham. Participants were teachers, teacher aides, and special education teachers from Dillingham City Schools, S/W Region Schools, L & P Schools and several persons from the Nome area. One University credit was available for those desiring it.

Dec. 13-15 Aide Training In-Service for the instructors and/or supervisors for the Aide Training Course - Child Development and Developmental Disabilities to begin in January 1977.

Dec. 14-15 Community Education Workshop

TEACHER TRAINING VIDEO CASSETTE DEVELOPED

Dec. 29, 1976 - A 45 minute Metric In-Service Video program (an introduction to the metric system) was filmed with Leo Lutchansky as instructor.

PROFESSIONAL MEETINGS OR WORKSHOPS ATTENDED BY STAFF

Dec. 8-10 Annual Northwest Learning Resource System Conference in Seattle attended by Helen Virgin and Sonja Hawkins. NWLRS funded trip for Helen Virgin.

Dec. 13-15 Aide Training In-service in Dillingham in cooperation with the U. of A.

OTHER RCLA ACTIVITIES

December 14 to 15, 1976 - coordinated the Regional Community Schools workshop attended by the representatives of the four school districts and various local and State agencies.

OTHER RCLA ACTIVITIES CONTINUED

The RCLA psychologist assisted S/W Region Schools in student assessment.

Bristol Bay Area Health Corporation printed their newsletter using the center's mimeograph. They provided their own supplies and machine operator.

Bristol Bay Native Association has requested the use of the center's mimeograph machine on the same basis as B.B.A.H.C.

System FORE materials are being duplicated by S.L.I. number and distributed to participating schools. The System FORE Extensions have been received and are being distributed.

Sonja Hawkins collected testing materials for Language assessment.

The regular activities such as helping teachers with materials and information, the radio program and the newsletter were continued.

Psychological Services to date... Feb. 1, 1978

In compliance with the Bristol Bay Regional Resource Center's Annual Plan of Service - fy 78; section VI. SPecial Education; objective 6.1, the following services have been thus for rendered:

6.1.1. Direct assistance in child centered appraisal of exceptional children or suspected exceptional children in the 4 member districts have been as fol'ows:

SOUTHWEST: TESTED - 31
LAKE AND PENINSULA: TESTED - 18, C.S.T. PLACEMENT - 18
BRISTOL BAY BOROUGH: 2 DAYS ASSISTANCE
DILLINGHAM: TESTED - 15, C.S.T. PLACEMENT -39

6.1.2. Services of a School Psychologist on a shared basis as follows:

SOUTHWEST: (approximate) DAYS REQUESTED:11
DAYS COMPLETED: 11
DAYS REMAINING: 0

LAKE & PENINSULA: DAYS REQUESTED: 40
DAYS COMPLETED: 21
DAYS REMAINING: 19

BRISTOL BAY BOROUGH: DAYS REQUESTED: 21
DAYS COMPLETED: 3
DAYS REMAINING: 17

DILLINGHAM CITY: DAYS REQUESTED: 60
DAYS COMPLETED: 32
DAYS REMAINING: 28

6.1.3. Assistance in child centered programming of handicapped children was:
4 DISTRICT TOTAL PSYCHOLOGICAL WRITE-UPS - 64 children
4 DISTRICT C.S.T. PLACEMENT PROGRAMMING - 58 children

6.1.4. In-service activities/workshops for teachers of exceptional children have been:
1 - Special Ed. procedures (L&P)
1 - Slingerland (DLG. AND S.W.)
1 (proposed) - 94 - 142 (DLG.)

6.1.6. Providing on-site consultant services as requested:
LAKE & PENINSULA: 18 HRS.
BRISTOL BAY BOROUGH: 14 HRS.
DILLINGHAM: 39 HRS.
TOTAL: 71

EXPENSE SAMPLE in providing psychological services to 4 district areas:
A. flight to Pilot Point.....$283.00
per diem in " " .....$ 10.00
TOTAL $293.00
B. One testing instrument as requested by 4 districts...$395.00

It has been thus far agreed that the Psychological Services rendered to date have been completed and very well accepted. All services are in compliance with Alaskan Federal Regulations.

In analysis of hours involved, full-time expense would not be feasible in the hiring of a full-time psychologist for each district. It should be noted that one district does have full-time psychological services yet still has the need for the Resource Center.

[signature]
[illegible] SCHOOL PSYCHOLOGIST

NORTHWEST REGIONAL RESOURCE CENTER

Box 945
Nome, Alaska 99762
Phone: 443-2824

July 1, 1977

State Grant

Bureau of Indian Affairs

Nome Public Schools

Carry over

November 1, 1977

- Bureau of Indian Affairs
  Provide Resource Materials, Cleaning & Preventative Maintenance

Bering Strait R.E.A.A.
Coordinating Title I workshop
Salary Survey of Seward Peninsula
Formal Assessment of Sp.Ed Referrals

State of Alaska - Health Education

Nome Public Schools
Administrative Manual for Sp.Ed.
Management of Nome-Beltz Apartments and Dormitory Complex

Proposed Contracts:

Bureau of Indian Affairs
(Nov. 21, 1977) Title VI-B - Sp.Ed.

Nome Public Schools
Title VII Bilingual Evaluation

WESTERN REGIONAL RESOURCE CENTER
P. O. Box 4-2830
Anchorage, Alaska 99509
276-1308

Began August, 1977

Region serves five districts (100% participation)

Iditarod
Kuspuk
Lower Kuskokwim
Lower Yukon
St. Mary's

Total Student Enrollment

Approximately 3,000 K-12

Schools:

59 elementary and secondary programs in 34 villages

STAFFING

Director

Support services currently include Secretary, Bookkeeper, Information and Resource Specialist, Research Assistant.

Professional services available on contractual basis include Program Development Specialists, Psychologists, Speech Therapist.

Grant Program project staff includes Vocational Guidance Counselor/ Coordinator, Counseling Aides, and may include Bilingual Basic Methods Trainers, Language Literacy Trainers, Materials Development Specialists and related support staff.

WESTERN REGIONAL RESOURCE CENTER
Summary of Recent Activities

FUNDING

1. State: Department of Education grant award of $47,000

2. District: Combined total unallocated contributions of $60,000. Proposed commitment of remaining funds in District Account #409 (Professional/Technical Services) by program budget item.

3. Grant Awards and Proposals: Proposal for Equipment Technician for Audio-Visual and Office Machines to provide field service and training, costs to be shared by Districts.

   - Submitted Federal Title VII grant application (2 year) for Training Program in Bilingual Education for Western region to develop trainers in Basic Language Teaching Methods and Language Literacy Training, including identification, acquisition, dissemination and development of relevant materials.

   - Submitted proposal for CETA Title III Youth Employment Training Project, Balance of State Prime Sponsor funds for pilot program in two of five districts (Iditarod and Kuspuk). Western Regional Resource Center was awarded approximately $70,000 for period January 1, 1978 through September 30, 1978 to provide counseling, career employment and work experience to approximately 300 youth ages 16-21 in or out of school.

   - Submitted proposal to Bureau of Indian Affairs to provide services pursuant to P.L. 94-142 in selected villages, estimated at $20,000, pending.

   - Proposal solicited by Kuskokwim Community College for evaluation of their Bilingual Vocational and Technical Training Program. Estimated at $3,500, pending.

4. Projected Activities: Submitting RFPs to Department of Education for FY78 Vocational Education funds.

   - Joint proposal of all RRCs for Teacher Centers proposal statewide.

   - Proposed training program for Generator Equipment Repair and Maintenance - cooperative effort between Department of Education, Alaska Skill Center (Seward) and Department of Community and Regional Affairs (CETA).

   - Proposed demonstration project in conjunction with Southcentral Regional Resource Center to provide total vision and hearing screening and coordinated Tx follow-up, including IEP preparation, for Western region and selected Southcentral districts, using P.L. 89-313 and P.L. 94-142 funds.

SERVICE - PRIORITIES

The key areas identified by a previous regional needs assessment and district requests are:

1. Telecommunications
2. Counseling and Guidance
3. Bilingual/Bicultural Program and Materials Development and Dissemination
4. Basic Curriculum Planning
5. Generator Equipment Repair, Maintenance and Training
6. Career/Vocational Educational Programs
7. Psychological and related Special Education Services
8. Equipment Technician for Audio-Visual Equipment and Office Machines

The basic directional emphasis of the Western Regional Resource Center currently is to develop comprehensive plans at a regional level for each of the major program areas being addressed. This is a prerequisite to providing effective and coordinated service delivery.

Support services, telecommunications and equipment servicing are also a critical preliminary step to facilitating any educational programming efforts.

MAJOR ACTIVITIES

Member, National Org. of County, Intermediate & Educ. Svc. Agencies

Member, Statewide Steering Committee for Educational Telecommunications Consortium

Member, Advisory Board, Alaska State Facilitator Project

Report to Interim Committee on Educational Programs, ASL

Participant Title I Conference of Nationally Validated Exemplary Programs

These agencies passed resolutions supporting full effective funding for Regional Resource Centers:

Alaska Association of School Boards

Alaska Association of School Superintendents

Alaska Association of Secondary School Principals

AN EXCERPT FROM GOVERNOR JAY S. HAMMOND'S ADDRESS TO

THE ASSOCIATION OF ALASKA SCHOOL BOARDS

NOVEMBER 11, 1977

"ANOTHER FUTURISTIC IDEA JUST GETTING OFF THE GROUND, IS THE REGIONAL RESOURCE CENTER CONCEPT. I SEE REGIONAL RESOURCE CENTERS AS VIABLE MEANS OF POOLING TALENTS AND SERVING MANY PEOPLE WITH A CORPS OF SPECIALIZED TRAINING AND OTHER RESOURCES. IT SEEMS INSANE TO SUGGEST THAT ONE SMALL DISTRICT WITH APPROXIMATELY HALF A REASONABLE CLIENT LOAD HIRE A SCHOOL PSYCHOLOGIST OR A SPECIALIZED READING EXPERT. CERTAINLY, A PROFESSIONAL WITH THAT LEVEL OF TRAINING WILL NOT BE INTERESTED IN A HALF-TIME JOB. THUS, THE RRCs CAN BE THE VEHICLE TO PREVENT THE COMMON TENDENCY TO GRAB A BODY AND HANG ONTO IT FOR DEAR LIFE IN SPITE OF THE FACT THAT THE REAL DEMAND IS ONLY FOR HALF A BODY. REGIONAL RESOURCE CENTERS, THROUGH THE COOPERATIVE EFFORTS AMONG ADMINISTRATORS AND BOARD MEMBERS, AS WELL AS STAFF, CAN DEVELOP THE MECHANISMS TO SHARE THE RESOURCES AVAILABLE IN THE MOST ECONOMICAL WAY POSSIBLE, COMPACTING HALF-BODY JOBS IN SUCH A WAY AS TO BETTER UTILIZE FULL BODIES."

THE PRECEDING PAGES WERE TREATED AS
A UNIT IN THE ORIGINAL FILE.

KODIAK ISLAND BOROUGH SCHOOL DISTRICT
P.O. BOX 886
KODIAK, ALASKA 99615
TELEPHONE: (907) 486-3131

HB 833

NO SPECIFIC CONTRIBUTION BY KODIAK - They may have given some money for job specific contracts

March 13, 1978

The Honorable Rep. Charles Parr
Capitol - Room 110
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

I would like to take this opportunity to speak in support of House Bill Number 833, "An act making a supplemental appropriation to the Department of Education for increased base support of regional resource centers; and providing for an effective date."

The Regional Resource Centers have proven to be a viable and effective alternative for the delivery of instructional leadership and services in Al ska. During the process decentralizing the State Operated School System, th Legislature wisely included provisions for intermediate education resource support, in the form of Regional Resource Centers. I am hopeful that the Legislature will now recognize the need for appropriate funding for the RRC's and help them further increase the quality of education in Alaska. I strongly urge your support of HB833.

Sincerely,

John E. Anttonen

John E. Anttonen
Superintendent

JEA/dm

STATE
of ALASKA

MEMORANDUM

TO: Representative Nels Anderson
#102 Assembly

DATE: March 23, 1978

FILE NO:

TELEPHONE NO:

THRU: Nat Cole, Deputy Commissioner
Department of Education

FROM: Eula Ruby, Director
Project A-TIP
Program Development and Dissemination

SUBJECT: Regional Resource Centers

Per your request, attached are:

1. A.S. Section 14, Article 3
   Regional Resource Centers.

2. Chapter 66
   Regional Resource Centers
   (Regulations).

3. Copy of memo to Michael Morin and Representative Parr's Office, regarding Regional Resource Center Budgets.

ER:jln
Attachments

LAWS OF ALASKA

1976

Source: HCSSB 690 (Finance) am H

Chapter No. 236

AN ACT

Creating the regional resource center areas and boards; prescribing their organization, powers and duties; and providing for an effective date.

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

* Section 1. AS 14.08.141 is repealed.

* Sec. 2. AS 14.12 is amended by adding new sections to read:

ARTICLE 3. REGIONAL RESOURCE CENTERS.

Sec. 14.12.150. ESTABLISHMENT AND PURPOSE. (a) The districts of the state public school system may join together to establish regional resource centers to provide the following services, including but not limited to, accounting, payroll and other fiscal, media, instructional support, bilingual-bicultural educational, inservice and staff development, student, diagnostic, school management and school board member training.

(b) A regional resource center established under (a) of this section shall be governed by a board consisting of one representative from each participating district. The representative shall be appointed by the governing board of that district. The term of office of regional resource center board members shall be two years, beginning July 1 of each calendar year. Vacancies shall be filled in the same manner as original appointment.

(c) Regional resource center boundaries shall be established by the state Board of Education on recommendation of the commissioner of education in the following seven regions of the state: southcentral and the Aleutian Chain, western, northwest, Bristol Bay, interior, southeast, and Kodiak. A district may not be included in more than one regional resource center area.

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(d) Regional resource center boards may receive and expend both public and private funds to operate a regional resource center.

(e) Employees of the regional resource centers are not in the state service and are not subject to the State Personnel Act (AS 39.25). However, all regional resource center employees shall be members of either the teachers' retirement system (AS 14.25) or the public employees retirement system (AS 39.35).

Sec. 14.12.160. REGIONAL RESOURCE CENTER BOARD GRANT PROGRAM; ELIGIBILITY. (a) The Department of Education may make grants to regional resource center boards which qualify for the grants under the criteria set out in (b) of this section and regulations adopted by the department.

(b) To qualify for a grant under (a) of this section, a regional resource center board shall

(1) be organized under the provisions of sec. 150 of this chapter;

(2) adopt bylaws for its operation;

(3) provide the department with a plan of operation including but not limited to the following elements:

(A) the bylaws adopted for its operation;

(B) a list of participating districts, number of students and professional staff to be served;

(C) a schedule of funds available from federal, state, local and private sources;

(D) a description of the services and programs to be offered;

(E) a description of the method by which these services and programs will be evaluated;

(F) other information that may be required by the department by regulation;

(4) comply with applicable regulations adopted by the department.

Sec. 14.12.170. For purposes of this chapter, regional educational attendance areas shall be considered districts.

Sec. 14.12.180. REGULATIONS. The Department of Education may adopt regulations necessary to implement the provisions of secs. 150 - 170 of this chapter.

* Sec. 3. This Act takes effect July 1, 1976.

Approved by governor: June 24, 1975
Actual effective date: July 1, 1976

4 AAC 63.080. DEFINITIONS. In this chapter, unless the context otherwise requires, "commission" means the Alaska Educational Broadcasting Commission or its designee. (Eff. 9/1/73, Reg. 47)

Authority: AS 14.58.050
AS 14.58.060(1) and (8)
AS 14.58.070(2)
AS 14.58.090(1)

CHAPTER 66.
REGIONAL RESOURCE CENTERS

Section
10. Boundaries, property, assets and liabilities
20. Duties of regional resource center boards
30. Grants
40. Evaluation
50. Advisory Council
60. Definitions

4 AAC 66.010. BOUNDARIES, PROPERTY, ASSETS AND LIABILITIES. (a) The membership of a regional resource center must include more than one school district.

(b) Regional resource centers may be established for the following areas:

(1) Southcentral, Aleutian Chain and Kodiak Regional Resource Center boundaries:
Adak Regional School District
Anchorage School District
Aleutian Chain School District
Chugach School District
Copper River School District
Cordova School District
Kodiak Island Borough School District
Kenai Peninsula Borough School District
King Cove School District
Matanuska-Susitna Borough School District
Pribilof Island School District
Unalaska City School District
Valdez City School District;

(2) Western Regional Resource Center boundaries:
Iditarod Area School District
Kuspuk School District
Lower Kuskokwim School District
Lower Yukon School District
St. Mary's City School District;

(3) Northwest Regional Resource Center boundaries:
Bering Strait School District
Nome City School District
Northwest Arctic School District
Selawik City School District;

(4) Bristol Bay Regional Resource Center boundaries:
Bristol Bay Borough School District

Dillingham City School District
Lake Peninsula School District
Southwest Regional School District;

(5) Interior Alaska Regional Resource Center boundaries:
Alaska Gateway School District
Delta-Greely School District
Galena City School District
Nenana City School District
North Slope Borough School District
North Star Borough School District
Upper Railbelt School District
Yukon Flats School District
Yukon Koyukuk School District; and

(6) Southeast Regional Resource Center boundaries:
Annette Island School District
Chatham School District
Craig City School District
Gateway Borough School District
Haines Borough School District
Hoonah City School District
Hydaburg City School District
Juneau Borough School District
Kake City School District
Klawock City School District
Pelican City School District
Petersburg City School District
Skagway City School District
Sitka Borough School District
Southeast Islands School District
Wrangell City School District
Yakutat City School District

(c) A change in the boundaries of a regional resource center, including an equitable adjustment and transfer of all property, assets and liabilities among the regional resource centers directly involved in the boundary changes will be made by the state Board of Education, in the exercise of its discretion, upon recommendation of the commissioner.

(d) With the approval of the commissioner, a regional resource center may provide services to districts outside its boundaries or to other regional resource centers. Provision of services must be carried out pursuant to written contracts. (Eff. 9/14/77, Reg. 63)

Authority: AS 14.07.060
AS 14.12.150(c)
AS 14.12.180

4 AAC 66.020. DUTIES OF REGIONAL RESOURCE CENTER BOARDS. A regional resource center board shall

(1) establish programs to serve its participating member districts more efficiently, economically, and completely than would be possible if each district functioned alone;

(2) establish appropriate bylaws and policies for its operation including, but not necessarily limited to

(A) conduct of meetings and a regular meeting schedule;

(B) procedures for approval of programs and program development and implementation;

(C) procedures for approval of budgets and budget revisions; and

(D) personnel procedures;

(3) file a copy of its bylaws with the commissioner by May 1 of each fiscal year or within two weeks following any bylaw changes; and

(4) adhere to the fiscal procedures established for school districts under 4 AAC 06.120. (Eff. 9/14/77, Reg. 63)

Authority: AS 14.07.060
AS 14.12.180

4 AAC 66.030. GRANTS. (a) To qualify for grants under AS 14.12.160, boards must file an annual plan of service and budget with the commissioner by May 1 of each fiscal year. The commissioner will notify each applicant within 30 days after receipt of the plan whether an annual plan has been approved or disapproved. All approved projects begin on July 1 of each fiscal year.

(b) All grant amendments must be approved by the commissioner.

(c) All fiscal reports (budgets, expenditures, audit, etc.) must be prepared in the same format as required of school districts.

(d) As a minimum, the following parts are

What are they contributing?

TELEGRAM

ALASKA COMMUNICATIONS, INC.
FAIRBANKS 586 6440
ANCHORAGE ALASKA 99801

02081 NL TDA DILLINGHAM ALASKA 195 04-17 1000A AST

PMS REP CHARLES H PARR CHAIRMAN HESS COMMITTEE

JUN

I UNDERSTAND THE HESS COMMITTEE WILL BE HOLDING HEARINGS IN REGARD TO HOUSE BILL 833, SUPPLEMENTAL FUNDING TO INCREASE BASE SUPPORT OF REGIONAL ESOURCE CENTER FOR FY79.

AS DIRECTOR OF THE BRISTOL BAY RESOURCE CENTER WHICH IS BASED IN DILLINGHAM, I URGE YOUR COMMITTEES SUPPORT OF HOUSE BILL 833.

I BELIEVE IN THE CONCEPT OF SHARED AND COOPERATIVE EDUCATION ESPECIALLY IN RURAL ALASKA AS MATERIALS AND SERVICES CAN BE SCARCE AND EXPENSIVE. I WOULD LIKE TO SEE REGIONAL RESOURCE CENTERS BE GIVEN A FAIR CHANCE AS I KNOW THE CONCEPT WORKS EXTREMELY WELL IN OTHER STATES. WE HAVE 100 PERCENT PARTICIPATION FROM SCHOOL DISTRICTS IN OUR REGIONAL BOUNDRIES. NOT ONLY IN PARTICIPATION BUT FINANCIAL COMMITMENTS. OUR CURRENT BUDGET IS FUNDED WITH A MERE 18 PERCENT STATE MONIES AND A WHOPPLING 82 PERCENT FROM OUR FOUR SCHOOL DISTRICTS. THIS IS, INDEED, DISPORTIONATE AND IF NOT BALANCED OUR FUTURE IS NOT ON SOLID FOOTING.

I AM SORRY I CANNOT BE THERE TO TESTIFY REGARDING THE HEARING AS I WILL BE IN SEATTLE. HOWEVER, ON BEHALF OF OUR STAFF AND OUR MEMBERSHIP, THANKS FOR YOUR CONSIDERATION AND FOR TAKING YOUR VALUABLE TIME TO READ THIS NIGHTLETTER. SINCERELY

ROBERT T BROWN BRISTOL BAY RESOURCE CENTER

$400 → 350 w/ more centers

Problems

1) funds
2) dedicated plan of development

- RRC - 5 year plan

similar to new Budget
600,000 total budget (Annl)
15% comes from the state

6 reservese centers
related to ADM cost
$ 1,075,998 → 520,000 fifth years
↓ Basic admin FTE
program persons 25
program develop 150

rest of money on ADM

SOUTHCENTRAL REGIONAL RESOURCE CENTER

REPORT OF SERVICES

July 1, 1977 - February 1, 1978

The functions of the Southcentral Regional Resource Center (SCRRC) are divided into four major areas: (1) special education through the Learning Resource Center (LRC; (2) curriculum development, program improvement and evaluation through the Program Development and Support Section; (3) information and instructional materials dissemination through the Information Dissemination Section; and (4) center administration through the Director's office.

Delineated below are the services which have been provided between July 1, 1977, and February 1, 1978, described in terms of staff days involved in providing services, persons (teachers, children, administrators, parents) receiving services, and materials/products disseminated.

Given the current funding situation and staff available, the SCRRC is operating a maximum capacity. We are forced to turn down a rapidly growing number of requests for new and additional services. To a large extent, many of our services are project or contract specific. That is, staff are principally supported through grants or contracts with federal or state agencies and local school districts. With staff committed to specific projects, opportunities to respond to emerging needs of the center's service area, as well as program expansion and development of new programs is greatly constructed. Currently, the basic state grant amounts to only 15% of the center's budget. This money ($114,000) covers administrative costs (salary for Director, Finance Director, Secretary), board operation, communications and facility rental, leaving little for development of new and/or additional programs and services.

The SCRRC serves the following eleven (11) school districts:

	1977* ADM	Professional Staff
Adak	619	45
Aleutian Region	219	24
Chugach	63	6
Copper River	652	50
Cordova	558	45
Kenai	5,313	341
King Cove	114	15
Kodiak	2,117	125
Matanuska-Susitna	3,268	215
Pribilof	189	12
Valdez	987	62
Total	14,099	940

* Enrollment ~~costs~~ counts are currently higher.

The schools served through the SCRRC are spread throughout the Southcentral region of the state, including Kodiak, the Aleutian Chain, and the Pribilof Islands. Travel costs to the Aleutian Chain and the Pribilof Islands are extremely expensive. For example, from Anchorage to Adka through Adak is $1,604; to Adka via Cold Bay is $5,313.20; to Nikolski $453.60; to Sand Point $300.00; to St. Paul $434.00 and St. George $474.00 (the latter two sites having only one flight in and our per week). Thus, it costs approximately $684.00 for travel and per diem for the SCRRC Board member from the Pribilof District to attend a Board meeting (or $2,736.00 for four scheduled meetings). Costs are similarly high for travel from Adak, King Cove and Kodiak Board members.

PROGRAM SECTION

Learning Resource Center (LRC)
(Special Education)

STAFFING

6.5 FTE

SERVICES PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
1.0 General services		
1.1 Individual student evaluations (six districts)	297	204 students evaluated 128 Teacher Conferences 76 Child Study Team meetings conducted
1.2 Program development, management	74	35 administrators, teachers
1.3 In-service training for teachers	28	55 teachers, aides
1.4 Review of instructional curriculum materials for dissemination	27	19 teachers, administrators
1.5 Program evaluation	7	9 teachers, administrators
1.6 Dissemination of information on special education materials procedures	20	25 teachers, administrators 80 instructional items, information searches
1.7 Non-biased Assessment Task Force	10	Report on issues and problems in assessment of (Alaskan) minorities. Development of non-biased assessment procedures manual.
1.8 Special Child Study Team	5	Development of a comprehensive identification, referral treatment system for children with developmental disabilities
1.9 Interagency planning and cooperation	15	Alaska Vision/Hearing Impaired Program, Communicative Disorders, Alaska Native Medical Center
1.10 Speech and language	20	60 speech and language evaluations of school children, 25 individual treatment programs developed
1.11 Grant Writing	20	

SERVICES PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
1.12 Report preparation typing	60	

STAFFING

20 FTE

2.0 Special Services

2.1 Consultant for Blind/ Visually Impaired Students	110	35 student evaluations 35 individual education programs developed, reviewed 75 teachers/administrators conferences 25 parent conferences
2.2 In-service training	5	70 teachers, aides, administrators
2.3 Development of instructional aid and materials depository	40	95 Braille books, 237 large print books, and 3 pieces of hardware
2.4 Clinical support	65	
2.5 Program development guides	10	2 information guides for teachers, "Including Visually Handicapped in Your Classroom" and "The Visually Impaired Student"
2.6 Clinical support	120	

STAFFING

5.25 FTE

3.0 Providence Heights School (API)

3.1 Instructional program for 10 (ADM) elementary severely emotionally distrubed children	200	Development of IEP, classroom instructional, clinical staffing
3.2 Instructional program for 17 (ADM) adolescent severely emotionally disturbed children	200	(as above)

SERVICES PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
3.3 Program coordination	100	Curriculum development, program evaluation, clinical staffings

PROGRAM SECTION

Program Development and Support

STAFFING

3.5 FTE

SERVICES PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
1.0 General Program Assistance		
1.1 Curriculum/program evaluation	28	45 teachers, administrators 2 reports produced
1.2 Curriculum development	22	50 Board members, teachers, administrators
1.3 Community educational goals and facilities	18	60 Community members, teachers, school board members, administrators, 2 facilities plans developed
1.4 Development and implementation of Health Education program	15	Health education proposal Dissemination of 15 Health Education materials evaluation guides
1.6 Development of instructional resources for rural secondary and community schools	20	50 persons interviewed and resource catalog developed
1.7 Preparation of Indian Education Act grant for Aleutian Pribilof Islands Association	40	Grant submitted for funding
1.8 Clerical support	120	

SERVICES PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
2.0 Alaska State Facilitator Project		
2.1 Development and dissimination of project awareness material	15	600 mailings to district administrators, principals, program specialist, teachers
2.2 Conduct Facilitator awareness workshops	20	336 School administrators, teachers, Department of Education staff
2.3 District needs assessment program adoptions	40	2 districts adopted nationally validated projects.
2.4 Development and expansion of Alaska Facilitator Project	10	12 Title IV Advisory Council members and DOE staff
2.5 Development of state awareness workshops	20	22 nationally validated projects invited
2.6 Project administrator	50	
3.0 Northwest Reading Consortium		
3.1 Development of and assistance to elementary and secondary reading program task force	40	38 teachers and administrators Development of 6 separate reading program improvement strategies
3.2 Technical assistance and in-service training	20	38 teachers, administrators
3.3 Provide release time and consultants for program development		114 staff days of teacher release time paid for
3.4 Project improvement and in-service	15	New program objectives and materials
3.5 Project administrator	40	
3.6 Clerical support	120	

SERVICE PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
4.0 Vocational Education		
4.1 Assessment of vocational education program	10	12 teachers, administrators, report on program needs
4.2 Curriculum development	10	12 teachers, administrators
4.3 C.E.T.A. proposal development	10	C.E.T.A. proposal funded
4.4 Program research, information dissemination	20	Development of vocational and career education resource file

PROGRAM SECTION

Information Dissemination

STAFFING

1.0 FTE

SERVICES PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE, PRODUCTS DEVELOPED
1.0 Development of SCRRC Information Package	14	Production of information brochure sent to 700 teachers, administrators
2.0 Development of SCRRC Newsletter	15	1800 Newsletters distributed (3 separate editions) to all teachers, administrators, board members in service area
3.0 Conduct instructional media in-service	7	30 teachers
4.0 Conduct A-TIPP awareness workshops	15	150 teachers, administrators
5.0 Screen, negotiate and submit requests for educational information through Project A-TIP	50	456 requests received and submitted
6.0 Dissemination of instructional resource guides	8	380 guides mailed (4 mailings) to 95 school sites with 940 instructional personnel
7.0 Dissemination of instructional materials	15	120 mailings to 95 teachers

PROGRAM SECTION

Center Administration

STAFFING

2.5 FTE

SERVICE PROVIDED	STAFF DAYS OF SERVICE	PERSONS RECEIVING SERVICE PRODUCTS DEVELOPED
1.0 Center administration	140	Administer board policy and regulations. Develop, conduct needs assessment. Develop, monitor center Annual Plan of Service. Develop staff handbook. Supervise staff. Develop new center programs and services. Participate with state and local agencies in service development and delivery. Preparation of grants (6 submitted for funding) and contracts.
2.0 Finance Director	140	Management of payroll for 20 staff. Accounting for funds on 10 separate grants, projects. Management of all financial records.
3.0 Clerical support to center administration	120	

STATE of ALASKA

MEMORANDUM

TO: Michael Morin
Administrative Assistant
Senator Hackney's Office

DATE: March 8, 1978

FILE NO:

THRU: Nat Cole, Deputy Commissioner
Department of Education

TELEPHONE NO:

FROM: Eula Ruby, Director
Project A-TIP
Program Development & Dissemination

SUBJECT: Contributions to Regional Resource Centers

The following is the information you requested:

According to the budgets filed with the Department of Education, the local district contributions to the Regional Resource Centers are as follows:

Southeast Regional Resource Center located in Juneau:

Districts make no contributions other than job specific contracts.

Southcentral Regional Resource Center located in Anchorage:

Districts make no contributions other than job specific contracts.

Bristol Bay Regional Resource Center located in Dillingham:

Bristol Bay Borough	$42,000
Lake & Peninsula	25,000 +
Dillingham	39,000
Southeast Region	30,000

Western Regional Resource Center located in Anchorage:

Iditarod	$ 9,000
Kuspuk	9,600
Lower Kuskokwin	19,500
Lower Yukon	14,600
St. Marys	7,300

Northwest Regional Resource Center located in Nome:

Nome City Schools	$62,000	job specific
Bering Strait	6,245	job specific
BIA	74,914	job specific

ER:bw

cc: Marilou Madden
Richard Luther

HB
834

Mr. Beirne moved again that the board consist of 3 optometrist, 1 opthalmologist and 1 lay member. A vote was taken. Motion carried.

Mr. Beirned moved that the wording of his motion be amended to say one person shall be a licensed physcian who is board certified in the field of opthalmology. There were no objections.

Mr. Chatterton moved to accept the work draft copy for a Committee Substitute including the amendments that were adopted today. There were no objections. Mr. Chatterton moved to table HB 664. Mr. Parr objected on Mr. Cottens behalf in his absence stating he had spoken to Mr. Cotten and Mr. Cotten had told him he was not in favor of tabling the bill. A vote was taken. There were two in favor of tabling HB 664 and 4 opposed. The motion failed.

A motion was made to pass the bill out with individual recommendations There were no objections

Next to be discussed was HB 834. Audio testimony was taken from Nome. First to testify was Ms. Lynn Chambers, Planner for Nome Eskimo Community. Ms. Chambers asked if a Sponsor Substitute for HB 834 had been submitted on amendments made bringing the total amount of money needed to $800,000. Mr. Parr stated no. Ms. Chambers stated when they began to plan the center in late January they had not yet developed a budget and in the time crunch Representative Nakak submitted $500,000 for 20 kids and actually $800,000 is need to build a structure of 9,000 sq. ft. providing living, eating, recreation, and counciling space for 26 kids. Ms. Chambers stated the home will provide long term care for kids with behavioral or emotional problems or juveniles who are ordered by the court to be detained for non violent crimes. Ms. Chambers urged the passage of HB 834 with a "do pass" recommendation.

Next to testify was Mr. George Edwards District Attorney. Mr. Edwards stated the three basic problems are 1) the limitation of court option that is created because there is no facility. 2) intrusion of juveniles civil rights, human rights and constitutional rights, 3) lack of an appropriate option. Mr. Edwards supports the bill.

Testifying next was Mr. Darryl Triggs, Norton Sound Health Corporation Vice President. Mr. Triggs stated Norton Sound Health Corporation supports the bill. He stated they believe a program like this could help aleviate some of the problems Norton Sound has with adults now. If children can be stopped before they reach adulthood, existing problems will be aleviated.

Next to testify was Mr. Mike Mulisky, high school counselor Nome High School. Mr. Mulisky stated what they most need is a coordinated approach working with kids who are particularly drop outs. Mr. Mulisky stated HB 834 appears to be a good plan and they support the bill.

Mr. Gerald Trigg President of Nome Eskimo Community, was next to testify. Mr. Trigg stated he wholeheartedly supports HB 834 He stated neither the Nome jail or Receiving Home can provide long term care for kids.

Next to testify was Mr. Leo Rasmussen Mayor of Nome. Mr. Rasmussen stated the city council has reviewed the program and they support the bill.

Mr. Mike Tranfol Nome Community Center, was next to testify. Mr. Tranfol testified in support of the bill. He stated from his experience working with juveniles he finds most of them are raised in homes with little or no structure. A program of this nature would help.

Mr. John J. Schaffer was next to testify. Mr. Schaffer testified in support of the bill. He stated there is a real need for a facility of this type in Northwest Alaska. He stated having a facility close to home makes a lot of sense to him making treatment available earlier, treatment would have a better chance to be successful.

Testifying next was Mr. Vernon Kuzruk. Mr. Kuzruk testified in support of the bill. He stated there is a dire need for this type of facility in this area.

A note was read to the committee from Mr. John Van Whimple supporting the bill.

No action was taken on this bill today.

Meeting adjourned at 4:50 P.M.

Regional
Employment Center
Health Center
Education Center
Convention Center

FIB834

End of the
Iditarod Trail

NOME ESKIMO COMMUNITY • P. O. BOX 949 • NOME, ALASKA 99762 • PHONE (907) 443-2246

Youth Residential Homes-78
for NW Alaska — Rationale

Dear C. for your information

Attached are two copies of a brief description & budget for the youth centers we discussed on the phone. Si working on letters of support today and will get them in the mail and will get these in the mail to you by the end of the week.

Si is approaching the city Council Monday night about land.

Please excuse the hand written note. We plane just leave in 4 & I want to take it out to the airport.

I'll try to call you Monday.

Thanks.

Lynn

planning, natural and community improvement

YOUTH RESIDENTIAL CENTER

The Nome Eskimo Community, with planning assistance from Social Service agencies in Nome, is planning a facility to provide long-term residential care for teenagers, ages 12 through 17. The Center will provide positive reinforcement care for 26 teenagers who have behavicrial/emotional problems and juveniles who are ordered by the Court System to be detained for non-violent crimes.

There is not such a home anywhere in Northwest Alaska. In Nome there is the Nome Receiving Home to care for 5 children ages 0 to 18 for no more than 90 days. There are a few foster homes available in Nome, however, of these there are none available for teenagers with behaviorial problems. These teenagers are sent either to Anchorage or outside of Alaska. Juvenile delinquents often end up in Nome's jail pending court action; if they are ordered to be detained, they are sent, of necessity, outside this geographical area.

The Center will be open to teenagers from Northwest Alaska, who have been referred by the Department of Health & Social Services, Division of Corrections, and Division of Social Services; and the Alaska Court System.

Projected use by the Division of Social Services from the Kotzebue and Nome areas is an average of 10 spaces filled at all times. Projections from the Division of Corrections, from the same area, is an average of 15 spaces. The Alaska Court System anticipates 5.

The facility will be staffed by a professional director, 2 full-time professional child psychologists, 3 sets of experienced house parents to alternate time off, 2 sets of parents present at all times. 1 full time cook and 1 part time cook. The resident teen-agers will be assigned chores for housekeeping and as cook assistants. The staff will meet State of Alaska, Department of Health & Social Services, licensing requirements.

The professional staff will review each childs record and plan therapeutic activities designed to help the child adjust. The residents will continue there education at Nome Beltz High School, supervised to and from school by the house parents.

It is expected that after the first years operation, the cost of operating the Youth Center will be met by payments for the care of children by the Division of Social Services, the Division of Corrections. It is the intention of the Youth Center, to negotiate a rate with the Division of Social Services for the actual cost of care. Information provided by the first years operation will be used to determine this actual cost.

The facility will have two wings off a central area. One wing for 13 girls, the other for 13 boys. Each wing will have 2 bedrooms for 4 children, 2 bedrooms for 2 children, 1 bedroom for 1 child, and bathroom facilities. Each wing will also have an apartment (without kitchen) for house parents. The central area will contain the utility room, kitchen, dining room, T.V. and living room, study/ library room, recreation room, 2 counseling rooms, and the main office. Total space for the facility will be approximately 9,000 square feet.

Other local services available to the Youth Center, include: Norton Sound Regional Hospital; Norton Sound Health Corporation, Division of Family Services; State of Alaska, Division of Social Services and Division of Corrections; and Nome Community Center.

Vista Volunteers of America are being contacted, asking them to provide three of four dedicated young people, trained in child care and development, to provide the center with this additional child care.

Planning Participants

Lynn Chambers, Nome Eskimo Community
Gene Shafer, Division of Corrections
Nate Perry, Division of Social Services
Jan Sabo, Division of Social Services
Ernest Collins, Division of Social Services
Myra Bettis, Division of Social Services
Steve Harrison, PhD Norton Sound Health Corporation, Division of Family Services
Sue Cygon, Nome Receiving Home
Barbara Shaffer, Nome Receiving Home
Bonnie McCourquodale, Nome Community Center
Carol Parin, Nome Community Center
Mark Bergemann, Nome Beltz High School
Judge William Sanders, Alaska Court System

Operating Budget

Staff		
Director	40,000	
2 Psycologists @ 40,000	80,000	
1 Secretary/Bookkeeper	18,000	
6 House Parents @ 20,000	120,000	
1.5 Cooks @ 20,000	30,000	
		288,000
Fringe Benefits @ 20%		57,600
Utilities		
(Electricity, Heat, Water) .42 per sq foot $3750 month		45,000
Transportation		
Vehicle	13,000	
Gas, oil, repairs, insurance @ 750 month	9,000	
		22,000
Office Operation		
Supplies $150 month	1,800	
Communications $150 month	1,800	
		3,600
Child Care		
Clothing and personal use	2,000	
Library-Acquisition	6,000	
Recreation equipment and supplies	5,000	
		13,000
Food Service $5,800 month		70,000
Housekeeping		2,000
Insurance-liability		2,500
		$503,700

Average cost per child per day $70.00

Construction Budget

Construction, including material	
$70 per sq. foot, 9,000 sq. foot	$630,000
Furnishings	
$18 per sq. foot, 9,000 sq. foot	162,000
	$792,000

Does not include land. Asking Nome City Council for land grant. Estimated value of land $40,000.

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Communications $150 month	1,800	
		3,600
Child Care		
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Library-Acquisition	6,000	
Recreation equipment and supplies	5,000	
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Food Service $5,800 month		70,000
Housekeeping		2,000
Insurance-liability		2,500
		$503,700

Average cost per child per day $70.00

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$18 per sq. foot, 9,000 sq. foot	162,000
	$792,000

Does not include land. Asking Nome City Council for land grant. Estimated value of land $40,000.

CITY OF NOME

P.O. BOX 281 - NOME, ALASKA 99762
TELEPHONE (907) 443-5242

February 16, 1978

Honorable Al Nakak
Representative
State of Alaska
Pouch V
Juneau, Alaska 99811

Dear Mr. Nakak:

The Nome Eskimo Community is proposing building and operating a Youth Residential Center in Nome and this letter is to express the City of Nome's approval and support of their effort.

There is a definite need for this facility in Northwest Alaska as we do not feel that children in this area should be removed from their environment. It would be far less detrimental to place them in a home here.

Yours very truly,

F. G. Breeden

F. G. Breeden
City Manager

FGB:mo

Trial Courts
State of Alaska
SECOND JUDICIAL DISTRICT
BOX 100
NOME, ALASKA 99762

WILLIAM H. SANDERS, Judge

February 8, 1978

Representative Al Nakak
House of Representatives
Assembly - Room 103
Juneau, AK 99811

Dear Representative Nakak:

The Nome area at this time is without adequate facilities to take care of many of our teenagers from age 12 to 17 who for some reason or other have to live away from their home.

Many of these children come from broken homes, homes where one or more parents are unfit, or for some reason unable to take care of said child or children. Also, some of these teenagers are delinquent, but are not serious enough offenders to send away to an institution. They need a place for rehabilitation.

It is much better that we provide homes for these children that are without homes, in the Nome area. The transition from their homes or villages is much easier if they have a foster home in Nome.

Many times we have to send youngsters away to other communities simply because we do not have a proper home where they can live in this area. Sometimes the shock of going to another area or culture such as Anchorage is as devastating on the child as leaving the child in the home where his parent abuses him or where he is unable to receive guidance. I certainly recommend that a youth residential center be

established in Nome and in Kotzebue to take care of the children without an adequate homelife in these areas.

Respectfully,

William H. Sanders
Superior Court Judge

WHS:jm

CITY OF NOME

POLICE DEPARTMENT
BOX 281
NOME, ALASKA 99762
(907) 443-2341

2. 8. 1978

Honorable Al Nakek
Representative
State of Alaska
Juneau

Dear Sir:

We have received a plan from Ms. Lynn Chambers of the Nome Eskimo Community having to do with construction and operation of a youth residential center for the Northwest area. The idea is sound and makes good sense.

In my opinion, a child in trouble is a product, nevertheless, of his own environment and must learn to cope with life as it is and where it is. Sending a youngster to some far off place with the idea of re education and rehabilitation, even though the child shows much progress there, he must return eventually to the starting place and right back into the situation which caused the original problem.

A local Youth Residential Center, properly operated, could very well be the answer to this very real social issue.

As the police chief of Nome for almost three years I recognize this need, if from nothing more than my own observations, and you may rely on my support for this project.

Best Regards,

C. Johnson

Cecil Johnson
Police Chief

for 26 bed
youth home

Planning Participants:

Gene Schaeffer- Division of Corrections: Probation Officer

Lynn Chambers- President Nome Eskimo Community

Nate Perry- Division of Social Services

Jan Sabo- Division of Social Services

Ernie Collins- Division of Social Services

Myra Bettis- Division of Social Services

Steve Harrison-Norton Sound Health Corporation- Family Services

Sue Cygans- Nome Receiving Home

Barbara Shaffer- Nome Receiving Home- Board of Directors

Carol Perrins- Nome Community Center

Bonnie McCorquodale- Nome Community Center

Mark Bergeman- Nome Beltz High School Assistant Principal

Judge William Sanders

LARSON, TIMBERS & VAN WINKLE
ATTORNEYS AT LAW
P. O. BOX 61
NOME, ALASKA 99762

TELEPHONE 907 - 443-5227

February 22, 1978

The Honorable Al Nakak
House of Representatives
Pouch V
Juneau, AK 99811

RE: Proposed Nome Youth Home/HB834

Dear Al:

The purpose of my letter is to lend some support for HB834. In fact, I would hope the bill can be amended to bring the grant to $800,000.00 for a 26 bed home (rather than $500,000.00 for the 20 bed home suggested in 834). You know as well as I the crucial need for such a facility in Nome, consequently I won't belabor the point. I'd simply like you to have this letter in your file, and when discussing the matter you can make reference to my name, or indicate to whoever necessary that the lawyer who is principly in charge of representing juveniles in this area sees a desperate need for a youth home and vigorously supports the present proposal.

Sincerely,

LARSON, TIMBERS & VAN WINKLE

John D. Van Winkle

JDVW/aw

cc: Lynn Chambers
Nome Eskimo Community
P.O. Box 949
Nome, AK 99762

NORTON SOUND HEALTH CORPORATION

Delegate of Alaska Federation of Natives

P.O. Box 609 Nome, Alaska 99762 443-2261

February 15, 1978

Ms. Lynn Chambers
Planner
Nome Eskimo Community
Box 949
Nome, Alaska 99762

Dear Lynn:

Concerning the proposed Youth Residential Center for Northwest Alaska that your agency would like to develop, the Norton Sound Health Corporation Family Services Department supports your proposal completely. The need for such a facility is easily supported by the numbers of young people we are forced to send elsewhere for treatment currently. These children are sent outside or to Anchorage and Fairbanks, far distances from any relative or other familiar face. This alone is not the best situation for successful treatment of young people. And of time these children disappear onto the streets of Anchorage and Fairbanks to the dismay of their families.

Because of the inappropriate treatment settings now available to our youth we need to provide them with a center closer to home where they will not feel so astranged and also a place from where the transition back hom will be much easier for them.

Sincerely,

Sharon Walluk

Sharon Walluk
Associate Director

Box 131, Nome, Alaska 99762 • Telephone (907) 443-2231

DARROLL HARGRAVES
Superintendent

February 27, 1978

TO WHOM IT MAY CONCERN:

I have read the proposal for a youth residential center in Nome prepared with input from various agencies in the community.

The need this proposal addresses dictates that attention be given to providing services for teenagers with behavioral/emotional problems.

In the public schools we have oftentimes been witness to the devastation brought upon the lives of our young people. Some of this has been caused simply because of a lack of good home facilities and adequate concern on the part of parents, or possibly the complete absence of parents.

Conceivably, a youth residential center in Nome could alleviate many of the problems experienced in schools, legal agencies, and courts. Certainly a youth residential center as proposed here would be preferable to detaining juveniles in the local jail.

The Nome School District stands ready to cooperate with all sponsoring agencies in providing needed services for such a facility. Services rendered by the School District might include the enrolling of students in the regular public school program and/or providing services within the facility itself through a home instructional program.

I hereby support and request consideration on the part of all concerned parties for this proposal to establish and maintain a youth residential center in the City of Nome.

Sincerely,

Darroll

Darroll Hargraves

/skb

HB
840

Research Briefs

FROM UTAH FOUNDATION

Number 77-14
August 29, 1977

30 East First South, Suite 201
Salt Lake City, Utah 84111

UTAH 'WORK FOR WELFARE' PROGRAM IS ATTRACTING NATIONAL ATTENTION

Utah's prolonged skirmish with Federal welfare officials over the state's basic philosophy that recipients of public assistance should, when possible, work for what they get, appears to be going Utah's way.

The Work Experience and Training (WEAT) program which the state funded without Federal assistance for 18 months not only has received official approval (and financial support) from the U. S. Department of Health, Education, and Welfare, but also is attracting increasing attention across the nation. Some people feel that the newest welfare proposals of the Carter administration are very much in harmony with the philosophy of the Utah program.

A recent article in U. S. News and World Report focussed national attention on Utah's WEAT program, but state officials already knew of the widespread interest in this experiment. Inquiries, seeking details about the operation of the program and its results, have been received from more than a score of states across the country, and from such organizations as the Council of State Governments and the National Conference of State Legislatures.

The belief that able-bodied people should work has been deeply ingrained in Utah tradition from earliest pioneer days. Since the development of the huge Federal public assistance programs, there have been frequent conflicts between the Utah philosophy and that of Federal administrators, depending on what administration was in power in Washington at any given time.

As recently as ten years ago, Utah's desire to require able-bodied welfare recipients to work in return for their public assistance grants ran into stiff opposition from Federal officials. Utah transferred many persons from the rolls of Federally-assisted programs to the wholly-state-fi-ed General Assistance programs, assuming full cost of support rather than sacrifice principle.

A major break came late in 1972, with the ruling of the U. S. Supreme Court in the case of New York State vs. Dublino. The Court held, in essence, that states may require able-bodied welfare clients to work for their grants. Many states, including Utah, immediately began studying the Dublino decision to determine its practical effect on state welfare policy and programs.

In line with this development, Utah's 1974 Legislature included in its general appropriations bill a statement of legislative intent, to:

"Require that all employable welfare recipients---primarily adult males and mothers of school-age children---must report regularly and accept jobs or job training, or take part in a community work force. Refusal will mean loss of aid. Those recipients classified as unemployable shall be exempt. If this policy is not enforceable administratively, the Department of Social Services shall prepare legislation to implement such policy.

"The Department of Social Services is authorized to transfer funds between programs to implement such policy."

The department thereupon set about establishing what has become the Work Experience and Training (WEAT) program. It applies to the Federally-supported Aid to Families with Dependent Children (AFDC), largest of the government's public assistance programs, and to the state's own General Assistance program which is outside Federal regulation. The Aid to Families with Dependent Children program has its own Work Incentive (WIN) program designed to put welfare clients to work. This program, heavily criticized in its earlier years when it was strongly training-oriented, appears to be much more successful recently as the accent has been shifted to job-placement. In any event, the WEAT operation is careful to avoid interference with the Federal WIN program.

It is mandatory for adults seeking aid under AFDC to register for the Work Incentive (WIN) program unless they are automatically exempt from work requirements (e.g. those who are physically disqualified, mothers with children under six years of age). WIN registrants are appraised by a special team composed of people

ily Services Division, and are assigned to one of three categories: full-time work, "components" for client preparation, and "unassigned recipients" who are not considered readily employable.

The WEAT program deals only with those in the last-named status. This avoids direct conflict with the WIN program, but also, obviously, adds to the difficulties of the WEAT program by providing it with only the least work-qualified of the Aid to Families with Dependent Children clients.

The other limitation on the WEAT program comes from the prohibition against using welfare clients in private industry, in competition with the regular work force. This limits potential "sponsors" (employers) in the WEAT program to governmental agencies (Federal, state, and local) and to private non-profit institutions. The welfare---or "workfare", as they are coming to be known- - - workers are generally employed on needed sponsors' projects for which no funds are available to hire regular workers.

Those deemed eligible for the WEAT program are expected to work at least 24 hours (three 8-hour days) a week, leaving two days a week for seeking regular employment. If a client has a job interview on a scheduled WEAT work day, he or she is excused without penalty.

Some of those assigned to the WEAT program decline to participate, and the sanction specified in the statement of legislative intent is applied. Aid is withheld from those refusing to participate, but not from the dependent children in their families, who continue to be provided for through appropriate channels.

Some who start on the program fail to perform satisfactorily on the job and are dropped from the program and from adult assistance grants. "Satisfactory performance" does not relate to a level of technical skill or production quota, but only requires that the worker show up on the job regularly and make an honest effort.

Some people are removed from the program for reasons beyond their control, such as illness or long school vacations which require the presence of a parent in the home, for example.

Those who do stay with the program are making a remarkable record, and this is what has created the growing national interest in WEAT.

The published account in U. S. News and World Report noted that in the six-month period

sors of WEAT projects on which they worked, 210 found other full-time employment, and an additional 109 working mothers found enough income-producing work to reduce the amount of public assistance required to support their families.

In the first six months of 1977, this record was improved:

Twenty-four persons were hired by sponsors for whom they had been working; the number finding other full-time employment jumped to 323 (a 48% increase); and the number of working mothers who earned enough to reduce their public assistance grants went up 16% to 125. An additional 108 WEAT participants were reclassified, due to improvement in their employability rating, and were moved into WIN components.

WEAT program sponsors are located at more than 300 sites throughout the state, and efforts are made to place program participants with sponsors close to their place of residence. Only rarely is it necessary to excuse a welfare client from participation in the WEAT program because there is no work project in his or her area of residence. A travel allowance may be provided a program participant when justified.

Reaction of sponsors to the program varies, as might be expected, but is described by state welfare officials as "generally good, sometimes enthusiastic." Letters received from sponsors appear to bear this out. The Utah Department of Transportation wrote in March, 1977, that work done for its District 2 maintenance section under the WEAT program since July, 1975, represents a savings in labor cost of more than $87,000 or the equivalent of six full-time regular employees.

The size of the WEAT program is limited by its very nature and it cannot by itself be expected to make a direct substantial reduction in the total cost of public assistance. Nevertheless, significant savings are effected, and the moral effects of the program---both on individual participants and on the attitude of the public toward the welfare program---may be more significant in the long run. It is noteworthy that the Utah head of the Welfare Rights organization has expressed approval of the WEAT approach.

Utah officials feel the program vindicates their basic belief that such a "workfare" program is legal as well as philosophically sound. It now appears that the Utah experiment may prove to be a landmark in the development of U. S. public assistance policy and procedure.

POSITION PAPER/Department of Health and Social Services

POSITION PAPER

HOUSE BILL NO. 840

"An Act relating to work requirements for recipients of public assistance".

This Bill would develop a new mechanism to require those persons receiving AFDC, General Relief, and General Relief Medical who are not exempt under 45.U.S.C. 602(19)(A)(i), (ii), (iv-vi) to work for no compensation in positions developed in the non-profit sector.

This Department has considered the following in review of the Bill:

1. Federal law prohibits the denying of AFDC benefits on the basis of work requirements for situations other than those outlined in the WIN and Unemployed Father's programs. This Bill is, therefore, inconsistent with existing federal law, and enactment could jeopardize the State's receipt of federal monies for public assistance.

2. State demonstration projects authorized under the Social Security Amendments of 1977, Section 404 are required to compensate the participants for the work performed at an amount equal to the local prevailing hourly wage, up to the total amount of their welfare benefits. Based on the current minimum wage for State employees and the present average monthly AFDC grant amount, participants would be working only 12 hours a week, not 24.

3. There are no provisions for adequate support services to assist welfare recipients when on the unrenumerated position. Should the State not pay or reimburse employment-related expenses, additional fiscal hardships would be imposed on an already strained family budget. Should individuals on partial grants be included in the legislation, their assistance payments would be greatly diluted if expenses are not defrayed by a public agency.

4. Due to the fact there are not provisions for in-depth screening of recipients once the basic work eligibility has been determined, there is concern that marginally employable individuals will be assigned duties which are inconsistent with their abilities. The resulting situation would be unfair to both the employer and assistance recipient. It is this negative spinoff that led one national study to conclude: "Work-for-relief efforts (merely working off one's relief payments in a makeshift job) are costly, inefficient, and resented by work supervisors as well as participants." ("The Work Incentive Program and Related Experiences", R&D Monograph 49, 1977).

5. Assuming all necessary employment functions are performed by the Department of Labor, the following administrative considerations arise:

A) if enacted for General Relief, General Relief Medical and AFDC recipients in Anchorage, Fairbanks, Juneau, Ketchikan and Sitka, the costs incurred by the Division of Public Assistance would reasonably include one eligibility worker in Fairbanks and Juneau, and 1.5 workers in Anchorage. The additional staff would determine monthly work registration status, and coordinate with the Department of Labor on each eligible recipient's work requirements;

B) as recipients are served only for one month at a time, computer linkage with DOL would be essential to administration;

C) because adjudicable issues may arise, provisions must be made for hearing procedures.

Because of the above mentioned reasons, the Department questions whether the enactment of this bill would benefit either the Alaskan taxpayer or public assistance recipient.

In summary, the Department is of the opinion that this measure may very well be a positive feature to install in the Alaska Public Assistance programs. However, the uncertainty of the Department's federal funding for the AFDC program, coupled with the above expressed concerns surrounding potential negative impacts which might result if this measure were enacted at this time, prompts the Department to conclude that any final action on this measure in the 1978 Legislative Session would be premature. Accordingly, the Department recommends that House Bill No. 840 be redirected as an expression of legislative concern in this area, and a directive to the Department of Health & Social Services to submit a complete analysis of this workfare concept, to include a definite recommendation whether to adopt such a provision, to the appropriate committee chairman of the Alaska Legislature during the first six weeks of the 1979 legislative session.

Recommended by: Richard R. Wilson — 4-20-78

Richard R. Wilson, Director
Division of Public Assistance

Date

Approved by: Helen D. Beirne — 4-20-78

Helen D. Beirne, Commissioner
Department of Health & Social Services

Date

STATE OF ALASKA
THE LEGISLATURE
LEGISLATIVE AFFAIRS AGENCY

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907 465-3830

April 21, 1978

Utah "Workfare" Program
(Work Experience and Training Program - WEAT)

Prepared by: Donna Rogers, Research Analyst
For: House HESS Committee

Purpose: To find work and provide training and on-the-job work experience for certain AFDC and General Assistance recipients who have not been offered training or work experience through the AFDC WIN (Work Incentive) program.

Brief History: The WIN program, due to federal reimbursement formulas, was finding jobs only for those AFDC mandatory registrants who already had marketable job skills. Persons who were not readily employable were not receiving training. The Utah legislature in '74 stated its intent that a requirement be established that "all employable welfare recipients--primarily adult males and mothers of school age children--must report regularly and accept jobs or job training or take part in a community work force. Refusal will mean loss of aid." Proposals were submitted to the Department of Health, Education, and Welfare to gain federal approval of the resultant Utah WEAT program. Federal officials expressed concerns over the mandatory nature of the program and its penalty provisions. It was also unclear if federal authority to participate financially in a non-WIN work program even existed. The Utah proposal was redesigned and tentatively approved in 1976 with the understanding that clearer national policies could at any time cause recession of the approval. The proposal was approved as being necessary for the efficient administration of the AFDC program, due to WEAT's emphasis on training for future employment.

Who Must Register for WEAT

a) All persons required by federal law to register for the WIN program who are not in an assigned WIN training or work experience program and are in a WEAT project area, or

b) non-disabled persons (under age 60) who have no pre-school children and who are on General Assistance, and

c) are working less than 20 hours per week.

Required Performance

a) If assigned a WEAT position, the individual must work an average of 24 hours (three days) per week, or 96 hours per month.

b) Two days each week are set aside for job search or training activities.

Excused Time

a) A WIN assignment for training or employment excuses a person from WEAT.

b) Illness as verified by a physician's statement.

c) Time spent in job interviews set up by Job Service.

Penalties

a) Failure to perform 96 hours per month without an acceptable excuse will result in the individual being removed from assistance (dependent children will not be removed from assistance).

b) The individual will lose work expense training allowance of $25 per month.

Other Requirements

a) The individual will not be paid for work performed but will be reimbursed for work-related expenses (transportation, meals, etc.) at a rate of $25 per month.

b) Acceptance of a WEAT position is an eligibility requirement of AFDC or General Assistance for mandatory registrants.

Employer Duties

a) The employer must provide all supplies and equipment.

b) The job must meet health and safety standards.

c) The employer must provide workman's compensation coverage.

d) The employer must be either a government agency or a non-profit agency.

e) The jobs offered must not displace regularly employed persons or strikers.

f) The employer is responsible for supervision and training.

State Duties and Services

a) The state will provide child care, if necessary, within funding limits.

b) The state will provide a work expenses allowance ($25 per month).

c) The state, through already existing channels (Vocational Education, WIN, Job Service), will provide rehabilitation and job search services.

d) The state will give advance notice of intent to impose a penalty and allow for appeals.

e) There are 320 WEAT projects available for individuals throughout the state, each tailored to the local community's resources.

f) Little state additional staff funding has been needed as existing community service and eligibility staffs are used.

g) State coordinates closely and shares information with WIN, Job Service, and Vocational Rehabilitation.

Successes

Success depends on:

a) The local job sponsor's willingness to work closely with the welfare client and the sponsor's realization of the educational, work experience, and social limitations the individual client has.

b) The availability of child care.

c) The availability of time and the aggressiveness of local eligibility worker staff to find local job sponsors, visit the job sites, refer clients, and coordinate with other existing programs.

d) Adequate staffing.

Problems

a) Lack of available child care funds to meet the needs of the increasing numbers of voluntary registrants for WEAT. Currently funding comes from Title XX (Social Services) and WIN funding. Ceilings in these programs limit available child care.

b) Increasing work requirements on local eligibility staff limit the time available for active development of WEAT jobs. Utah had developed some computer data printouts which ease coordin-

ation of WIN and WEAT programs, but to more effectively pursue the goals of these programs, some additional eligibility staff in major areas of the state may be needed.

c) Federal officials feel the current approval of WEAT for the AFDC program is on such shaky grounds that the state may be found non-compliant with federal requirements once national policies are clarified. They thus have recently urged Utah to place the WEAT program under WIN. Utah officials are concerned that the federal WIN program requirements may significantly diminish the effectiveness of the WEAT program.

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

POUCH Y · STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

M E M O R A N D U M

April 21, 1978

SUBJECT: Utah's Work Experience and Training Program

TO: House HESS Committee

FROM: Donna Rogers DR
Research Analyst

Attached please find a brief report outlining Utah's Work Experience and Training Program.

If you have questions on this material, please do not hesitate to contact me at 465-4917.

DR:jm

Attachment

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

POUCH Y STATE CAPITOL
JUNEAU ALASKA 99811
907 465 3800

April 21, 1978

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
REGION X
ARCADE PLAZA BUILDING
1321 SECOND AVENUE
SEATTLE, WASHINGTON 98101

SOCIAL SECURITY ADMINISTRATION
OFFICE OF THE REGIONAL
COMMISSIONER

TESTIMONY REGARDING ALASKA HOUSE BILL NO. 840
MARCH 16, 1978

ALASKA HOUSE BILL NO. 840 WOULD ESTABLISH WORK REQUIREMENTS FOR RECIPIENTS OF PUBLIC ASSISTANCE. INCLUDED AMONG THESE RECIPIENTS WOULD BE CERTAIN PERSONS WHO ARE RECIPIENTS OF BENEFITS UNDER TITLE IV-A OF THE SOCIAL SECURITY ACT, KNOWN COMMONLY AS AID FOR FAMILIES WITH DEPENDENT CHILDREN OR AFDC.

WORK REQUIREMENTS IN RELATION TO THE RECEIPT OF ASSISTANCE UNDER THE FEDERALLY AIDED AFDC PROGRAMS HAVE BECOME A MATTER OF CONSIDERABLE PUBLIC INTEREST.

THE WORK ETHIC IS WELL ESTABLISHED AS A PART OF OUR NATIONAL LIFE. THE NEED AND WISH TO BE ECONOMICALLY PRODUCTIVE MAKES UNEMPLOYMENT A MAJOR PROBLEM IN TODAY'S SOCIETY. IT IS NOT ONLY THOSE WHO ARE POORLY EQUIPPED WHO HAVE DIFFICULTY IN FINDING EMPLOYMENT, MANY WHO ARE WELL EDUCATED AND TRAINED WITH VARIOUS SKILLS ARE ALSO FINDING THEMSELVES IN THE LINES TO CLAIM UNEMPLOYMENT COMPENSATION BENEFITS AND ON THE WELFARE ROLLS FOR VARYING LENGTHS OF TIME. IN ADDITION THERE ARE THE YOUNG PEOPLE WHO ARE SEEKING FOR THE FIRST TIME TO ENTER THE LABOR MARKET WHO ARE UNABLE TO FIND WORK AND THUS SEEK WELFARE AID.

THERE ARE NO DATA TO ESTABLISH THAT PERSONS SEEKING OR RECEIVING WELFARE AID ARE ANY LESS ANXIOUS TO WORK THAN ARE OTHER PERSONS.

WORK REQUIREMENTS UNDER FEDERAL LAW AND REGULATIONS

TITLE IV-A OF THE SOCIAL SECURITY ACT IMPOSES TWO DIFFERENT SETS OF PENALTIES, ONE FOR UNEMPLOYED FATHERS AND ANOTHER FOR ALL OTHER PRESUMED EMPLOYABLES UNDER THE WIN PROGRAM, FOR REFUSING TO REGISTER FOR EMPLOYMENT, REFUSING BONA FIDE OFFERS OF EMPLOYMENT OR TERMINATING WORK WITHOUT GOOD CAUSE.

THE AID FOR FAMILIES OF DEPENDENT CHILDREN UNEMPLOYED FATHERS PROGRAM (AFDC-UF) IS AN OPTIONAL PROGRAM AND ONE IN WHICH THE STATE OF ALASKA HAS DECLINED TO PARTICIPATE.

UNDER SECTION 407(b)(1) OF THE ACT AND 45 CFR 233.100(a)(5) THE ENTIRE FAMILY OF AN UNEMPLOYED FATHER MAY NOT RECEIVE AFDC IF THE FATHER HAS WITHOUT GOOD CAUSE, WITHIN A 30 DAY PERIOD, REFUSED A BONA FIDE OFFER OF EMPLOYMENT OR TRAINING FOR EMPLOYMENT.

I MENTIONED THE SANCTION PROVIDED UNDER THE AFDC-UF PROGRAM TO ILLUSTRATE THAT FEDERAL LAW DOES REQUIRE EMPLOYABLE FATHERS TO ACTIVELY SEEK EMPLOYMENT AS A CONDITION OF RECEIPT OF BENEFITS. ALASKA HOUSE BILL 840 WOULD NOT AFFECT THE TREATMENT OF EMPLOYABLE MALES INSOFAR AS RECEIPT OF FEDERALLY MATCHED WELFARE BENEFITS IS CONCERNED BECAUSE THE STATE HAS NOT ELECTED TO ASSIST THEM UNDER ANY CONDITIONS. HOWEVER, ALASKA HAS BEEN PROVIDING VENDOR PAYMENTS TO THIS GROUP SINCE OCTOBER, 1977 WHEN THE GENERAL RELIEF PROGRAM WAS CHANGED DUE TO COMPLAINTS BY LEGAL AID. I UNDERSTAND THAT THESE PAYMENTS WILL BE TERMINATED SHORTLY.

UNDER SECTION 402(a)(19)(F) THE NEEDS OF ANY INDIVIDUAL WHO FAILS TO PARTICIPATE IN THE WIN PROGRAM OR TO HAVE REFUSED EMPLOYMENT WITHOUT GOOD CAUSE ARE NOT TO BE TAKEN INTO ACCOUNT IN DETERMINING THE NEED OF THE FAMILY AND THE AMOUNT OF THE AFDC ASSISTANCE PAYMENT; ASSISTANCE MUST BE FURNISHED TO THE OTHER ELIGIBLE MEMBERS IN THE FORM OF PROTECTIVE OR VENDOR PAYMENTS TO OTHER THAN THE REFUSING MEMBER. IF AN INDIVIDUAL WHO IS A RELATIVE OTHER THAN THE UNEMPLOYED FATHER RECEIVING AFDC REFUSES WITHOUT GOOD CAUSE TO PARTICIPATE IN THE WORK INCENTIVE PROGRAM OR TO ACCEPT A BONA FIDE OFFER OF EMPLOYMENT IN WHICH HE IS ABLE TO ENGAGE, HIS NEEDS ARE REMOVED FROM THE AMOUNT OF ASSISTANCE OTHERWISE PROVIDED AND AFDC IS PROVIDED TO THE REST OF THE ASSISTANCE UNIT IN THE FORM OF PROTECTIVE OR VENDOR PAYMENTS OR AS FOSTER CARE. (45 CFR 234.60 AND 233.110).

IF SUCH INDIVIDUAL WHO REFUSES IS THE ONLY CHILD IN THE FAMILY, AFDC ASSISTANCE IS DENIED TO THE ENTIRE FAMILY. (45 CFR 224.51(a)(2))

THIS DENIAL OF AID TO THE REFUSING REGISTRANT IS NOT APPLIED DURING THE 60 DAYS IN WHICH THE INDIVIDUAL EXPECTS TO RECEIVE COUNSELING OR OTHER SERVICES BUT AFDC ASSISTANCE IS PAID AS A PROTECTIVE OR VENDOR PAYMENT. (45 CFR 224.51(b))

HOWEVER, IF AN UNEMPLOYED FATHER FAILS TO REGISTER FOR WIN AND IS NOT EXEMPT FROM WIN REGISTRATION, THE ENTIRE FAMILY IS INELIGIBLE FOR AFDC (SECTION 407(b)(2)(C) OF THE ACT).

THE LAW SPECIFIES THAT EVERY INDIVIDUAL, AS A CONDITION OF ELIGIBILITY FOR AID UNDER THE AFDC PROGRAM MUST REGISTER FOR MANPOWER SERVICES, TRAINING, AND EMPLOYMENT, AS PROVIDED BY REGULATIONS OF THE SECRETARY OF LABOR UNLESS SUCH INDIVIDUAL IS:

A CHILD WHO IS UNDER AGE 16 OR ATTENDING SCHOOL FULL TIME;

A PERSON WHO IS ILL, INCAPACITATED, OR OF ADVANCED AGE;

A PERSON SO REMOTE FROM A WORK INCENTIVE PROGRAM THAT HIS EFFECTIVE PARTICIPATION IS PRECLUDED;

A PERSON WHOSE PRESENCE IN THE HOME IS REQUIRED BECAUSE OF ILLNESS OR INCAPACITY OF ANOTHER MEMBER OF THE HOUSEHOLD;

A MOTHER OR OTHER RELATIVE OF A CHILD UNDER THE AGE OF 6 WHO IS CARING FOR THE CHILD; OR

A MOTHER OR OTHER FEMALE CARETAKER OF A CHILD IF THE FATHER OR ANOTHER ADULT MALE RELATIVE IS IN THE HOME AND NOT EXCLUDED FROM THE PROGRAM.

INDIVIDUALS WHO HAVE BEEN DETERMINED TO BE EXEMPT FROM REGISTRATION ON THE BASIS OF INCAPACITY ARE REFERRED TO THE APPROPRIATE STATE VOCATIONAL REHABILITATION AGENCY.

A MOTHER OR OTHER RELATIVE OF A CHILD UNDER THE AGE OF 6, WHO IS CARING FOR THE CHILD, IS ADVISED OF HER OPTION TO REGISTER IF SHE SO DESIRES, AND OF THE FACT THAT CHILD CARE WILL BE PROVIDED IF NEEDED. OTHER EXEMPTED INDIVIDUALS MAY REGISTER, SUBJECT TO ACCEPTANCE OF SUCH REGISTRATION BY THE SECRETARY OF LABOR.

WORK RELIEF PRECLUDED UNDER FEDERALLY AIDED ASSISTANCE PROGRAMS

QUESTIONS HAVE ALSO BEEN RAISED BY STATES AS TO WHETHER A CHILD, OTHERWISE ELIGIBLE FOR AFDC, OR THE ENTIRE UNIT COULD, UNDER FEDERAL POLICIES BE DENIED AID IF AN APPLICANT OR RECIPIENT REFUSED TO "WORK OUT" IN PROJECTS OR WORK RELIEF PROGRAMS, THE ASSISTANCE TO WHICH HE WAS OTHERWISE ENTITLED UNDER TITLE IV-A OF THE ACT.

SUCH A STATE PLAN PROVISION IS CLEARLY PROHIBITED UNDER 45 CFR 233.140 WHICH SPECIFIES THAT:

> "FEDERAL FINANCIAL PARTICIPATION WILL NOT BE AVAILABLE IN EXPENDITURES MADE IN THE FORM OF PAYMENTS FOR WORK PERFORMED IN ANY MONTH AFTER JUNE 1968, EXCEPT UNDER THE WORK INCENTIVE PROGRAM AUTHORIZED BY TITLE IV, PART C OF THE SOCIAL SECURITY ACT, OR UNDER THE WORK EXPERIENCE AND TRAINING PROGRAMS AUTHORIZED BY TITLE V OF THE ECONOMIC OPPORTUNITY ACT."

ABSENT CONGRESSIONAL AUTHORITY TO THE CONTRARY, A NEEDY AND OTHERWISE ELIGIBLE CHILD AND HIS NEEDY CARETAKER RELATIVE MUST RECEIVE ASSISTANCE UNDER TITLE IV-A OF THE ACT TO WHICH HE IS OTHERWISE ENTITLED. THIS VIEW IS CONSISTENT WITH THE UNITED STATES SUPREME COURT DECISION IN THE CASE OF TOWNSEND v. SWANK. (404 U.S. 282)

WORK RELIEF REFERS TO ANY SYSTEM IN WHICH AN INDIVIDUAL IS ASSIGNED TO WORK-OFF THE ASSISTANCE GIVEN, OR TO WORK WITHOUT PAY AS A CONDITION OF

ENACTMENT OF ALASKA HOUSE BILL NO. 840 AS IT IS NOW WRITTEN WOULD BE INCONSISTENT WITH THE SOCIAL SECURITY ACT AND FEDERAL REGULATIONS. ENACTMENT OF THIS PROPOSED BILL WOULD RESULT IN A COMPLIANCE ISSUE WITH THE STATE OF ALASKA'S PUBLIC WELFARE DIVISION AND COULD PLACE THE FEDERAL FINANCIAL PARTICIPATION DOLLARS AT RISK.

THANK YOU.

LOUIS E. WEISSMAN
ACTING ASSISTANT REGIONAL COMMISSIONER
OFFICE OF FAMILY ASSISTANCE

- APPROPRIATE HEALTH AND SAFETY STANDARDS AND TRAINING CONDITIONS MUST BE MADE
- THE PROJECT MUST NOT RESULT IN DISPLACEMENT OF EMPLOYED WORKERS
- COMPENSATION FOR WORK IS SPECIFIED AT AN HOURLY WAGE EQUAL TO THE LOCAL PREVAILING WORK WAGE
- WORK CONDITIONS MUST BE REASONABLE
- WORKMEN'S COMPENSATION MUST BE PROVIDED

(DEMONSTRATION PROJECTS MUST NOT LAST LONGER THAN TWO YEARS AND ALL MUST BE TERMINATED NOT LATER THAN SEPTEMBER 30, 1978)

THE FACT THAT THE CONGRESS FELT COMPELLED TO BROADEN SECTION 1115 OF THE ACT TO PERMIT WORK PROGRAMS SUCH AS THOSE UNDER DISCUSSION HERE IS CONSISTENT WITH THE CURRENT DEPARTMENTAL POSITION THAT SUCH PROGRAMS ARE INCONSISTENT WITH THE PROVISIONS OF THE SOCIAL SECURITY ACT ABSENT ANY OTHER SPECIFIC LEGISLATIVE AUTHORITY.

THE ONLY PROVISIONS IN FEDERAL LAW OR REGULATIONS WHEREBY A STATE MAY DENY AFDC TO INDIVIDUALS OR TO CHILDREN, ON THE BASIS OF WORK REQUIREMENTS, ARE THOSE CONTAINED IN SECTION 407 (b)(1) OF THE ACT AND 45CFR 233.100 (a)(5) PERTAINING TO THE UNEMPLOYED FATHER AND IN SECTION 402 (a)(19)(F) OF THE ACT AND 45CFR 224.21(b), 224.51(a)(1) AND 233.110 PERTAINING TO THE PROVISION OF FOSTER CARE FOR OTHER INDIVIDUALS UNDER THE WIN PROGRAM.

IN 1974 HEW PUBLISHED A REVOCATION OF §233.140 OF THE REGULATIONS; HOWEVER THIS REVOCATION WAS CHALLENGED IN A SUIT BROUGHT BY RECIPIENTS ORGANIZATIONS (NWRO v. DWIGHT) AND, THE REGULATION WAS REINSTATED.

STATE-ONLY WORK REQUIREMENTS

DURING THE PAST YEAR THERE WERE NUMEROUS INQUIRIES AS TO WHETHER, IN THE ABSENCE OF FEDERAL LAW, STATES COULD IMPOSE THEIR OWN WORK REQUIREMENTS AS A CONDITION OF RECEIVING AID UNDER TITLE IV-A IN ADDITION TO THESE PROVIDED IN THE ACT AS DESCRIBED ABOVE. THE ONLY ADDITIONAL INDIVIDUALS NOT COVERED UNDER CURRENT LAWS AND REGULATIONS WOULD BE RECIPIENTS IN NON-WIN AREAS. THE POSITION OF HEW TO DATE HAS BEEN THAT IN THE ABSENCE OF LEGISLATIVE AUTHORITY THE DEPARTMENT WOULD NOT ISSUE A POLICY TO SUPPORT STATE-ONLY WORK REQUIREMENTS.

CONGRESS ENACTED, AS A PART OF P.L. 95-216, THE SOCIAL SECURITY AMENDMENTS OF 1977, SECTION 404 ENTITLED STATE DEMONSTRATION PROJECTS. THIS SECTION AMENDS AND EXPANDS SECTION 1115 OF THE SOCIAL SECURITY ACT WHICH RELATES TO DEMONSTRATION PROJECTS. UNDER THIS AUTHORITY THE SECRETARY OF HEW COULD WAIVE CERTAIN STATUTORY REQUIREMENTS AND PERMIT NOT MORE THAN THREE DEMONSTRATION PROJECTS PER STATE. THESE PROJECTS COULD PROVIDE FOR PUBLIC SERVICE EMPLOYMENT. THERE ARE CERTAIN RESTRICTIONS CONNECTED WITH THIS AUTHORITY:

A. NOT MORE THAN ONE SUCH PROJECT COULD BE CONDUCTED ON A STATEWISE BASIS.

B. WITH RESPECT TO PUBLIC SERVICE EMPLOYMENT -

BOARD, FEBRUARY 26, 1936, BD. DOCUMENT NO. 73, 45 CFR 233.140. THE VIEW WAS BASED ON ITS CONCLUSION THAT A REQUIREMENT THAT AN INDIVIDUAL ACCEPT OTHERWISE UNRENUMERATED WORK AS A CONDITION OF ELIGIBILITY FOR AID IS, IN FACT, A REQUIREMENT THAT THE INDIVIDUAL "EARN" THE FAMILY'S ASSISTANCE BY WORK SO THAT THE WELFARE PAYMENT IS ACTUALLY COMPENSATION FOR SERVICES RENDERED AND NOTAID WITHIN THE MEANING OF U.S.C. 606(b).

THE CORRECTNESS OF THIS INTERPRETATION OF THE STATUTE WAS CONFIRMED BY THE 1962 ENACTMENT OF 42 U.S.C. §609, THE COMMUNITY WORK AND TRAINING PROGRAM, WHICH PROVIDED SPECIFIC AUTHORIZATION FOR THE ESTABLISHMENT OF WORK RELIEF TYPE PROGRAMS IN AFDC UNTIL ITS REPEAL IN 1968 BECAUSE OF CONGRESSIONAL DISSATISFACTION WITH THE PROGRAM. UPON THIS RPEAL HEW PROMULGATED THE STILL EFFECTIVE 45 CFR 233.140 TO REESTABLISH ITS PRE-1962 RULE. SUBSEQUENT LEGISLATIVE PROPOSALS TO REINSTATE 42 U.S.C. §609 WERE REJECTED.

THIS POSITION WAS REAFFIRMED BY HEW IN 1971, WHEN BOTH CALIFORNIA AND NEW YORK PROPOSED WORK RELIEF PROGRAMS FOR AFDC RECIPIENTS AND WERE ADVISED THAT FEDERAL FUNDING WOULD NOT BE AVAILABLE IF THEIR REGULAR AFDC PLAN REQUIRED RECIPIENTS TO ACCEPT ASSIGNMENT TO WORK RELIEF. THE ONLY EXCEPTION HAS BEEN THE APPROVAL OF PLACEMENTS FOR NOT TO EXCEED 13 WEEKS UNDER THE WIN PROGRAM, ON THE GROUNDS THAT WHERE THE INDIVIDUAL HAD HAD VERY MINIMAL ATTACHMENT TO THE LABOR MARKET, ONE COULD CONSIDER "EXPOSURE TO WORK" TO BE A FORM OF TRAINING. SEE WIN HANDBOOK, CHAPTER SIX, PAGE 5, PARAGRAPH E.

RECEIVING SUCH NEEDS-RELATED CASH ASSISTANCE FOR HER OR HIS FAMILY. IT INCLUDES SYSTEMS IN WHICH THE AFDC ASSISTANCE IS SPECIFICALLY CHARACTERIZED AS PAYMENT FOR THE WORK, SYSTEMS IN WHICH HOURS OF WORK REQUIRED ARE DETERMINED BY ASSIGNING AN HOURLY VALUE TO THE WORK PERFORMED AND DETERMINING THE NUMBER OF HOURS THUS NEEDED TO "WORK OFF" THE PAYMENT, AND SYSTEMS IN WHICH ACCEPTANCE OF THE OTHERWISE UPAID WORK IS SIMPLY A CONDITION OF ELIGIBILITY FOR ASSISTANCE. IT IS UNCLEAR AS TO WHETHER THE INTENT OF ALASKA HOUSE BILL 840 IS TO LIMIT ELIGIBILITY AT INTAKE OR TO DENY AN ALREADY DETERMINED ELIGIBLE RECIPIENT UPON REFUSAL TO WORK FOR NO COMPENSATION. SUCH A DISTINCTION HOWEVER IS MOOT. SUCH WORK RELIEF CREATES A CLASS OF WORKERS WHO PERFORM WORK WITH NEITHER THE STATUS NOR THE BENEFITS GENERALLY ACCEPTED AS THE RIGHT OF EMPLOYEES. FOR EXAMPLE, AS NON-EMPLOYEES THEY ARE EXCLUDED FROM COLLECTIVE BARGAINING, FROM PENSION SYSTEMS, AND THEY CANNOT QUALIFY FOR PROMOTION. IN ADDITION, GENERALLY THE FAMILY SUFFERS AN OUT-OF-POCKET LOSS SINCE THEY CONTINUE TO RECEIVE ONLY THE AMOUNT OF THEIR REGULAR AFDC ASSISTANCE WITHOUT AN INCREMENT TO ACCOUNT FOR THE EXPENSES INCURRED AS A RESULT OF PARTICIPATION IN THE WORK RELIEF ASSIGNMENT.

FROM THE INITIAL ENACTMENT OF THE PUBLIC ASSISTANCE PROGRAMS IN 1935 HEW HAS TAKEN THE POSITION THAT REQUIRING AN INDIVIDUAL TO ACCEPT ASSIGNMENT TO A WORK RELIEF PROJECT, I.E., TO WORK OFF, OR WORK FOR, ASSISTANCE PROVIDED FOR IN TITLE IV-A OF THE ACT IS INCONSISTENT WITH THE BASIC REQUIREMENT THAT AFDC PAYMENTS BE UNRESTRICTED MONEY PAYMENTS, 42 U.S.C. §606(b). THIS PORTION IS REFLECTED IN THE MINUTES OF THE SOCIAL SECURITY

HB
847

STATE OF ALASKA

Inter-Department Route Slip

TO:
MAIL STATION NUMBER 3100

DEPARTMENT Alaska House of Representatives

ATTENTIO. Representative Charles H. Parr

☐ Approval	☐ Note & Return
☐ Signature	☐ Initial & Return
☐ Comment	☐ Return As Requested
☐ Contact Me	☐ Return For Approval
☐ Prepare Reply	☐ Necessary Action
☐ For Your File	☐ Your Information

Remarks:

FROM:
MAIL STATION NUMBER 0500

DEPARTMENT EDUCATION

BY Nat Cole DATE 4/11/78

02-002 (REV.10/73)

02-001B (Rev. 10/76)

STATE of ALASKA

MEMORANDUM

TO: Honorable Charles H. Parr
Alaska House of Representatives

DATE: May 11, 1978

FILE NO:

Thru: Rocky Plotnick
Administrative Assistant

TELEPHONE NO:

FROM: Nat Cole, Deputy Commissioner
Department of Education

SUBJECT: CSHB 847

We have no objection to Sections 1-6 and 8 of this Committee Substitute. The effect of Section 7, however, is burdensome. This section would repeal the state licensure exemption presently afforded to school counselors, psychologists and psychometrists, and require those persons so employed to meet the state requirements. This would, in effect, impose upon those persons a double licensure requirement. In order for persons performing these duties to either participate in the Teachers Retirement System or qualify for tenure in a school district, they must first obtain a Type C teacher's certificate. This certificate is also, in a sense, a license. To be eligible for that license, we require at least a baccalaureate degree in our approved program of preparation, with specific training requirements. It makes much more sense that these people be trained in a four-year program of college training which has been approved by an accrediting association in the specific educational area in which they are employed, than for them to be able to pass an examination which may be totally irrelevant to what they do in the school setting.

It also seems to me that the distinction must be drawn between the relative education and experience requirements of a clinical practitioner in the above areas, and a practitioner in an education institution. As a practical matter, while we only require a baccalaureate for a Type C certificate, most colleges and universities require much more in the way of course-work and training before they will recommend a person for certification in the above areas than is presently required by Chapter 86 of Title 8.

5-9-78

ALASKA
STATE LEGISLATURE

MEMORANDUM

To: Nat Cole, DOE Re: CSHB 847

From: Rocky Plotnick House HESS

Carlie wants some feed-back on the work draft. Please take a look at it and give me a brief opinion. I need it this week.

CS HB 847

IN THE LEGISLATURE OF THE STATE OF ALASKA

TENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to psychologists and psychological associates; and providing for an effective date."

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

* Section 1. AS 08.86.070(2) is amended to read:

no reaction (2) prepare, administer and grade [WRITTEN] examinations;

* Sec. 2. AS 08.86.160 is amended to read:

Sec. 08.86.160. ASSOCIATES: ENTITLEMENT TO LICENSURE. A pers who passes the psychological associate examination given by the boar entitled to be licensed as a psychological associate. A licensed psy chological associate may not engage in private practice unless he is supervised by a licensed psychologist. no reaction

* Sec. 3. AS 08.86.162(3) and (4) are amended to read:

(3) has at least one year of [THREE YEARS'] experience wit the past three [TEN] years, [TWO OF WHICH ARE IN ALASKA, AND INCLUDIN ONE YEAR'S SUPERVISED POSTGRADUATE EXPERIENCE] acceptable to the boa

(4) has the recommendation of his immediate supervisor [IF LICENSED PSYCHOLOGIST] or two licensed psychologists [WHO HOLD DOCTO DEGREES]; no reaction

* Sec. 4. AS 08.86.185(a) is amended to read:

(a) Unless he is licensed under this chapter, no person may pra tice counseling or psychometrics, offer to practice counseling or psy chometry, or represent to the public that he is a counselor, [OR] psy chometrist, or psychological associate.

* Sec. 5. AS 08.86.230(5) is amended to read:

LA-L 20

(5) "psychological associate" includes [A] counselor and psychometrist;

* Sec. 6. AS 08.86.230(10) is repealed. No Action

* Sec. 7. AS 08.86.180(b)(1) and 08.86.185(b)(1) are repealed.

* Sec. 8. Section 7 of this Act takes effect July 1, 1981.

02-0018 (Rev. 10/76)

STATE
of ALASKA

MEMORANDUM

TO: Rocky Plotnick
Administrative Assistant
House HESS Committee

DATE: May 15, 1978

FILE NO:

TELEPHONE NO:

FROM: Janice Gates
Department of Health and
Social Services

SUBJECT: Work Draft,
CSHB 847

The Division of Mental Health and Developmental Disabilities and the Office of Alcoholism and Drug Abuse have reviewed the Work Draft for CSHB 847. The amendments suggested in the Work Draft do not alleviate the Department's problem with the bill, as expressed in the Position Paper for HB 847. Both the original bill and the Work Draft contain the same basic problem: the definition of "counseling" includes a very broad area of activities encompassing an extremely wide spectrum of employees. The suggested amendment does declare a moratorium on the need for public employees to comply with licensure until July 1, 1981, however after that time a basic minimal employment requirement of many jobs which encompass "counseling duties" will be licensure as a psychological associate or psychologist. This, in our opinion, imposes an unneeded and unwarranted requirement as a prerequisite to certain public employment.

We reiterate our opinion that the waiver exempting public employees who practice counseling or psychometrics to possess a license granted by the Alaska Board of Psychologists and Psychological Associate Examiners (AS 08. 86.185 (b) (1) should not be repealed.

Thank you for the opportunity to comment on the Wrok Draft for CSHB 847.

POSITION PAPER/Department of Health and Social Servic

HOUSE BILL NO. 847

"An Act relating to the practice of psychology, counseling and psychometrics."

The Department of Health and Social Services is in favor of requirements to license persons who actually provide professional psychological services, such as a clinical psychologist. The proposed repeal of AS 08.86.180 (b)(1) would implement this concept, thus eliminating a heretofore discriminatory provision which permitted the psychologist's licensure requirement to be governed by the individual psychologist's place of employment.

The Department does, however, object to requiring the broad array of services such as those encompassed in Sec. 08.86.185 to be subject to licensing by the Alaska Board of Psychologists and Psychological Associate Examiners. The proposed repeal of AS 08.86.185 (b)(1) would require all persons practicing counseling or psychometrics to possess a license granted by the Alaska Board of Psychologists and Psychological Associate Examiners. This would include all persons employed by a governmental unit, educational institution, or private agency who may be required to engage in some phase of work of a counseling or testing nature in the course of their employment, even though the employer may maintain appropriate supervision of the testing or counseling activities and of professional conduct.

Sec. 08.86.230 Definitions are so broad as to encompass the normal activities of most teachers in public schools, all special education instructors, all social workers and probation officers, all alcohol and drug abuse treatment personnel, almost all staff at the Alaska Psychiatric Institute and the Harborview Development Center, etc., as persons who practice counseling in some phase of their work.

Specifically, the following counseling services will be affected by the passage of House Bill 847:

(a) "Governmental Unit." Most of the alcohol and drug programs in Alaska operate through direct arrangements between the State Office of Alcoholism and Drug Abuse and the governing body of the local municipality. All personnel in the projects, counseling or managerial, are employees of a governmental body.

The same fact holds true for mental health offices, family guidance clinics, offices on aging, child development centers, employment centers, and a wide range of other service-providing units. All these offices provide counseling services as defined under AS 08.86.230 (7)(B).

(b) "Educational Institution." While nearly all school guidance counselors have undergone formal training in their specialty, a very small number of them qualify as board-certified psychologists. (Information from the Alaska Department of Education, Division of Teacher Certification, 2/78).

(c) "Private Agency." Those alcohol and drug prevention, treatment and rehabilitation programs in Alaska which are not a direct function of a unit of

FORM 02-001BC
FOR BRIEF COMMUNICATIONS-
MAY BE HANDWRITTEN

MEMORANDUM

State of Alaska

SB 59

DEPT.
DIV.
SEC.

TO: Rocky Plotnik

DATE: 5/9/78

FROM: Sharon Andrew

SUBJECT: CS HB 847

Will get a typed copy of this over to you later. Call me if you have questions. 2535

POSITION PAPER/Department of Health and Social Servic

municipal government, operate as privately organized councils of alcoholism and drug abuse. In function and purpose, they are "rehabilitation or health care organizations" [AS 08.86.230 (10)] exactly as are those programs which operate under the aegis of governmental units. All counseling services which take place in these organizations would be blocked or seriously curtailed by the passage of House Bill 847 unless arrangements suitable to the Board of Psychologist Examiners were effected.

The very broad definitions of what activities require license and the amendment proposed under House Bill 847 to require all persons who engage in any phase of these broadly defined activities to have a license will have several impacts:

(1) The Alaska Board of Psychologists and Psychological Associate Examiners will be a very powerful group and control the availability of persons qualified (under Alaska Statute) to carry out many vital activities, e.g., public education, social services, mental health services, job counseling, etc.

(2) The requirements of a Ph.D. degree or equally sophisticated experience and education to become licensed is not appropriate for many of the job requirements which these people now perform, i.e., a mental health aid would require a license under the act but does not perform work of a nature that would in fact require a Ph.D.

(3) Costs for existing service will increase greatly to meet the salaries which must be paid to highly skilled professionals, i.e., board licensed psychologist even though the actual tasks per[illegible] do not require this level of professional expertise if proper supervis[illegible]s provided. For example:

(a) There are only 52 licensed psychologists in Alaska at present, and not all of them are now engaged in active practice in that field. (State Office of Occupational Licensing, 1978).

(b) In 23 alcoholism and 9 drug abuse programs now in operation, there are 144 persons engaged in some form of counselling activity, including medical and social service professionals. This number represents slightly over 61% of all persons who are working in the areas of treatment, rehabilitation, education and prevention.

(c) There are 138 guidance counselors in the Alaskan school system, a minority of whom are board-licensed psychologists. (Department of Education, 1978).

The Department recommends against repeal of AS 08.86.185 (b)(1).

POSITION PAPER / Department of Health and Social Service

Recommended by:

Jerry L. Schrader, M.D., Director
Division of Mental Health &
Developmental Disabilities

3/14/78
Date

Robert L. Cole, Coordinator
Office of Alcoholism & Drug Abuse

3/15/78
Date

Approved by:

Helen D. Beirne, Commissioner
Dept. of Health & Social Services

4/11/78
Date

Sec. 1. will authorize the board to use oral examinations, as well as practical and written.

Written, objective exams are the most readily defensible in actions challenging validity. Boards using other than written exams are more frequently challenged under the A.P.A. which results in more cost to the state in defending. It isn't that good exams cannot be devised, but board members are seldom ~~[illegible]~~ competent to do so and do not have access to trained staff. The trend has been to reduce examination requirements which are more subjective because of increasing litigation in these areas both in Alaska and the other jurisdictions.

Sec. 2. specifies the type of exam to be given to psychological associates and restricts them from private practice without supervision. I am not well informed in this area. There are people in the state calling themselves various types of counselors, i.e., marriage counselors, who are not licensed psychological associates. As nearly as I can tell, they would be immediately affected. Perhaps you would like to contact John Jensen concerning this. He is

providing counseling services independently in this area. His telephone is listed as 364-2277.

Sec. 3 will reduce the working experience for psychological associates from three to one year and eliminate the requirement that experience must be in Alaska. It will also allow those licensed psychologists who do not have doctoral degrees to supervise psychological associates and recommend them for licensure.

Sec. 4 is basically clean up which places the term "psychological associate" in a restricted use category.

Sec. 5 has no effect except improved readability as nearly as I can understand it.

Sec. 6 repeals the definition of "private agency" which is used in secs. 180(6)(1) and 185(6)(1). For consistency it should be retained until the effective date of the repealer provided in Sec. 8.

Sec. 7 repeals those sections of the statute which exempt psychologists and psychological associates who work for governmental, educational and private agencies under "appropriate supervision". It is my recommendation that MS 08.86.185 (b)(1) not be repealed at this time. The definition of "counseling" is so broad that I believe the elimination of this exemption will bring many private and quasi private programs into conflict with the law. For instance, all drug abuse and alcohol abuse centers, vocational rehabilitation counseling, battered women centers, suicide centers and probably many more.

Sec. 8 delays the effective date of Sec. 7 until July 1, 1981 and should also delay the effective date of Sec. 6.

One further comment, I've been led to believe that the language of MS 08.86.230 (2) and (7) is so broad as to make the chapter very difficult to enforce from a constitutional stand point. I don't have any recommendations for

changing these definitions, but
believe it needs to be done and
suggest an attorney be consulted
on this issue.

Dorothy G. Whitmore, Ed.D.
Ψ Psychology
207 E. Northern Lights Blvd., Anchorage, Alaska 99503. Phone (907) 276-2230

May 1, 1978

Rep. Charles H. Parr
Pouch V
Juneau, Alaska

Dear Sir:

We are aware that Rep. Clark Gruening introduced HB 847 and that this proposed legislation fails to include the additions suggested by the State Board of Psychologist and Psychological Associate Examiners. Rep. Gruening's bill does include the deletions the Board proposed.

It is suggested that the HESS Committee obtain a copy of Sen. Pat Rodey's bill, which is the complete modification of the psychological licensing law.

We urge passage of the bill in its complete form.

Thank you.

Sincerely,

Dorothy G. Whitmore

Dorothy G. Whitmore, Ed. D.
Chairman, Board of Psychologist and
Psychological Associate Examiners

DGW:amh

FRANK J. GOLD, ED. D.
Registered Psychologist
~~XXXXXXXXX~~ 3098 Airport Way
FAIRBANKS, ALASKA 99701
(907) 456-4409

March 13, 1978

Representative Charlie Parr
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Charlie,

I recently received a letter from Representative Clark Gruening indicating that he had introduced HB 847 (a bill requested by the Board of Psychologist & Psychological Associate Examiners which would eliminate certain section of the present licensing act).

I responded to him that his proposed legislation only eliminated problem areas; it did not modify and add those sections also requested. (See attached letter to Rep. Gruening.)

A more complete proposed bill is supposedly in the Senate HESS Committee. If it is not, then it is in the hands of Senator Pat Rodey (see attached proposed Senate bill).

I polled the Board very carefully before suggesting any changes to anyone. I believe it is the bill in Senator Rodey's hands that meets the needs of the Psychologist licensing Board. I am asking you--and the membership of the House HESS Committee (by means of copies of this letter and attached materials)--to modify Rep. Gruening's proposed legislation to duplicate that which Senator Rodey proposed.

Thanks for your assistance.

Sincerely,

Frank

Frank J. Gold, EdD

cc: Membership, House HESS

Ian at AK House this worked to witness Pat Rodey's show. Upstairs is really pretty w/ arranging things. If you see Chip ever, send my regards. J

FRANK J. GOLD, Ed.D.
Registered Psychologist
3098 Airport Way
FAIRBANKS, ALASKA 99701
(907) 456-4409

February 28, 1978

Representative Clark Gruening
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Clark,

Thank you for your letter of 21 February 1978 and your introduction of HB 847.

Attached find a copy of the bill which Senator Pat Rodey sent to me (and which was to be introduced in the Senate). I note that some additions were requested as well as the deletions you recognized.

The complete modification should have the support of most every psychologist in the state, we (the Board of Psychologist & Psychological Associate Examiners) met with Commissioner Marshall Lind while in Juneau and I believe his support can be expected, the clarifications requested should meet the criticisms noticed by the Attorney General's office.

Opposition can be expected from state employees (who are now exempt from licensing requirements), some opposition might be expected from the school counselors--at least until they become aware of the requested changes which would make them eligible for licensure. In short, those with a vested interest in evading the licensing requirements will probably be opposed and even the 1981 date is not going to appease.

Indeed, I would be more than happy to testify before the House Health, Education & Social Services Committee--or before any subcommittee that might hold public hearings around the state.

Again, thanks for your interest. If you had not been out of town when I was in Juneau I could have thanked you personally over a drink.

Sincerely,

Frank J. Gold

IN THE LEGISLATURE OF THE STATE OF ALASKA

TENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to psychologists and psychological associates; and providing for an effective date."

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

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(4) has the recommendation of his immediate supervisor [IF LICENSED PSYCHOLOGIST], or two licensed psychologists [WHO HOLD DOCTORAL DEGREES];

* Sec. 4. AS 08.86.185(a) is amended to read:

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* Sec. 5. AS 08.86.230(5) is amended to read:

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* **Sec. 6.** AS 08.86.230(10) is repealed.

* **Sec. 7.** AS 08.86.180(b)(1) and 08.86.185(b)(1) are repealed.

* **Sec. 8.** Section 7 of this Act takes effect July 1, 1981.

POSITION PAPER/Department of Health and Social Servic

HOUSE BILL NO. 847

"An Act relating to the practice of psychology, counseling and psychometrics."

The Department of Health and Social Services is in favor of requirements to license persons who actually provide professional psychological services, such as a clinical psychologist. The proposed repeal of AS 08.86.180 (b)(1) would implement this concept, thus eliminating a heretofore discriminatory provision which permitted the psychologist's licensure requirement to be governed by the individual psychologist's place of employment.

The Department does, however, object to requiring the broad array of services such as those encompassed in Sec. 08.86.185 to be subject to licensing by the Alaska Board of Psychologists and Psychological Associate Examiners. The proposed repeal of AS 08.86.185 (b)(1) would require all persons practicing counseling or psychometrics to possess a license granted by the Alaska Board of Psychologists and Psychological Associate Examiners. This would include all persons employed by a governmental unit, educational institution, or private agency who may be required to engage in some phase of work of a counseling or testing nature in the course of their employment, even though the employer may maintain appropriate supervision of the testing or counseling activities and of professional conduct.

Sec. 08.86.230 Definitions are so broad as to encompass the normal activities of most teachers in public schools, all special education instructors, all social workers and probation officers, all alcohol and drug abuse treatment personnel, almost all staff at the Alaska Psychiatric Institute and the Harborview Development Center, etc., as persons who practice counseling in some phase of their work.

Specifically, the following counseling services will be affected by the passage of House Bill 847:

(a) "Governmental Unit." Most of the alcohol and drug programs in Alaska operate through direct arrangements between the State Office of Alcoholism and Drug Abuse and the governing body of the local municipality. All personnel in the projects, counseling or managerial, are employees of a governmental body.

    The same fact holds true for mental health offices, family guidance clinics, offices on aging, child development centers, employment centers, and a wide range of other service-providing units. All these offices provide counseling services as defined under AS 08.86.230 (7)(B).

(b) "Educational Institution." While nearly all school guidance counselors have undergone formal training in their specialty, a very small number of them qualify as board-certified psychologists. (Information from the Alaska Department of Education, Division of Teacher Certification, 2/78).

(c) "Private Agency." Those alcohol and drug prevention, treatment and rehabilitation programs in Alaska which are not a direct function of a unit of

municipal government, operate as privately organized councils of alcoholism and drug abuse. In function and purpose, they are "rehabilitation or health care organizations" [AS 08.86.230 (10)] exactly as are those programs which operate under the aegis of governmental units. All counseling services which take place in these organizations would be blocked or seriously curtailed by the passage of House Bill 847 unless arrangements suitable to the Board of Psychologist Examiners were effected.

The very broad definitions of what activities require license and the amendment proposed under House Bill 847 to require all persons who engage in any phase of these broadly defined activities to have a license will have several impacts:

(1) The Alaska Board of Psychologists and Psychological Associate Examiners will be a very powerful group and control the availability of persons qualified (under Alaska Statute) to carry out many vital activities, e.g.. public education, social services, mental health services, job counseling, etc.

(2) The requirements of a Ph.D. degree or equally sophisticated experience and education to become licensed is not appropriate for many of the job requirements which these people now perform, i.e., a mental health aid would require a license under the act but does not perform work of a nature that would in fact require a Ph.D.

(3) Costs for existing service will increase greatly to meet the salaries which must be paid to highly skilled professionals, i.e., board licensed psychologist even though the actual tasks performed do not require this level of professional expertise if proper supervision is provided. For example:

   (a) There are only 52 licensed psychologists in Alaska at present, and not all of them are now engaged in active practice in that field. (State Office of Occupational Licensing, 1978).

   (b) In 23 alcoholism and 9 drug abuse programs now in operation, there are 144 persons engaged in some form of counselling activity, including medical and social service professionals. This number represents slightly over 61% of all persons who are working in the areas of treatment, rehabilitation, education and prevention.

   (c) There are 138 guidance counselors in the Alaskan school system, a minority of whom are board-licensed psychologists. (Department of Education, 1978).

The Department recommends against repeal of AS 08.86.185 (b)(1).

POSITION PAPER/Department of Health and Social Services

Recommended by:

Jerry L. Schrader

Jerry L. Schrader, M.D., Director
Division of Mental Health &
Developmental Disabilities

3/14/78
Date

Robert L. Cole

Robert L. Cole, Coordinator
Office of Alcoholism & Drug Abuse

3/15/78
Date

Approved by:

Helen D Beirne

Helen D. Beirne, Commissioner
Dept. of Health & Social Services

4/11/78
Date

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 847 - An Ac relating to the practice of psychology.
Title counseling and psychometrics
Requested by _____ Date 2/15/78

II. FISCAL DETAIL
Agency Affected Commerce & Economic Development
Program Category Affected Public Protection
Budget Request Unit(s) Affected Regulation of Occupations and Professions

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES			39.2	41.6	44.0	46.7
200 TRAVEL			4.0	4.2	4.5	4.8
300 CONTRACTUAL			6.6	7.0	7.4	7.8
400 COMMODITIES			2.4	2.5	2.7	2.9
500 EQUIPMENT			2.7			
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL			54.9	55.3	58.6	62.2

FUNDING (Thousands of Dollars)

GENERAL FUND			54.9	55.3	58.6	62.2
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

Elimination of all exemptions to psychology licensing requirement will place within the division's enforcement jurisdiction all state wide mental health rehabilitative programs, all educational counseling programs, and all social worker programs. This is estimated to require one full-time special investigator and one part-time clerk typist III. Inflation is computed at 6% per year. Assumes an implementation date of 7/1/78. A detail of expenditures is attached.

IV. DATE 2/21/78 PREPARED BY Sharon Andrew
AGENCY Occupational Licensing
PHONE 465-2535

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

33-001 (Rev. 10/76)

Special Investigator	@R 17G	12 Man Mos.	24,024
Clerk Typist III	@R 8-A	6 Man Mos.	6,552
			30,576
FICA			1,850
Health Insurance			1,480
Benefits			5,275
			39,181
TRAVEL			
In-State Transportation			1,320
In-State Per diem			2,640
			3,960
CONTRACTUAL			
Communications - Phone, tolls and telegrams			1,000
Training - Police Academy, one week			1,000
Space - 150 Sq. feet @ 1.25 per month			2,250
Vehicle - @ 195 per month			2,340
			6,590
COMMODITIES			
General Office Consumables			200
Fuel and lubrication for leased vehicle			2,200
			2,400
EQUIPMENT			
Desk, double pedestal			335
Desk, secretarial			328
Bookcase			76
File cabinet - 5 drawer legal with lock			195
Credenza			268
Chair, executive			158
Chair, secretarial			99
Side Chair - 2 @ 120			240
Tape recorder			250
Typewriter			792
			2,741

STATE OF ALASKA

Inter-Department Route Slip

TO:
MAIL STATION NUMBER 3100

DEPARTMENT Law, HESS

ATTENTION _____

☐ Approval	☐ Note & Return
☐ Signature	☐ Initial & Return
☐ Comment	☐ Return As Requested
☐ Contact Me	☐ Return For Approval
☐ Prepare Reply	☐ Necessary Action
☐ For Your File	☐ Your Information

Remarks:

FROM:
MAIL STATION NUMBER 0500

DEPARTMENT Commerce

BY Paul Grude DATE 2/23

02-002 (REV.10/73)

Rocky —

Please notify
R. E. Johnson
2658 Porter Place
Anch 99504
when HB 847 is
scheduled.

Thanks
Ch.

Rocky

① What do we have on this?

② Does board have different exams for rat psychologists, industrial psy, school psy, etc?

③ Ditto question for psych associates.

④ What does Dr Schrader think?

⑤ " " Dr Lind " ?

⑥ " do you think?

C.

National:
Prof Exam
Service
test in Psy

same test,
lower passing
grade

2535 Sharon Andrews

mixed feelings
put a bill out
by request

Jan Cletson

Board made changes

2-10-78

Charlie,

Here are the answers to the questions you asked:

1. my entire file is attached

2. there is one exam

3. it's the same exam as above, but with a lower passing grade

4. Dr. Schraeder thinks Gold's idea is okay only with the proposed regs.

5. Dr. Lind thinks a bill should be intoduced so all sides to the question can be voiced. He has mixed feelings at present.

6. I think if YOU introduce this bill it should be by request. Gold says the Board met and has made some additional changes to the ones he gave us. I learned this late today, so will have to wait to get a copy. Gold says copies have been sent to members of tne Leg. so maybe you'll get them this weekend. Before a bill is drafted, I think we better look at what the Board did. I do see potential problems with this If the definitions remain the same, I think they could be interpreted too broadly. I am concerned that school counselors would have to be licensed. Maybe that would be desireable and upgrade the quality of present counselors.

Thanx - hold for

Rocky

STATE OF ALASKA
DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
POUCH D
JUNEAU, ALASKA 99811
Phone (907) 465-2544

PSYCHOLOGY PROCEDURE SHEET

AS 08.86: Alaska Law requires licensure to practice Psychology.

General Instructions: All copies of documents must be certified by a Notary Public to be true copies of the original documents. Your application and supporting documents will be returned if they are not completed and in proper form.

Foreign applicants: All foreign documents must be certified by a Notary Public and must be accompanied by certified translations by a recognized translator.

Applicants are requested to read the application and these instructions carefully, as failure to do so may cause additional correspondence and delay in the processing of your application; it may result in your having to wait for the next board meeting or examination.

REFERENCES. Attached are reference letter forms which must be forwarded by you to your list of references and then submitted directly to the Department of Commerce and Economic Development.

VERIFICATION OF OUT-OF-STATE LICENSURE. Attached is a verification form. It is your responsibility to forward this form to the state where you are presently licensed and then submit it directly to this office.

VERIFICATION OF POST DOCTORAL SUPERVISED EXPERIENCE. Attached is a Post Doctoral Supervisory Experience Verification form. This form must be submitted to your supervisor or former supervisor for completion by them and submitted directly to this office.

LICENSURE BY ENDORSEMENT: (Psychologist) The following documents must be on file in this office before you will be considered for licensure:

1. A completed notarized application, photo and a $50 application fee.
2. Out-of-state license fee of $50.
3. Verification of current licensure in another state.
4. a. Proof of a Doctoral Degree with primary emphasis on psychology from an accredited school.
   b. Proof of one year post doctoral supervised experience;
   -OR-
   c. Proof that you are a diplomate in good standing with the American Boards of Examiners in Professional Psychology.
5. Five (5) reference letters.
6. Resume or Vita.

AS 08.86 requires that the examination and qualifications at the time of your licensure are essentially similiar to Alaska. Therefore, the acceptance or rejection of your application will be based on these requirements.

If you are a diplomate of the American Board of Examiners in Professional Psychology you are eligible for licensure by endorsement. You must submit certified evidence that you are a diplomate.

After all documents are received in this office, they will be submitted to the Board for review. You will be notified by this Department of the Board's decision.

LICENSURE BY EXAMINATION: (PSYCHOLOGIST) The following documents must be on file in this office before you will be considered for examination:

1. A completed notarized application, photo and a $50 application fee.

2. A $30 examination fee.

3. Proof of a Doctoral Degree with emphasis on Psychology from an accredited school.

4. Five (5) reference letters. Attached are reference letter forms.

5. Proof of one year of post doctoral supervised experience.

6. Resume or Vita.

After all documents are received in this office, they will be submitted to the Board for review. You will be notified by this Department of the Board's decision.

LICENSURE BY EXAMINATION: (Psychological Associate) The following documents must be on file in this office before you will be considered for examination:

1. A completed notarized application, photo and application fee.

2. A $30 examination fee.

3. Certified copy of a Masters Degree showing proof of at least 24 semester hours of course work related to counseling or another specialized area which licensure is requested.

4. Proof of practical work or previously studied theory on your Masters Degree.

5. Proof of three (3) years of experience within the past ten (10) years which must be as follows: Two (2) years of experience in Alaska; and one (1) year of supervised post graduate experience.

6. Recommendation from your immediate supervisor, if a licensed Psychologist or from two licensed Psychologists who hold Doctoral Degrees.

7. Five (5) reference letters.

An applicant for the Psychological Associate examination cannot be scheduled for the examination if he has failed the examination within the past six (6) months. The applicant must wait until his six months period has expired before he can be rescheduled for the examination.

EXAMINATIONS: Examinations are usually held in March and September of each year. The Board utilizes the written examination provided by the American Association of State Psychology Boards. These examinations are usually four hours long. The answer sheets are returned to the Professional Examination Service for grading. Examinees are notified of the results of the examination by this Department after they are received in this office. The Board has approved one (1) standard deviation below the mean as an acceptable score for licensure.

RENEWAL OF LICENSES: All permanent licenses must be renewed by June 30 on odd number years. A license which is not renewed by the due date lapses. A penalty of $10 shall be charged in addition to all delinquent renewal fees for reinstatement of a license which remains lapsed for more than 60 days. It is illegal to practice on a lapsed license. Notification of the necessity to renew will be mailed to each licensee approximately 30 days before the renewal date. Failure to receive a renewal notice is not considered an excuse for nonrenewal.

Chapter 86. Psychologists and Psychological Associates.

Article
1. Board of Psychologist and Psychological Associate Examiners (§§ 08.86.010—08.86.050)
2. Administration of Board Affairs (§§ 08.86.070—08.86.100)
3. Licensing of Psychologists (§§ 08.86.120—08.86.150)
3A. Licensing of Psychological Associates (§§ 08.86.160—08.86.162)
4. Prohibitions and Penalties (§§ 08.86.170—08.86.220)
5. General Provisions (§ 08.86.230)

Article 1. Board of Psychologist and Psychological Associate Examiners.

Section
10. Creation and membership of board
20. Appointment and term of office
30. Board meetings
40. Assistants
50. Transportation and per diem

Sec. 08.86.010. Creation and membership of board. There is created a Board of Psychologist and Psychological Associate Examiners. It consists of three licensed psychologists, and two persons who have no direct financial interest in the health care industry. (§ 1 ch 136 SLA 1967; am § 1 ch 65 SLA 1973; am § 30 ch 102 SLA 1976)

Effect of amendment.
The 1976 amendment added "and two persons who have no direct financial interest in the health care industry" to the end of the second sentence.

Effective date. — Section 50, ch. 102, SLA 1976, makes the amendment to this section effective 30 days after the effective date of this act. Section 51 of ch. 102 makes the act effective May 29, 1976, in accordance with AS 01.10.070(c).

Sec. 08.86.020. Appointment and term of office. Members of the board are appointed by the governor and confirmed by the legislature for staggered terms of three years. The terms of the public members shall be set so that they do not expire at the same time. A member serves at the pleasure of the governor. (§ 1 ch 136 SLA 1967; am § 31 ch 102 SLA 1976)

Effect of amendment. — The 1976 amendment added the present second sentence.

Effective date. — Section 50, ch. 102, SLA 1976, makes the amendment to this section effective 30 days after the effective date of this act. Section 51 of ch. 102 makes the act effective May 29, 1976, in accordance with AS 01.10.070(c).

Sec. 08.86.030. Board meetings. The board shall hold a regular annual meeting. The board may hold special meetings at the call of the chairman or of two board members. (§ 1 ch 136 SLA 1967)

Sec. 08.86.040. Assistants. The board may employ assistants to prepare and grade examinations and to investigate alleged violations of this chapter. (§ 1 ch 136 SLA 1967)

Sec. 08.86.050. Transportation and per diem. Notwithstanding the provisions of AS 39.20, no board member is entitled to transportation or per diem allowance. (§ 1 ch 136 SLA 1967)

Article 2. Administration of Board Affairs.

Section
70. Duties of the board
80. Board regulations
90. Administrative duties of the department
100. Applicability of the Administrative Procedure Act

Sec. 08.86.070. Duties of the board. The board shall

(1) pass on qualifications of applicants for licenses;

(2) prepare, administer and grade written examinations;

(3) after hearing, suspend or revoke the license of a licensed psychologist or psychological associate who violates a regulation of the board;

(4) set fees which are charged for psychological associates. (§ 1 ch 136 SLA 1967; am §§ 2, 3 ch 65 SLA 1973)

Effect of amendment. — The 1973 amendment inserted "or psychological associate" in paragraph (3) and added paragraph (4).

Sec. 08.86.080. Board regulations. The board shall adopt regulations to carry out the purposes of this chapter. (§ 1 ch 136 SLA 1967)

Sec. 08.86.090. Administrative duties of the department. The department shall furnish administrative services for the board. (§ 1 ch 136 SLA 1967)

Sec. 08.86.100. Applicability of the Administrative Procedure Act. The Administrative Procedure Act (AS 44.62) applies to regulations and proceedings under this chapter. (§ 1 ch 136 SLA 1967)

Article 3. Licensing of Psychologists.

Section
120. Entitlement to licensure
125. Malpractice insurance
130. Qualification for examination
135. Temporary license
140. Fees
150. Out-of-state license

Sec. 08.86.120. Entitlement to licensure. A person who passes the examination given by the board is entitled to be licensed as a psychologist. (§ 1 ch 136 SLA 1967)

Sec. 08.86.125. Malpractice insurance. If medical malpractice insurance for psychologists or psychological associates becomes unavailable on the voluntary market and the director of insurance finds, after public hearing, that the unavailability is impairing the delivery of psychologist or psychological associate services to the public, the director of insurance may require all persons licensed under this chapter to carry medical malpractice insurance and to purchase their insurance from the Medical Indemnity Corporation of Alaska established under AS 21.88. If a finding of unavailability of insurance on the voluntary market and impairment of services has been made under this section, purchase of medical malpractice insurance from the Medical Indemnity Corporation of Alaska is a condition of licensure under this chapter. The provisions of this section are satisfied if the licensee's employer maintains insurance for him from the Medical Indemnity Corporation of Alaska. (§ 32 ch 102 SLA 1976)

Effective date. — Section 50, ch. 102, SLA 1976, makes this section effective 30 days after the effective date of this act. Section 51 of ch. 102 makes the act effective May 29, 1976, in accordance with AS 01.10.070(c).

Sec. 08.86.130. Qualification for examination. A person is entitled to take an examination if the board finds he

(1) has not engaged in dishonorable conduct relevant to the practice of psychology;

(2) holds a doctoral degree with primary emphasis on psychology from an accredited school;

(3) has at least one year's experience acceptable to the board. (§ 1 ch 136 SLA 1967)

Sec. 08.86.135. Temporary license. The board may issue a temporary license to a person who meets the requirements of § 130 of this chapter. A temporary license issued under this section is valid until the results of the examination following the issuance of the temporary license are published. (§ 1 ch 38 SLA 1970)

Sec. 08.86.140. Fees. Each application fee, renewal fee, biennial and out-of-state license fee is $50. The fee for a temporary license is $10. The fee for a duplicate license is $2. (§ 1 ch 136 SLA 1967; am § 2 ch 38 SLA 1970)

Revisor's note (1970). — In ch. 38, SLA 1970, "biannual" was used instead of "biennial" in the first sentence of this section. The correction was made in light of AS 08.01.100(a) (which requires biennial renewal) and the statement in Webster's Third New International Dictionary that the two words are "sometimes" synonymous. Such a usage was clearly the intent of ch. 38, SLA 1970.

Sec. 08.86.150. Out-of-state license. A person who is licensed or certified as a psychologist by an authority other than Alaska is entitled to be licensed in Alaska without examination if

(1) he holds a doctoral degree with primary emphasis on psychology from an accredited school;

(2) the examination and qualification requirements for his out-of-state license or certificate were essentially similar to the examination and qualification requirements for licensure in Alaska at the time he was licensed; or

(3) he is a diplomate in good standing of the American Board of Examiners in Professional Psychology;

(4) he completes and returns the proper application forms, and pays the out-of-state certificate fee. (§ 1 ch 136 SLA 1967)

Article 3A. Licensing of Psychological Associates.

Section
160. Associates: Entitlement to licensure
162. Associates: Qualification for examination

Sec. 08.86.160. Associates: Entitlement to licensure. A person who passes the examination given by the board is entitled to be licensed as a psychological associate. (§ 5 ch 65 SLA 1973)

Sec. 08.86.162. Associates: Qualification for examination. A person is entitled to take a psychological associate examination if the board finds that he:

(1) has not engaged in dishonorable conduct related to the practice of counseling or psychometry;

(2) holds a master's degree from an accredited or approved educational institution, with at least 24 credit hours of course work directly related to counseling or another specialized area in which licensure is requested, including a practicum;

(3) has at least three years' experience within the past ten years, two of which are in Alaska, and including one year's supervised postgraduate experience acceptable to the board;

(4) has the recommendation of his immediate supervisor if a licensed psychologist, or two licensed psychologists who hold doctoral degrees;

(5) has not within the preceding six months failed an examination given by the board. (§ 5 ch 65 SLA 1973)

Article 4. Prohibitions and Penalties.

Section		Section	
170.	Use of title	200.	Confidentiality of communication
180.	Practice of psychology	210.	Penalty
185.	Practice of counseling and psychometrics	220.	Limits or conditions on license; discipline
190.	Name under which person practices		

Sec. 08.86.170. Use of title. (a) Unless he is licensed under this chapter, no person may use the title "psychologist" or a title, designation, or device indicating or tending to indicate that he is a psychologist or practices psychology.

(b) Unless he is licensed under this chapter, no person may use the title "psychological associate" or a title, designation, or device indicating or tending to indicate that he is a psychological associate or practices counseling or psychometrics. (§ 1 ch 136 SLA 1967; am § 6 ch 65 SLA 1973)

Effect of amendment. — The 1973 amendment added subsection (b).

Sec. 08.86.180. Practice of psychology. (a) Unless he is licensed under this chapter, no person may practice psychology, or offer to practice psychology, or represent to the public that he is a psychologist or that he practices psychology.

(b) This section does not apply to

(1) a person employed by a governmental unit, educational institution or private agency who may be required to engage in some phase of work of a psychological nature in the course of his employment, if the employer maintains appropriate supervision of psychological activities and professional conduct;

(2) a student, intern, or resident in psychology pursuing a course of study approved by the board as qualifying training and experience for psychologist, if his activities constitute a part of his supervised course of study and he is designated by titles such as "psychology intern" or "psychology trainee";

(3) a qualified member of another profession, such as a social worker, or pastoral counselor, in doing work of a psychological nature consistent with his training and consistent with the code of ethics of his profession;

(4) Repealed by § 15 ch 65 SLA 1973.

(5) a person practicing medicine, if he is licensed to practice medicine.

(c) Nothing in this chapter authorizes a person licensed as a psychologist to engage in the practice of medicine, as defined by the laws of the state. (§ 1 ch 136 SLA 1967; am § 10 ch 69 SLA 1970; am §§ 7, 15 ch 65 SLA 1973)

Effect of amendment. — The 1973 amendment deleted "or" preceding "educational institution" in paragraph (1) of subsection (b) inserted "or private agency" and the proviso, and repealed paragraph (4) of that subsection.

Legislative committee report.—For report on ch. 69, SLA 1970 (HB 564), see 1970 House Journal Supplement No. 2, p. 7.

Sec. 08.86.185. Practice of counseling and psychometrics. (a) Unless he is licensed under this chapter, no person may practice counseling or psychometrics, offer to practice counseling or psychometry, or represent to the public that he is a counselor or psychometrist.

(b) This section does not apply to:

(1) a person employed by a governmental unit, educational institution or private agency who may be required to engage in some phase of work of a counseling nature in the course of his employment, if the employer maintains appropriate supervision of psychological activities and professional conduct;

(2) a student, intern or resident in psychology pursuing a course of study approved by the board as qualified training and experience for counseling, if his activities constitute a part of his supervised course of study;

(3) pastoral counselors.

(c) Nothing in this chapter authorizes a person licensed as a psychological associate to engage in the practice of medicine, as defined by the laws of the state. (§ 8 ch 65 SLA 1973)

Sec. 08.86.190. Name under which person practices. (a) A licensed psychologist may practice psychology only under his own name.

(b) A licensed psychological associate may practice counseling or psychometry only under his own name. (§ 1 ch 136 SLA 1967; am § 9 ch 65 SLA 1973)

Effect of amendment. — The 1973 amendment added subsection (b).

Sec. 08.86.200. Confidentiality of communication. No psychologist or psychological associate may reveal to another person a communication made to him by a client of his about a matter concerning which the client has employed the psychologist or psychological associate in a professional capacity. This section does not apply to a case conference with other psychologists, psychological associates or with physicians and surgeons, or in the case in which the client in writing authorized the psychologist or psychological associate to reveal a communication. (§ 1 ch 136 SLA 1967; am § 10 ch 65 SLA 1973)

Effect of amendment. — The 1973 amendment, in the first sentence, inserted "or psychological associate" twice and, in the second sentence, inserted "psychological associates" and "or psychological associate."

Sec. 08.86.210. Penalty. A person who violates §§ 170, 180, 185, or 190 of this chapter is guilty of a misdemeanor. (§ 1 ch 136 SLA 1967; am § 11 ch 65 SLA 1973)

Effect of amendment. — The 1973 amendment inserted "185."

Sec. 08.86.220. Limits or conditions on license; discipline. (a) Upon a finding that by reason of demonstrated problems of competence, experience, education, or health the authority to practice psychology or as a psychological associate under this chapter should be limited or conditioned or the practitioner disciplined, the board may reprimand, censure, place on probation, restrict practice by time, specialty, procedure or facility, require additional education or training, or revoke or suspend a license.

(b) The Administrative Procedure Act (AS 44.62) applies to any action taken by the board under this section. (§ 32 ch 102 SLA 1976)

Effective date. — Section 50, ch. 102, SLA 1976, makes this section effective 30 days after the effective date of this act. Section 51 of ch. 102 makes the act effective May 29, 1976, in accordance with AS 01.10.070(c).

Article 5. General Provisions.

Section
230. Definitions

Sec. 08.86.230. Definitions. In this chapter

(1) "psychologist" means a person who practices psychology;

(2) "to practice psychology" means to apply established principles of learning, motivation, perception, thinking, and emotional relationships to problems of personnel evaluation, group relations, and behavior adjustment, including

(A) counseling and guidance;

(B) using psychotherapeutic techniques with persons or groups of persons who have adjustment problems in the family, at school, or at work;

(C) measuring and testing of personality, intelligence, aptitudes, emotions, and attitudes and skills;

(D) conducting research on human behavior;

(3) "board" means the Board of Psychologist and Psychological Associate Examiners;

(4) "department" means the Department of Commerce and Economic Development;

(5) "psychological associate" includes a counselor and psychometrist;

(6) "counselor" means a person who practices counseling;

(7) "to practice counseling" means to apply established principles of learning, motivation, perception, thinking, and emotional relationships to problems of group relations, and behavior adjustment,

(A) counseling and guidance;

(B) using counseling techniques with persons or groups of persons who have adjustment problems in the family, school or at work;

(C) limited use of testing including tests of intelligence or tests of motor skills;

(8) "psychometrist" means a person who practices psychometrics;

(9) "to practice psychometrics" means to apply the recognized principles, methods and procedures of the science and profession of psychology, but limited to the administering, scoring, and interpreting of tests of mental abilities, aptitudes, interests, motor skills and objective tests of personality characteristics for purposes such as psychological evaluation or for educational or vocational selection, guidance or placement;

(10) "private agency" means a clinic or private practice under the direction of a licensed psychologist, psychiatrist, or a custodial, rehabilitative or health care organization which is acceptable to the board;

(11) "supervision" means at least one hour a week of personal interview with a supervisor whose educational qualifications are consistent with the level of activity being supervised; a supervisor is responsible for insuring that the extent, kind and quality of the psychological and counseling services performed are consistent with a psychological associate's training and experience, as well as his obedience to the provisions of this chapter. (§ 1 ch 136 SLA 1967; am §§ 12, 13 ch 65 SLA 1973 am § 55 ch 218 SLA 1976)

Effect of amendment.

The 1976 amendment substituted "Department of Commerce and Economic Development" for "Department of Commerce" in paragraph (4).

VERIFICATION OF LICENSURE

Sir:

I am applying for licensure to practice psychology in the State of Alaska. The Board of Psychologists and Psychological Associate Examiners requires this form to be completed by the jurisdiction in which I hold or have held licenses. Please complete this form and send it directly to the:

Department of Commerce & Economic Development
Division of Occupational Licensing
Board of Psychologists and Psychological Associate Examiners
Pouch D
Juneau, Alaska 99811

Name _____ (Printed)

Signature _____

Address _____

_____

1. State of _____
2. Name of Licensee _____
3. Graduate of _____
4. License No. _____ Issued effective _____
5. Expiration date of License _____
6. By reciprocity/endorsement _____ Examination _____
7. List the specific requirements that the applicant had to meet to become licensed in your State

   A.
   B.
   C.
   D.

8. Has the applicant's license ever been suspended or revoked? _____
9. If so, for what reason? _____
10. Comments, if any; _____

_____

Signed _____

(SEAL)

Title _____

State Board _____

Date _____

Address _____

08-2425

POST DOCTORAL SUPERVISORY EXPERIENCE VERIFICATION

THIS PORTION TO BE COMPLETED BY THE APPLICANT.

I, _____ am applying for licensure in the State of Alaska as a Psychologist ( ) Psychological Associate ( ). My application shows that I was under your supervision from _____ to _____.

THIS PORTION TO BE COMPLETED BY THE SUPERVISOR AND SENT DIRECTLY TO THE:

Department of Commerce and Economic Development
Division of Occupational Licensing
Board of Psychologists & Psychological Associate Examiners
Pouch D
Juneau, Alaska 99811

I, _____ did supervise _____

at _____

for the following number of hours _____. Comments on ability, character, etc._____

_____

_____

_____

I hereby certify the above information is true and complete to the best of my knowledge.

_____
Signature

_____
Title

_____
Address

_____

Subscribed and sworn before me this

_____ of _____, 19___.

_____
Notary

My Commission expires _____

08-2426

CERTIFICATE OF GOOD MORAL CHARACTER

Note to Applicant: This form must be submitted to your references. Your references must submit this form directly to the:

Department of Commerce & Economic Development
Division of Occupational Licensing
Board of Psychologist and Psychological Associate Examiners
Pouch D
Juneau, Alaska 99811

This certifies that I have been personally acquainted with

_____ of _____

for _____ years and that I know him/her to be of good moral character, not addicted to the use of habit-forming drugs or intemperance, and I here-by recommend him/her to the Board of Psychologist and Psychological Associate Examiners as entirely worthy to be licensed to practice psychology in the State of Alaska.

_____
Name

_____
Address

_____

Subscribed and sworn to before me this _____ day of _____, 19___.

_____
Notary

My Commission expires _____

08-2427

CERTIFICATE OF GOOD MORAL CHARACTER

Note to Applicant: This form must be submitted to your references. Your references must submit this form directly to the:

Department of Commerce & Economic Development
Division of Occupational Licensing
Board of Psychologist and Psychological Associate Examiners
Pouch D
Juneau, Alaska 99811

This certifies that I have been personally acquainted with

_____ _____ of _____

for _____ years and that I know him/her to be of good moral character, not addicted to the use of habit-forming drugs or intemperance, and I here-by recommend him/her to the Board of Psychologist and Psychological Associate Examiners as entirely worthy to be licensed to practice psychology in the State of Alaska.

_____
Name

_____
Address

_____

Subscribed and sworn to before me this _____ day of _____, 19___.

_____
Notary

My Commission expires _____

08-2427

CERTIFICATE OF GOOD MORAL CHARACTER

Note to Applicant: This form must be submitted to your references. Your references must submit this form directly to the:

Department of Commerce & Economic Development
Division of Occupational Licensing
Board of Psychologist and Psychological Associate Examiners
Pouch D
Juneau, Alaska 99811

This certifies that I have been personally acquainted with

_____ of _____

for _____ years and that I know him/her to be of good moral character, not addicted to the use of habit-forming drugs or intemperance, and I here-by recommend him/her to the Board of Psychologist and Psychological Associate Examiners as entirely worthy to be licensed to practice psychology in the State of Alaska.

_____
Name

_____
Address

_____

Subscribed and sworn to before me this _____ day of _____, 19___.

_____
Notary

My Commission expires _____

08-2427

CERTIFICATE OF GOOD MORAL CHARACTER

Note to Applicant: This form must be submitted to your references. Your references must submit this form directly to the:

Department of Commerce & Economic Development
Division of Occupational Licensing
Board of Psychologist and Psychological Associate Examiners
Pouch D
Juneau, Alaska 99811

This certifies that I have been personally acquainted with

_____ of _____

for _____ years and that I know him/her to be of good moral character, not addicted to the use of habit-forming drugs or intemperance, and I here-by recommend him/her to the Board of Psychologist and Psychological Associate Examiners as entirely worthy to be licensed to practice psychology in the State of Alaska.

_____
Name

_____
Address

_____

Subscribed and sworn to before me this _____ day of _____, 19___.

_____
Notary

My Commission expires _____

08-2427

CERTIFICATE OF GOOD MORAL CHARACTER

Note to Applicant: This form must be submitted to your references. Your references must submit this form directly to the:

Department of Commerce & Economic Development
Division of Occupational Licensing
Board of Psychologist and Psychological Associate Examiners
Pouch D
Juneau, Alaska 99811

This certifies that I have been personally acquainted with

_____ of _____

for _____ years and that I know him/her to be of good moral character, not addicted to the use of habit-forming drugs or intemperance, and I here-by recommend him/her to the Board of Psychologist and Psychological Associate Examiners as entirely worthy to be licensed to practice psychology in the State of Alaska.

_____
Name

_____
Address

_____

Subscribed and sworn to before me this _____ day of _____, 19___.

_____
Notary

My Commission expires _____

08-2427

FRANK J. GOLD, ED. D.
Registered Psychologist
3098 Airport Way
FAIRBANKS, ALASKA 99701
(907) 456-4409

January 28, 1978

Representative Charlie Parr
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Charlie,

I am writing, not as a member of the Board of Psychologist and Psychological Associate Examiners (although I have my fellow members' blessings), but as an individual psychologist with some genuine concerns about the present licensing law (AS 08.86).

Several sections of the licensing law exclude those psychologists and psychological asscciates who happen to be "...employed by a governmental unit, educational institution or private agency." (See Sec. 08.86.180(b)(1); Sec. 08.86.185(b)(1); and Sec. 08.86.230(10).)

It appears somewhat ludicrous to specifically exclude those employers who happen to employ the majority of the psychologists and psychological associates in the State, while requiring those individuals in private practice to meet criteria of quality. If the criteria are valid, and I believe they are, then it would seem that all psychologists and psychological associates should meet the criteria.

I am requesting that you seriously consider introducing legislation to amend AS 08.86 to eliminate those sections specified above. Assure the people of the state of qualified professionals in the field of psychology--whether they enter the office of a private practitioner, or whether they enter the office of a state-employed, agency-employed, or school-employed psychologist.

Thank you for your consideration.

Sincerely,

Frank J. Gold

Alaska State Legislature

House

JUNEAU ALASKA

M E M O R A N D U M

To: Representative Charlie Parr

From: Representative Bill Miles BM

Re: Board of Psychologists and Psychological Associate Examiners

Date: February 6, 1978

Attached is a letter from Dr. Frank Gold which seems to fall in your area of expertise. I would appreciate your comments, suggestions and recommendations.

Thanks for your help.

BM:ke

CC: Doctor Frank Gold

From the desk of
FRANK GOLD

Charles —

Bill as it should have been introduced is noted with paper clip.

Frank

3098 Airport Way
Fbks 99701

Rocky - please see me

ALASKA STATE LEGISLATURE - HOUSE OF REPRESENTATIVES

IN SESSION:

POUCH V
JUNEAU, ALASKA 99811
TELEPHONE: (907) 465-4948

SUITE 203
207 EAST NORTHERN LIGHTS BLVD
ANCHORAGE, ALASKA 99503
TELEPHONE: (907) 272-0219

REP. M. F. "MIKE" BEIRNE
DISTRICT 7, ANCHORAGE

MEMBER OF
FIFTH STATE LEGISLATURE
NINTH STATE LEGISLATURE
TENTH STATE LEGISLATURE

COMMITTEES:
HEALTH
EDUCATION AND
SOCIAL SERVICES
FINANCE SUBCOMMITTEE
ON TRANSPORTATION

March 17, 1978

Frank J. Gold, Ed. D.
3098 Airport Way
Fairbanks, AK 99701

Dear Frank:

Thanks for your letter of March 13, 1978. I authored the original law ten years ago .

I appreciate receiving your suggestions and will do what I can now on this.

Best regards,

Dr. Mike Beirne
State Representative

jg
Enclosures

Alaska State Legislature

SENATOR MIKE COLLETTA

SENATE FLOOR LEADER

Senate

March 31, 1978

Dr. Frank Gold
3098 Airport Way
Fairbanks, Alaska 99701

Dear Frank,

Thank you for your letter regarding your proposed statute changes for licensiny of psychologist and psychological assoicates.

Your comments regarding the current exclusions for required licensing are valid, therefore, I have fowarded your letter to Senate Hackney, Chairman of Health, Education and Social Services Committee requesting that the committee consider taking action on this matter.

Best wishes,

Mike Colletta

Mike Colletta
Senate Floor Leader

ms

cc: Senator Glenn Hackney

P O BOX 3168, ANCHORAGE 99501 • POUCH V JUNEAU 99811

FRANK J. GOLD, ED.D.
Registered Psychologist
3098 Airport Way
FAIRBANKS, ALASKA 99701
(907) 456-4409

March 31, 1976

Senator Chancy Croft
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Chancy,

Thank you for your letter of 21 March 1976 regarding 847 - Practice of Psychology, Counseling & Psychometrics.

I was distressed to hear that Senator Pat Rodey did not introduce the more complete bill, the mock-up which he sent me some time ago. From what he said in his last letter, he not going to introduce the bill as an individually sponsored item, but as a committee [illegible] item.

I did contact Rep [illegible] and [illegible] get a copy of the mock-up [illegible] which Rodey sent him. I also took your advice and sent the mock-up (along with a letter) to all the members of the House Health, Education & Social Services Committee.

You can help, [illegible]. You could find out what happened to Pat's proposal--[illegible] and maybe influence him to act on it.

Thanks for your interest.

Sincerely,

Frank J. Gold

Alaska State Legislature

SENATOR CHANCY CROFT

POUCH V
JUNEAU, ALASKA 99811
PHONE 907-465-3710

425 G STREET
ANCHORAGE, ALASKA 99501

March 21, 1978

Frank J. Gold, Ed.D.
Registered Psychologist
3098 Airport Way
Fairbanks, Alaska 99701

Dear Frank:

Thank you for your letter of March 13, 1978 regarding HB 347 - Practice of Psychology, Counseling & Psychometrics.

In answer to your question of whether or not Senator Pat Rodey introduced a more complete bill: he did not. Apparently, he decided not to act on this legislation and therefore did not make the individual bill introduction deadline. Perhaps you would like to Contact Representative Gruening again to make an amendment to the original bill.

If I can be of any help in this matter, please let me know.

Very truly yours,

Chancy Croft
Alaska State Senator

CC:dlc

FRANK J. GOLD, ED. D.
Registered Psychologist
3098 Airport Way
FAIRBANKS, ALASKA 99701
(907) 456-4409

March 13, 1978

Senator Chancy Croft
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Chancy,

Thank you for your letter of 24 February 1978 regarding HB 847 (the house bill introduced by Clark Gruening at the request of the Board of Psychologist & Psychological Associate Examiners which would eliminate certain sections of the licensing act).

As I responded to Clark (copy attached), a more complete proposed bill was supposedly introduced by Senator Pat Rodey in the Senate. If that has not yet occurred, I would appreciate your support in getting that proposed legislation into the Senate Health & Social Services Committee--and into the House Health & Social Services Committee as well.

Sorry I didn't catch you on your last trip north, but it is grant-writing time in these parts and the pace is hectic. Maybe next time?

Thanks for your interest.

Sincerely,

Frank J. Gold, EdD

Alaska State Legislature

SENATOR CHANCY CROFT

POUCH V
JUNEAU, ALASKA 99811
PHONE 907-465-3710

425 G STREET
ANCHORAGE ALASKA 99501

February 22, 1978

Frank J. Gold, Ed.D.
Registered Psychologist
3098 Airport Way
Fairbanks, Alaska 99701

Dear Frank:

You wrote me January 28, 1978 regarding your interest in legislation being introduced which would repeal certain sections of the law related to the practice of psychology.

As you undoubtedly know, Representative Gruening introduced House Bill 847 which repeals those sections as you had suggested. My office had checked with Dr. Schrader in the State Department of Health & Social Services who indicated that the department supported your position. So, I'm sure this bill won't have any trouble passing if it gets out of committee. You may want to write to members of the House Health, Education, & Social Services Committee where the bill presently is. Names show below.

Thank you for writing me about this matter. Let me know if there is anything I can specifically do about HB 847 and generally about any other legislation which is of concern to you.

Very truly yours,

Chancy Croft
Alaska State Senator

House HESS Committee

Representative Charles Parr, Chairman
Representative Al Ose, Vice Chairman
Representative Thelma Buchholdt
Representative Samuel Cotten
Representative Alfred Nakak
Representative Mike Beirne
Representative Don Bennet
Representative C.V. Chatterton
Representative Randy Phillips

FRANK J. GOLD, ED. D.
Registered Psychologist
3098 Airport Way
FAIRBANKS, ALASKA 99701
(907) 456-4409

March 14, 1978

Representative Charlie Parr
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Charlie,

I recently received a letter from Representative Clark Gruening indicating that he had introduced HB 847 (a bill requested by the Board of Psychologist & Psychological Associate Examiners which would eliminate certain section of the present licensing act).

I responded to him that his proposed legislation only eliminated problem areas; it did not modify and add those sections also requested. (See attached letter to Rep. Gruening.)

A more complete proposal will be supposedly in the House State HESS Committee. If it hasn't, then it is in the hands of Senator Pat Rodey (see attached proposed Senate bill).

I polled the Board very carefully before suggesting any changes to anyone. I believe it is the bill in Senator Rodey's hands that meets the needs of the Psychologist licensing Board. I am asking you--and the membership of the House HESS Committee (by means of copies of this letter and attached materials)--to modify Rep. Gruening's proposed legislation to duplicate that which Senator Rodey proposed.

Thanks for your assistance.

Sincerely,

Frank J. Gold, EdD

cc: Membership, House HESS

FRANK J. GOLD, ED. D.
Registered Psychologist
3098 Airport Way
FAIRBANKS, ALASKA 99701
(907) 456-4409

February 28, 1978

Representative Clark Gruening
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Clark,

Thank you for your letter of 21 February 1978 and y introduction of HB 847.

Attached find a copy of the bill which Senator Pat sent to me (and which will be introduced in the Senate). note that some additions were requested as well as the del you recognized.

The complete modification should have the support of every psychologist in the state, we (the Board of Psychol Psychological Associate Examiners) met with Commissioner Mac Lind while in Juneau and I believe his support can be exp the clarifications requested should meet the criticisms noti the Attorney General's office.

Opposition can be expected from state employees (wh now exempt from licensing requirements), some opposition mi be expected from the school counselors--at least until they be come aware of the requested changes which would make them eli ible for licensure. In short, those with a vested interest in evading the licensing requirements will probably be opposed as even the 1981 date is not going to appease.

Indeed, I would be more than happy to testify before the House Health, Education & Social Services Committee--or bet any subcommittee that might hold public hearings around the state.

Again, thanks for your interest. If you had not been out of town when I was in Juneau I would have thanked you per sonally over a drink.

Sincerely,

Frank J. Gold

Alaska State Legislature

Representative
CLARK GRUENING
940 Tyonek Drive
Anchorage, Alaska
99501

907-274-2446

Chairman
SPECIAL COMMITTEE ON
THE ALASKA PERMANENT FUND
Chairman
WAYS and MEANS SUBCOMMITTEE
Member
FINANCE COMMITTEE
LEGISLATIVE COUNCIL

House of Representatives

POUCH V JUNEAU 99811

February 21, 1978

Frank J. Gold, Ed.D.
3098 Airport Way
Fairbanks, Alaska 99701

Dear Frank:

In response to your letter regarding certain sections of the licensing law, I am enclosing a copy of House Bill 847 which I sponsored and which was introduced on February 14, 1978.

I would appreciate very much hearing from you as to who you feel would be in support or in opposition to this legislation. Furthermore, I am interested in knowing if you would be interested in testifying on the bill when it is scheduled by the House Health, Education and Social Services Committee.

Thank you very much for your interest and I look forward to hearing from you.

Cordially,

Clark Gruening

Representative Clark Gruening

CG:pt
encl.

Alaska State Legislature

HOUSE OF REPRESENTATIVES

COMMITTEES
FINANCE
FINANCE SUB COMMITTEES
CHAIRMAN RESOURCES
MEMBER OF PUBLIC PROTECTION
SPECIAL COMMITTEES
CHAIRMAN
RESOURCE DEVELOPMENT

REPRESENTATIVE LESLIE E "RED" SWANSON
HOUSE DISTRICT [illegible]

POUCH V
JUNEAU ALASKA
99811

APPOINTMENT
INTERNATIONAL [illegible]
COMMISSION

February 15, 1978

Frank J. Gold, Ed.D.
3098 Airport Way
Fairbanks, Alaska 99701

Dear Frank:

Your letter regarding Alaska Statutes(AS 08,86), I'll take over to Charlie Parr for him or his staff to go over. Charlie is Chairman of Health & Welfare and as individual bills are cut off on the 35th day, any legislation introduced now will have to come out as a committee bill.

Your reasons sound right to me and I will see if something can be done about your concerns.

Yours truly,

Rep. Leslie E. "Red" Swanson
House of Representatives

LES: eh

PATRICK RODEY
SPENARD

601 W. 5TH AVE. SUITE 820
ANCHORAGE, ALASKA 99501

DURING SESSION

POUCH V
JUNEAU, ALASKA 99811

Alaska State Senate

JUNEAU, ALASKA 99811

February 14, 1978

Frank Gold
Registered Psychologist
3098 Airport Way
Fairbanks, Alaska 99701

Dear Frank:

I am having the bill you requested (copy attached) introduced through the Senate Committee of Health, Education, and Social Services, which is chaired by Senator Glenn Hackney.

Our office met with Joe Donahue and Bruce Botello of the Attorney General's Office regarding the interpretation of "appropriate supervision" as noted in Alaska Statutes 08.86.180 (a) (1) and 08.86.185 (a) (1). They informed us that if appropriate supervision is not being made by a governmental unit, educational institution or private agency, than the respective body would not be exempt from Alaska Statutes 08.86.180 (a) and 08.86.185 (a).

I appreciate your concern and look forward to meeting your needs.

Kindest regards,

Patrick Rodey

PR/ks

Enclosure

Alaska State Legislature

LEGISLATIVE ADDRESS
POUCH V
JUNEAU, ALASKA 99811
TELEPHONE (907) 465-3734
465-3779

HOME ADDRESS
4603 SAN ROBERTO
ANCHORAGE, ALASKA 99504
TELEPHONE (907) 337-7942

REPRESENTATIVE BILL MILES

February 6, 1978

Frank J. Gold, Ed. D.
Registered Psychologist
3098 Airport Way
Fairbanks, Alaska 99701

Dear Frank:

Just a short note of thanks for the letter. Attached is a copy of a memo I sent to Charlie Parr as he is the real pro in this area.

When I get his response, I'll get back to you.

Thanks for your help.

Best personal regards,

Bill

Bill Miles

Attachment
BM:ke

P.S. Good seeing you last week. Too bad we didn't have a chance to get together.

Alaska State Legislature

House

JUNEAU ALASKA

M E M O R A N D U M

To: Representative Charlie Parr

From: Representative Bill Miles

Re: Board of Psychologists and Psychological Associate Examiners

Date: February 6, 1978

Attached is a letter from Dr. Frank Gold which seems to fall in your area of expertise. I would appreciate your comments, suggestions and recommendations.

Thanks for your help.

BM:ke

CC: ✓Doctor Frank Gold

LISA RUDD

ALASKA HOUSE OF REPRESENTATIVES

Pouch V
Juneau 99811

2827 Lore Road
Anchorage 99507

3 February 1978

Frank J. Gold, Ed.D.
3098 Airport Way
Fairbanks, Alaska 99701

Dear Frank,

Thank you for your letter regarding the licensing of psychologists.

You make a good point and were I not already over-committed on legislation, I would introduce the bill. However, I will support the idea if some one else introduces it.

Thank you again for your letter. Please let me know if I can be of help in any other governmental matters.

Yours sincerely,

LR

Lisa Rudd

LR/vb

Alaska State Legislature

Senate

JUNEAU, ALASKA

January 31, 1978

Frank J. Gold
1221 Coppet
Fairbanks, Alaska, 99701

Dear Frank,

Thank-you for your letter and suggestions. I will send a request upstairs to our legal department to have such a bill drafted. I will try to see to it that the bill gets into the hopper - though it probably will not appear under my name. Besides that, at this date it will probably miss the Personal Bill filing date anyway.

I agree with your assment of the situation. Thanks for the suggestion.

Your friend,

John Huber

JH:bm

Alaska State Legislature

REPRESENTATIVE
SALLY SMITH
321 CHURCH
FAIRBANKS, ALASKA 99701

WHILE IN JUNEAU
POUCH V
JUNEAU, ALASKA 99811

House of Representatives
January 31, 1978

Frank J. Gold, Ed. D.
3098 Airport Way
Fairbanks, Alaska 99701

Dear Frank:

Thanks for the letter regarding problems with differences in licensing procedures between the governmental and private sectors of the state. It certainly does appear from your information that there is a discrepancy.

I will give a copy of your letter to Joe McKinnon, chairman of the House Commerce Committee. They are in the best position to look into the matter, since we are up against a deadline for personal bills and it may be next year before anything can be done. Committees, though, can still submit new bills.

Again, thank you for the information.

Sincerely,

Sally Smith
Alaska State Representative

cc. McKinnon

Alaska State Legislature

REPRESENTATIVE
LARRY D. CARPENTER
DISTRICT 20
FAIRBANKS

HOME ADDRESS
403 LIGNITE AVE
FAIRBANKS, AK. 99701
(907) 452-8812

LEGISLATIVE ADDRESS
POUCH V STATE CAPITOL
JUNEAU, AK. 99811
(907) 465-4941

HOUSE OF REPRESENTATIVES

January 31, 1978

Dr. Frank J. Gold
3098 Airport Way
Fairbanks, AK 99701

Dear Frank:

Your letter of January 28, 1978, certainly seems to raise a valid point about state regulation of psychologists.

By copy of your letter and mine. I'm asking for an opinion on the matter from Sharon Andrew, director of the Division of Occupational Licensing.

If Sharon should concur with us, then we can look into drafting the necessary legislation.

Do you miss Beeline?

Best regards,

Larry

Larry D. Carpenter

cc: Sharon Andrew

HB
848

MICHAEL MORIN
HESS

CSHB - 848

REVISED BUDGET

1.	PERSONNEL	
	Five Professional Staff plus Benefits	$187,500
	Staff with clerical based in Anchorage, Fairbanks, Bethel, Juneau, and Kotzebue	
2.	Personnel Clerical plus Benefits	80,000
3.	Travel	50,000
4.	Materials	40,000
5.	Equipment	40,000
6.	Space Rental	20,000
7.	Media	82,500

① therapy
② Hearing
③ Support or counseling Program for families of handicapped

CSHB - 848

Section 1: The sum of 2,000,000 is appropriated from the general fund to the Department of Education for the purpose of providing training for public elementary and secondary teachers [redacted] exceptional children who have been mainstreamed [into regular classrooms].

Section 2: This Act takes effect July 1, 1978.

Letter of Intent for CSHB-848

Upon review of HB-848, the House HESS Committee recognizes the need for special services for all exceptional children; the committee substitute, therefore, is expressly intended to provide the financial support for a model process for training teachers who work with [all] children in providing appropriate educational programs for exceptional children within all educational settings. ① The Department of Education is strongly urged to require by regulation, pursuant to AS 14.20.020(c), that teacher training in the education of exceptional children be a requirement for both certificate and recertification. The Department of Education is additionally urged to require by regulation, pursuant to AS 14.03.030, that each district board provide a minimum of two days inservice training for all teachers in the district in the education of exceptional students. STOP It is the legislature's intent that the training program developed under this Act be used as the programmatic basis for programs required for recertification and inservice training.

CSHB - 848
BUDGET BREAKOUT

RURAL	
PERSONNEL	$ 718,181
TRAVEL	74,486
CONTRACTUAL	161,049
SUPPLIES	46,284
TOTAL	$1,000,000
ANCHORAGE	
PERSONNEL	$619,000
TRAVEL	16,000
SUPPLIES	15,000
MEDIA	25,000
EQUIPMENT	25,000
TOTAL	$700,000
FAIRBANKS	
SUBSTITUTES	$125,000
TRAINERS	165,000
CONTRACTS	10,000
TOTAL	$300,000

- Teachers not inst. how to deal w/ hdcp children 25 + 2 -

- 6 years in service 5 credits teachers c/o from state course -
- set up workshops

- for future teaching certificate

. Formula, changed a few times weighted ADM -

93-112 (504)
93-576

Ben Iverson — Admin Dir HHSS

Apr 77 — Califano signed 504 Regs, eff that yr
AS 35, 10.010 — resp of DOT
- new bldgs all barrier free, 10-yr moratorium on old bldgs
deadline June 1980 - structural change plans
FY 79 — $85,000 to [redacted] lease new space Juneau + Fbks

Nat Cole — Tom Brown
- 504 creates civil right to equal treatment, can sue
- now have legal + financial framework to implement 94-142
- 14,000 now in special ed (of 83,000)
- $19 million for " " (account for 85%)
- 17% in AK vs 12% nationwide
- AK ahead in mainstreaming
- no spec ed for com chdy. situations
- "learning disability" often mis-diagnosed (hard of hearing, mentally retarded
- about 100 on Dist registers being, 70 in spec ed
- expect decrease in no of "learning disability"
-

audit 1/3 ~~each~~ school districts each year

Title 19 - all buses, lot of nursing homes, must comply w/ 504
- schools scheduling handicapped kids on ground floor in multi-story bldgs.

HB 808
f. 16

TELEGRAM

FROM ALASKA COMMUNICATIONS, INC.
PHONE: 586-6440
JUNEAU, ALASKA 99801

02004 ANCHORAGE AK 37 05-05 745A AST

PMS REPRESENTATIVE CHARLES PARR

JUN

CONVERSATION WITH MIKE MORIN THIS MORNING VERY DISAPPOINTING.
REQUEST THAT WORK BEING DONE WITH STATE DEPARTMENT OF EDUCATION
ON SPECIAL EDUCATION BILL NOT BE ASSOCIATED WITH NOR ATTACHED
TO HOUSE BILL 848 IN ANY WAY.

BARBARA C SMART

Association For Retarded
Citizens of Kodiak
Pouch RC
Kodiak, Alaska 99615

April 26, 1978

The Honorable Parr; Ose; Nakak; Bradley; Cotten: Phillips; Beirne;
Bennett; Chatterton
Alaska State House of Representatives
Pouch V State Capitol Building
Juneau, Alaska 99811

Dear Sirs,

The members of the Association For Retarded Citizens of Kodiak are writing to you about HB 848. We feel that you should have workshops and vocational training centers listed under the programs provided in section 14.30.206 of the proposed bill.

With this type of help, retarded citizens have a chance to become self-supporting and to progress as far as possible.

Thank you for your attention to our comments.

Sincerely,

Nancy Gilbert

Nancy Gilbert, Secretary ARCK

April 21, 1978

Representative Charles H. Parr
Pouch V
Juneau, Alaska 99811

Re: HB 848

Dear Mr. Parr:

Thank you for the opportunity to testify concerning HB 848, a very needed bill to provide educational services to the exceptional child and to fall within compliance with P.L. 94-142. Compliance will cost a great deal of money but so will ignorance, lack of sufficient training for these children and suits brought about due to non-compliance.

While listening to other testimonies I made many notations of various items to further bring to your attention. However, as stated last night, the drafting of lengthy and detailed bills will serve no purpose if there is still a struggle to get services implimented.

The problem of transportation existing is just one example of statutes on the books but the service is denied. We have had to fight the system for every service we have obtained for our autistic son. This is not the way it should be done. I have asked the parents in the Rogers Park School District, Precinct 22-A, to provide me with written material as to what steps they took in requesting transportation. When that material is available I will forward it on to your committee so that you might see just what we as parents are being put through.

I have just this week obtained copies of my son's school records including staffing reports. The staffing dated May 1976 states "speech therapy: none required". This is the staffing of a 9 year old boy with very limited speech and no initiation of conversation. He is also a child, as is typical of the autistic child, that must be taught the basic concepts such as "where is the _____".

Until 2 school terms ago, Robert, our son, has had to settle for classes for the multi-handicapped, mentally retarded, hearing impaired, etc. The class for autistic children suddenly appeared when we had to go as far as threatening suit.....either that or just general public pressure from numerous angry parents being treated the same way.

All children need a certainty as to whether their school program will exist with the start of a new school year. This certainty does not exist. I am greatly concerned over whether there will be adequate

programs for our son when he is a teenager. He is currently at the Whaley Center which was originally designed for the 3-7 1/2 year olds. Betsy Kruth and Phyllis Brooks, his teacher and teacher aid respectively, are marvelous teachers and doing a superb job. But what happens when he is much too old and too big to be with this age range. How do you put a child, almost young man, in a school with high school age students when that child requires full supervision at all times?

Basically all the HB 848 represents to me is a document that can be used as leverage with the school district to threaten court action and a paper to wave in the air and say but the law says.... The school districts have yet to prove that the laws mean anything else.

I support 12 month school year, O.T., P.T., and full education by needs not by funding whether it is one child or 101 children who need a specific service. And, I support HB 848 as a good start in the right direction.

Very truly yours,

ELISABETH A. KACHLINE
(Mrs. Harry M. Kachline, Jr.)
1650 East 27th
Anchorage, Alaska 99504
Phone: 274-3463 HM
272-2561 WK

cc: Members of Health, Education & Social Services Comm.
Representative Clark Gruening
Representative Richard K. Urion

SECTION 10

Explanation

This section limits the amount of time an individual student may be on a bus on any given day. Hence, more buses and aides will be required.

Analysis

It is estimated that the additional costs statewide will be in excess of $3,500/day or $630.0/year. These costs are based upon the need for 22 additional buses at $150/day per bus, plus part-time drivers' aides, times 180 days. Additionally, the training requirements of this section could cost $30.0 per year.

SECTION 12

Explanation

This section provides for an extended school term.

Analysis

(Fiscal impact unknown.)

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 848 and SB 482
Title An Act relating to Special Education
Requested by Meakins (House) Date 2-14-78
Sumner, Croft, et. al. (Senate) 2-10-78

II. FISCAL DETAIL
Agency Affected Education
Program Category Affected Education
Budget Request Unit(s) Affected EPS, Financial Support

EXPENDITURES (Thousands of Dollars)

		FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100	PERSONAL SERVICES			2,200.0	2,332.0	2,472.0	2,620.0
200	TRAVEL			134.0	142.0	151.0	160.0
300	CONTRACTUAL			350.0	371.0	393.0	417.0
400	COMMODITIES			38.0	40.0	43.0	45.0
500	EQUIPMENT			150.0	159.0	169.0	179.0
600	LAND & STRUCTURES			340.0	360.0	382.0	405.0
* 700	GRANTS, CLAIMS, ETC.			173,704.0	184,126.0	195,173.0	206,883.0
	TOTAL			176,916.0	187,530.0	198,783.0	210,709.0

FUNDING (Thousands of Dollars)

GENERAL FUND			176,916.0	187,530.0	198,783.0	210,709.0
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME			80	80	80	80
PART TIME						
TEMPORARY						

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

* Reflects deduction of $20,000,000 estimated for special education next year under present foundation program.

See attached fiscal summary. Inflation @ 6% per year.

** Depending upon the interpretation of the instructional unit allotment for programs provided under section 206(a) of this act, the amount required under the grants portion could increase by as much as $30,000.0 over the $173,000.0 included above.

IV. DATE March 10, 1978 PREPARED BY Nathaniel Cole, Deputy Commissioner
AGENCY Education
PHONE 465-2800

Original: Legislative Finance
cc: Budget and Management

SECTION 3 FISCAL ANALYSIS
WEIGHTED ADM/FTE by subsection

Subdist FTE	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	Total FTE	UNITS	FY 79 FOUNDATION VALUE	% STATE SUPPORT	TOTAL COST
ADAK	72	42	0	0	0	3.				36	42	195	19	40,600		771,400
ANC CENTRAL RAILBELT	97.5	10	7.5	0	0					3	60	178	17	36,731		625,277
ALASKA GATEWAY	120	84	15	0	21					45	75	360	34	31,850		1,103,200
ALEUTIAN CHAIN	99	62	35	6	84					0	60	346	33	43,500		1,435,500
ANCHORAGE	2,544.5	2,124	607.5	3,669	1,697.5	692	186	50	207	657	2,630	15,028.5	1,369	29,000	97.9873	38,873,521
ANNETTE ISLAND	118.5	90	32.5	6	73.5	6				15	73	414.5	39	30,160		1,174,240
BERING STRAITS	39	86	32.5	3	14	6				15	36	231.5	28	44,950	97.9923	1,253,601
BRISTOL BAY	156	28	7.5	6	1.75	6					60	265.25	25	44,950		1,183,760
CHUGACH	63	36	10	6	7	12				3	30	152	15	31,320		464,200
CITADEL	22.5	0	0	0	0	6					15	43.5	5	34,800		174,000
COPPER RIVER	186	42	57.5	36	49	60				15	123	568.5	53	33,350		1,767,200
CORDOVA	186.5	192	40	57	36.75	102				3	135	762.25	71	33,350	93.9768	2,333,622
COVE	114	118	15	0	0	0				30	69	346	33	31,320	99.5756	1,028,175
DELTA/GREELY	339	230	27.5	6	8.75	93				90	205	989.25	91	34,800		3,166,200
DILLINGHAM	114	6	7.5	9	0	3					69	208.5	20	44,950	99.2929	992,643
FAIRBANKS	1,431	1,063	415	930	15.75	198	102			420	1,138	5,726.75	522	32,400	97.1591	16,472,837
GALENA	16.5	22	10							3	15	66.5	7	44,950	99.7466	313,750
HAINES	150	102	45			3				39	120	513	43	33,350	98.3658	1,677,611
HOONAH	190.5	115	85		22.75	27				90	120	663.25	62	32,400	99.7927	2,007,073
HYDABURG	27	12	20		10.5	12				0	15	96.5	10	31,320	99.8024	312,961
IDITAROD	30	6	15	6	17.5	3	144			3	24	257.5	25	44,950		1,157,762
JUNEAU	1,141.5	982	245	357	229.25	228				198	792	4,092.75	373	29,000	98.6976	10,036,114
KAKE	66	20	25		38.5	51				9	40	249.5	24	31,320	99.8168	780,365
KENAI	1,173	616	350	552	654.5	90				138	868	4,478.5	408	31,320	97.000	12,331,201
KETCHIKAN GATEWAY	663	322	257.5	108	390.25					9	430	2,179.75	199	29,000	99.3215	5,874,153
KING COVE	54	22	2.5	6							104	188.5	18	43,500	99.6206	731,420
KLAWOCK	28.5	6	12.5									47	6	31,320	99.7315	187,643
KODIAK	510.5	418	12.5	465	99.75	93				39	493	2,331.25	213	32,400	98.74	6,831,175
KOTZEBUE	48.5	42	7.5	9	0	27					33	166	17	44,950		764,150
LAKE & PENINSULA	84	2	66	21	38.5						57	267.5	26	44,950		1,168,700
LOWER KUSKOKWIM	186.5	48	45	60	52.5	60				21	136	619	58	44,950		2,807,100
LOWER YUKON	255	174	37.5	81	7	33				3	177	767.5	71	44,950		3,191,400
MATANUSKA	993.5	328	237.5	333	187.25	69				135	110	1,993.25	183	31,160	97.9788	5,987,036
MENTASTA	73.5	6	75	21	0					9	50	234.5	25	36,781	97.6502	838,632
NOME	240	50	57.5	39	29.75	36					184	681.25	64	44,950	99.3312	2,857,731
NORTH SLOPE	357.5	226	117.5	152	162.75	51				9	284	1,399.75	129	44,950	97.000	5,824,444
NORTHWEST ARCTIC	466.5	16	267.5	9	52.5	21				21	247	1,040.5	96	44,950		4,310,320
PELICAN	0	0	0	0	0						-		-	32,450	93.0705	0
PETERSBURG	183	152	47.5	48	0	27				24	123	601.5	56	30,160	99.1135	1,673,407
PRIBILOF	60	28	42.5	9	0					15	39	193.5	19	43,500		826,500
SITKA	417	244	150	45	0					102	261	1,222	112	30,160	98.4444	3,335,171
SKAGWAY	66	48	10	6	0	3				9	41	183	18	31,320	97.9122	551,940
SOUTHEAST ISLANDS	130.5	142	32.5	9	0	12				0	81	413	3-	30,160		1,176,243
SOUTHEAST	175.5	46	80	96	0					0	105	502.5	47	44,950		2,112,450
ST. MARYS	180	6	0	3	0					-	73	202	20	44,950	99.7944	897,902
VALDEZ	45	30	12.5	3	0					9	28	127.5	13	43,500	98.0642	554,676
WASILLA	213	146	25	270	1.75	117			255	45	214	1,295.75	119	33,350	97.000	3,869,911
WRANGELL	156	142	20	36	0	24				-	104	482	45	30,160	98.8783	1,331,943
YAKUTAT	69	44	20	0	0	48				3	49	233	22	31,800	99.1649	757,206
YUKON FLATS	73.5	72	0	0	61.25					9	45	260.75	25	44,950		1,123,750
YUKON/KOYUKUK	175.5	80	15	9	14	66				9	108	476.5	45	44,950		2,142,175
[illegible]	444	398	107.5	396	334.25		171			66	-	1,916.75	176	29,000		5,558,075
[illegible]	415.5	298	107.5	117	7					105	-	1,110	102	32,480		3,604,800

GRAND TOTAL 170,[illegible],357

HB 848 - SB 482

The Department has very carefully read these two companion bills - line by line - and made an attempt to analyze their possible impact upon special education in this state.

Because of the size and complexity of the bills, we have limited our comments to those items that will change what is presently in statute and/or regulation. All analyses are based upon the February 1, 1978 enrollments as reported to the Department's Office for Exceptional Children. The section by section anysis is as follows:

SECTION 1

Explanation

This section, while retaining the current ADM/FTE formula for special education, specifically allows duplicate counting of children in special education programs, which means that one child may be counted separately for each portion of the special education program from which that child receives services.

Analysis

The full impact of this provision can be seen in the ADM weighting schedules of Section 3 (see attachment #2).

SECTION 2

Explanation

A support services schedule is added to AS 14.17.041 that provides foundation units to districts to provide support services as a function of their total enrollments. The analysis of fiscal impact (see attachment #1) was derived by examination of districts' estimated enrollments for FY 79.

Analysis

The probable cost to the state was found to be $16,671.0.

SECTION 3

Explanation

This section weights special education enrollments according to the services offered by program(s) in which an exceptional child may be enrolled. For instance, a student may receive an ADM/FTE weight for each separate service received. The weighting ranges from 1.5 ADM/FTE to 4.0 ADM/FTE in contrast to current law and regulation that limits an individual special education FTE to

Analysis

A district by district fiscal analysis can be found in attachment #2. The total cost to the state is estimated to be in excess of $153,000.0.

Section 4 - Cont.

Explanation

1.0, regardless of the types of service provided. Conceivably, under the multiple weightings allowed under Section 1 of this bill, individual FTE generation could significantly exceed even 4.0.

SECTION 4

Explanation

This section contains no provisions not already in practice or permissible under state laws and regulations.

Analysis

There is no fiscal impact as a result of this section.

SECTION 5

Explanation

Section 5 proposes several major changes from current practices and procedures of the Department of Education. It would create a Division of Special Education whose Director would serve at the pleasure of the Governor. Many present Department functions would become the responsibility of the Division. Such activities would include the development of special education certification standards; receipt and control of all federal funds for special education; control of all nonpublic school special equipment; independent contracting authority for educational services; and recommending Board action for districts found to be in noncompliance with the provisions of this bill, should it be enacted. Additionally, Section 184(18) would hold the state totally responsible for all costs incurred in transferring an exceptional child to a private school if referred by any public school agency. The fiscal impact of this provision has not been estimated.

Analysis

Section 189 requires that the Division will have offices, appropriately staffed. While the exact number of such offices is unclear, an estimate of the fiscal needs of the Division was derived through an analysis of estimated costs to staff five regional offices and a divisional central office in Juneau:

Personnel Services	2200.0
Travel	134.0
Contractural	350.0
Commodities	38.0
Equipment	150.0
Lands/Bldgs.	340.0
	2872.0

This figure is based upon an estimated manpower need of 80 full-time positions in five regional sites and the Department of Education. All but 200.0 of these funds would have to come from the state's general fund.

Section 3 - Cont.

Explanation

Sections 194-196 would require all LEA's and REAA's to elect at large a special education advisory board. Membership requirements would be established by statute. While the source of funding for these elections is not known, it is presumed they would be the responsibility of the local districts. The local advisory councils may report directly to the State Division of Special Education on the availability of services in LEA's, and could apply directly to the state for services and facilities, possibly circumventing local boards and administrations.

Sections 197-204 reenact the State Special Education Advisory Council and specifically establish membership requirements, minimum meeting times, quorum requirements and compensation to members. It is assumed that costs are the responsibility of the division's budget. Specific monitoring and evaluation duties are required of the council, including a strong directive role to the division, as well as conducting public hearings and arbitrating disputes between parents and local districts.

Section 205 mandates that every LEA and REAA shall have a supervisor of special education, with specific duties under law. This individual would be required to perform duties as assigned by the State Special Education Division.

Section 206 contains a detailed explanation of the class groups weighted under Section 3. The following are the categories of Program Services in which students are to be weighted:

(1) Any mainstreamed child is weighted at 1.5 FTE, regardless of the amount of time spent in direct special education endeavors. Presently, this would include all level 1, 2 and 3 children;

Section 5 - Cont.

Explanation

(2) Any level 1 child who receives special small group instruction;

(3) Any level 4 child, or one who requires 60 percent of the day in special instruction;

(4) Any level 4 child, or one who requires a full-time special education;

(5) Any child served by a traveling teacher;

(6) Special education students in vocational education programs;

(7) Students in special education day schools;

(8) Students in hospital schools with non-traveling staff;

(9) Children in residential schools;

(10) Preschool children (ages 0-5);

(11) Secondary special education students;

(12) Experimental programs.

Sections 207-215 codify most of what is now is regulations. A few significant changes should be noted:

(1) Student reevaluations would be required every 10 months instead of annually as required by present state statute;

(2) Child Study Team input must include a psychologist's report;

(3) A description of home living conditions must be included in the assessment process.

Analysis

The cost of number (12) of Section 206 cannot be estimated.

Section 5 - Cont.

Explanation	Analysis
(4) The Child Study Teams must include parents, special education teachers, evaluator, regular teacher, administrator, et al. This could be cumbersome.	
(5) Implies that parental permission to change a child's special education program need not be obtained prior to enactment;	
(6) Individualized education plans must indicate the appropriateness of family guidance procedures for special education students' families;	
(7) Insures reimbursement for special transportation needs above those now afforded under law.	This is estimated at $10,000/day x 180 or $180.0 per year.

Section 216 allows a child to be placed in a special education program for further study for a limited time. Since this process would bypass the due process procedures adopted under PL 94-142, its legality is questionable.

Sections 217-219 establish maximum class sizes for both integrated and segregated special education programs. Using a weighted categorical numbering system, a "class" is limited in the number of children that can be in one room at one time. The effect of this section would be felt statewide, as virtually every class in the public schools of the state has one or more students with an exceptionality. It should be noted that the usually accepted list of 10 exceptionalities has been increased with the addition of two more - behavior disorders and hyperactive.

It should be noted that the Child Study Team can also reduce class sizes (Section 219). Since every child in special education could have a different Child Study Team, it is not clear which team will be given this authority.

Section 5 - Cont.

Explanation

Section 224 relegates "certain hearings to the State Special Education Advisory Council. Any party at these hearings is given subpoena power, a power that currently exceeds even that of the State Board of Education. Appeals are to be de novo in the Superior Court.

Several provisions of this section pose serious legal questions with respect to compliance with student confidentiality requirements of PL 93.380.

Sections 233-234 require a significant increase in reporting and accounting procedures that would be imposed upon districts, including the identification of students by race and religion. This section also requires the Department to monitor special education civil Rights quotas by sex, race, religion and national origin.

Sections 236-238 refer to institutionalized youngsters and their educational programs. A director of programs is required for each institution, and school is year-round.

Section 239 requires reimbursement to districts or cities of one-half of all costs incurred in recreation programs for exceptional children.

Section 241 requires that any educational cost derived from a clinical nursery school or day care center for the retarded be fully reimbursed to the district that made the placement.

Analysis

The cost impact of this particular provision was not estimated, as there was no historical data available to make meaningful predictions. This section further allows for 100% reimbursement of the cost of vehicle purchase or renovation. The cost is estimated to be 150.0 the first year, and 50.0 plus thereafter. Reimbursement for costs of transporting children to and from recreation programs at "any state facility" is also mandated. This will result in an estimated cost to the state in excess of $1,400.0 million per year. This figure is based upon

Section 5 - Cont.

Analysis

14,000 students times 2.5 trips per month x 9 mo. x $4.50/per student day of bus usage.

SECTION 6

Explanation

This section uses specific language to permit cooperative agreements between school districts and REAA's.

Analysis

(No fiscal impact.)

SECTION 7

Explanation

This section requires separate accounting of all funds received by cooperating districts which are associated with interdistrict programs for exceptional children.

Analysis

(No fiscal impact.)

SECTION 8

Explanation

Provides for free, independent evaluations of exceptional students if requested by parents.

Analysis

(No cost estimate made.)

SECTION 9

Explanation

This section allows children to be moved from site to site as a function of administrative convenience. This practice is of doubtful legality, as it could easily defy the concept of least restrictive alternative, which is required by PL 94.142.

Analysis

(No cost estimate made.)

SECTION 10

Explanation

This section limits the amount of time an individual student may be on a bus on any given day. Hence, more buses and aides will be required.

Analysis

It is estimated that the additional costs statewide will be in excess of $3,500/day or $630.0/year. These costs are based upon the need for 22 additional buses at $150/day per bus, plus part-time drivers' aides, times 180 days. Additionally, the training requirements of this section could cost $30.0 per year.

SECTION 12

Explanation

This section provides for an extended school term.

Analysis

(Fiscal impact unknown.)

HB 848 - SB 482
Lobaugh

#7

I recommend that the legislation contain provisions for the following:

1. GUARENTEE EDUCATIONAL RIGHTS FOR THE HANDICAPPED according to public law 94-142 which includes;

the right to a free appropriate education to children with handicapping conditions according to their potential

8r due process procedures to assure that the parent has appeal procedures from diagnostic processes as well as program placement

a provision for inclusion of parents in child study process

provides for external professional evaluation in contested cases

establishes a definition of learning disabled. (see attached definition from Washington State which is far more acceptable than that proposed in Alaska under regulation)

guarentees that all school aged children who exhibit a discrepency between thier achievement and thier potential are screened for learning disabilities

eliminates placement decisions which are due to cultural bias

guarentees a quality of program which is prescriptive to individual needs and insures quality of instruction

requires a prescriptive written report from the child study team to be updated regularly with the regular classroom teacher

2. INCREASE STATE SUPPORT FOR SPECIAL EDUCATION

provide a foundation unit for each 500 students for diagnostic testing

contain a provision for public review of school district special education program - provide for andivory committees to school boards, require that all special education money be identified in public budget documents and requires school board approval

contain provisions for the State Dept. to withhold special education money where it has been determined that the funds are being used for othere purposes

provide funding for diognostic centers in various regions in Alaska

establish criteria for a maximum class size for special education classes and provide for reduced class sizes in regular classrooms with severely handicapped students

eliminate the present structure with ratings of levels of service

provide incentives to lareger districts to develop special programs

attachment #2

WASHINGTON STATE LAW:

requires that learning disabled students exhibit average or above in intelligence* and demonstrate a significant process deficit in auditory, visual, motor, or associative audio-visual abilities. It also requires that students must be 1 year behind in the first grade reading (or math) levels, be two years behind between the second and fourth grade and three years behind in the fifth through twelvth grade. A significant deficit is taken to mean one where a severe discrepency exhists beetween a childs grade or reading level placement and his potential. In addition students must not have an overriding emotional problem or qualify for other assistance.

FURTHERMORE: Washington state law limits the classroom load for special education teachers and regular classroom teachers - from notes of Maxime Van Nostrand director of the Bellevue Program:

(attachment 3)

The Bellevue program itself is exemplary for the entire state of Washington. here is the program description: (attchment 3 again)

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* appropriate measures for intelligence includes the WISC and the ITPA. Other diagnostic instruments include: Purdue, Bender, Benton, Lindamood, Slingerland various standard reading tests such as the Metropolitian

BILLS: HB 848 and SB 482

TESTIMONY IN SUPPORT OF ADDITIONAL UNITS IN THE FOUNDATION PROGRAM FOR SPECIAL EDUCATION ___BEFORE THE JOINT SENATE AND HOUSE EDUCATION COMMITTEES

April 20, 1978
Sharron Lobaugh
Juneau, Alaska

Members of the Committee;

My name is Sharron Lobaugh, I am an artist, sometimes lobbyist as you may know me from other causes, and mother of four children with severe learning problems. Because of their constant difficulties in School, I have become interested in the field of education, served for 7 years as a member of the ESEA Title III advisory for innovative and Exemplary programs, a member of the Juneau School board and obtained a masters degree in education. I am presently teaching art at the community college, and recently served on the post se[illegible]dary commission. I am chairman of the local group of ACLD

My professional training in education has included work in the field of learning disabiliites I had an opportunity to study one summer in a lab for learning disabiliites in Bellevue Washington.

Most of the information I am presenting today is based in research because I believe that there is a growning body of evidence that indicates that learning disabilities is a problem of great magnitude in our country and perhaps even more so in a state such as ours with various language differences. I will also provide some examples ~~present a case study~~ for you of our son Tim Burr Lobaugh whose disability has been severe and traces back to about 3 years of age. Quite honestly, most of you may think that environmentalists are emotional but I can guarentee that for the next few days, you will probably hear some of the most emotional pleas from parents and even the children themselves as they document their failure stories.

The reason I am focusing on learning disabilities is obviously because this is the problem my children have and it is the newest category to be officially recognized by PL 94-142 as a handicap. It is a strange handicap as well since all the children seem normal, without a limp or other visible difficulties, it is the most difficult to diagnose and manifests itself as if the child is lazy or stupid. It is curiously a disease of the rich at the present time because unless a parent is persistant and seeks professional child study evaluation, the child is without an advocate. Many parents who do not know why thier child is not reading also begins to feel this child is lazy or stupid. With parents and teachers alike beliving this, it is no wonder that studies show that between 50

nd 90 percent of the children who have been institutionalized because of delinquent behavior have severe learning problems. Dr. Troy Sullivan did some research at the McLaughlin Youth Center in the late 60'sthat concluded nearly 80% of the youth there were non-readers and could not perform a corresponding perceptual test which had a high correlation to dyslexia.

I am enclosing an excerpt of the publication by the U.S. Department of Justice Law Enforcement Assistance Administration entitled: The Link Between Learning Disabilities and Juvenile Delinquency published in April 1976 which analizes a number of the most comprehensive national studies on this issue. (attachment 1)

(read summary from page 32)

Most everyone in the field cautions against a direct causative link as it is unfair to treat individuals as potential criminals because of a handicap.

There are so many other variables in operation in case after case such as environmental conditions. Nevertheless, it becomes obvious that(as one of my professors said) behind every successful learning disabled adult was a persistant parent. This may be seen as another attempt to take over some of the duties of the family to suggest that better diagnosis and prescription at the elementary and secondary level by some observers. I believe that public institutions have an obligation to do all that is possible to mitigate some of the problems of our society. Think of the benefits our society would derive if not only are those students whos probelms are identified and mitigated early are given other opportunities than delinquency but become productive citizens able to find a job and earn a living for themselves. Vocational training is another area of need.

(diagram)

Recently, I had an opportunity to participate in an onsite review of the Seward Skill center. On discussing learning disabilities with the two counselors, teachers and administration, they agreed that there is a high proportion of non-reader potential dropouts that have been trained though their program and are seeking extra support for professional staff such as a psychologist with experience in learning disabilities so that they are better able to diagnose at the center. This is, I might point out an excellent vocational program and one every legislator should visit. I have had experience in onsite evaluations for a number of years and believe this is one of the most productive learning environments in the state ---next to the legislature.

Before continuing much further, I should give you more information about what this strange animal is that is causing us to ask for additional support service. Learning disabilities as defined in the State of Washington by law is:

(see attachment # 2)

To take this definition further, which is in complience with the definition in public law 94-142, I will briefly sketch from notes of Dr. Charlotte Hoskins one of the instructors in the Bellevue District learning program. (attachment3)

There is much professional disagreement about the methods of identification and a great deal of interprofessional hostilities exhist between pediatricians, specialists, teachers, neulogists, opthamologists, psychaitrists etc and the parents often get conflicting information. Reading an excertp from a grant which was submitted to the state last year by the Juneau School Disctict written by Ann Stoke, Bob Falle and myself: (attachment 4)

Washington state legislature passed a law in 1975 mandating that a statewide assessment of incidence be conducted and a full battery of tests was given to the entire first grade population. The results of this study are: (attachment 5)

I'm sure you will hear from the Department of Education hat 10% of education money is already being appropriated for special education. In the Juneau district, last year they generated 916,000 but the audit only shows 829,000 having been spent on special education purposes. Perhaps this is trueu or that some related services are buired in other district functions, but having spent some time recently reviewing the district budget, there is no way to identify exactly how much money is presently being spent. This should be corrected so the public has an opportunity to maintain some check on the use of this money. The classrooms are very loaded for the resource staff and a great deal of tieir time is necessarily spent in paperwork and in evaluation and diagnosis activities. Much time which is needed for direct services to the children is being lost. One junior high teacher saw as many as 60 children last year. I know that severl are not being helped because of the overload. I feel very sympathetic with these teachers and appreciate their efforts although I find myself having to teach nearly every submect to our 8th grader because there is not enough understanding of easy to assist in the regular classroom. Until I became frustrated recently and strongly protested the homework load, he hwad to stay up till 10:30 at night from 4:00 after school laboring over work that others could do in about an hour. Most of the work is repetitious, buiswork and had the effect of denying all of Tims extra curricular activities like drums and squaredancing this year. He just can't be expected to respond on written taske like the normal children. Most of his tests are to be given orally

When When I served on the school board, the statedepartment requred a plan of

service from the district and our administration s.mply sent it in two years in a row without Board review. No other input from parents or teachers was allowed. I do not know if this is still the case, but if this practice is still being done, there must be some provision in the law to require a public review or advisory.

Juneau lost two instructional units because of their audit last year apparently and this cutback the service even further. Last year one elementary school had nearly 90 for referrals

What kind of program do I think is appropriate? There are alot of options but primarily until the districts at the elementary level begin to focus on activities which will reduce the process deficit and at the same time teach through strengths there is not going to be marked difference between what is now done in most support service programs. → see (attach 6 - Bellevue district program) Obviously, the key is to have an accurate diagnosis because the special problems of each child are like the fingerpring----all very different and about 100 variations are now known each withdiffering prescptitions

Learning disability problems on the Jr. and High school level have to begin to deal with coping skills where content subjects can be learned through the intact modality.

In conclusion, I will leave you with some positive recommendations on this legislation. I would like to see a rewrite to focus on the primarey intent: to provide basic educational rights to ~~that~~ handicapped children and to provide more money for special education servcies. (attach 7

CRITICAL ASSESSMENT OF SB 482 & HB 848

In accord ce with your request here is my assessment of Senate Bill 482 and House Bill 848. Thanks for your interest.

The first two pages are full of forbidding schedules, equivalents, instructional unit formulas and percentages seemingly intended to make yo more dependent on H.E.S.S recommendations. Page three, section 180 starts off under Findings and Purpose: "the legislature finds etc., etc." It's difficult to believe that this legislation originated in any understaffed Alaska legislator's office. This is a very obtuse and complicated piece of legislation which is now being introduced in almost identical form in several other states. I just returned from NSBA's national convention in Anaheim, California where I spoke to, and heard complaints from, other school board members about this very same legislation. I believe with good reason that this bill originated in a Chicago think tank called Thirteen-thirteen funded by large foundations for their own motives. Motives which seem to dove tail comfortably with the federal government's intention of gaining complete control of all education in the United States. If you do not believe me, try to amend section 181 "Receipt of Federal Assistance", and see what reaction you get from the bill's sponsors. The bill would grant the commissioner of education great new power to enter into agreements with federal and other state agencies.

Section 183 establishes a division of Special Education within the Department of Education. The new division would have 18 enumerated functions starting with full control of all special education in the State of Alaska as function number 1. That's only the first one, other functions include compiling data on all exceptional children in the State. What child is not exceptional in some way? Functions 6 and 7 grant the power to receive, allocate and withhold federal funds from cities, boroughs, REAAs and even private schools which run afoul of regulations.

Section 187 provided for a director of the new division with power to establish and staff offices in many locations in the State and to conduct investigations with the power of supoenas to compel attendance and testimony of witnesses and to compel production of papers, books, and documents.

Section 193 would establish Local Special Education Advisory Councils in each city, borough and REAA. Some of these council members shall be selected to represent parents and guardians, teachers, administrators, minorities and regional corporations. Advisory council members shall receive per diem and expenses including payment of babysitters. Then we have another council - 197 on a state wide level consisting of nine members appointed by the Governor to overlapping terms of three years. The duties of the state wide council include assisting the United States Commissioner of Education in the performance of his duties and responsibilities under federal laws PL 94-192 of 1975.

Section 205: Each city, borough and REAA shall appoint a supervisor of special education. Even if there are no special education children? Maybe they (special education children) would not be an absolute necessity since he has, among other duties, to receive complaints relating to the provision

of a free appropriate public education for any child. The definition of child appears at the end of the bill but I believe it's necessary to quote it here "School age child means any person from birth through age 21." Under this bill 12 programs would be provided from standard educational programs to day care schools, hospital schools, itinerant home schools, learning centers, diagnostic clinics and any combination or modification of the above. Then under Evaluation Procedures - 211 the bill would provide for a child study team for each case which would include the child's parents or guardian, the receiving specialist, a psychologist, the child's current teacher and an administrative officer of the school district. Also other specialists who may be required to establish an individualized educational program for each such child.

Starting on page 22-218 maximum class sizes are listed for special children in regular classrooms with factors for "weighting" the class load according to types of disability, etc. The class load could be as few as four to a teacher and one aide.

Section 222, paragraph C: The way I read this no child could ever be expelled from our schools without written prior approval of the Department of Education. Even if he or she is a desperate discipline problem?

Section 224: If there is disagreement over the placement of a child there will be a hearing with due process including advice of counsel and experts. The right to confront, cross-examine and compel attendance of witnesses; and to receive a written or electronic verbatim record of the hearing all subject to appeal to superior courts de novo. Aren't we going a bit far?

We are coming to the controversial part pretty soon now.

Sections 229 & 233 pertains to records and reports, "at the time, in the manner and on the forms which the department may require." and affords access as the United States Commissioner of Education may require.

Section 234. (b) If a report made under sec. 233 (c) of this chapter shows a substantial discrepancy in the occurrence of the characteristics of sex, national origin, race, and religion between children in special education classes in contrast to the remainder of the children in a city or borough school district or rural educational attendance area, the department shall file a complaint with the State Commissioner for Human Rights alleging discriminatory conduct prohibited by AS 18.80.255.

Sections 235-237: The department shall staff with a director and others a program of special education in each institution operated by the Department of H.E.S.S. which cares for children with exceptional needs. It seems we will have directors and staff, officers and advisors, boards, experts and teams of teachers coming out of the woodwork.

one or more children younger than age four with substantial difficulties, or which transports any exceptional child who is prone to behavior which could distract the driver;

(3) inservice training, to be completed within six months of employment, for operators and attendants of vehicles transporting exceptional children to acquaint them with the needs of children and to equip them to meet those needs;

(4) that any need or problem which may cause difficulty during transportation, such as seizures, a tendency to suffer motion sickness, and disabilities such as an inability to see, hear, or communicate, are ascertained through consultation with the child's parents, guardian, or teachers, and communicated to the operator and attendant of the vehicle in which the child is transported;

(5) that the exceptional child is assisted on and off the vehicle and in and out of the classroom, whenever such assistance is necessary;

(6) whatever special equipment is necessary for the safety and comfort of the child;

(7) that all special equipment necessary for the transportation of the exceptional child is kept in operational order at all times.

* Sec. 11. AS 14.30.350(1) is repealed and re-enacted to read:

(1) "exceptional child" or "exceptional children", means a school age child, or children, who, because of temporary or more permanent adjustment difficulties or attributes arising from intellectual, sensory, emotional, or physical factors, including giftedness, cerebral dysfunctions, perceptual factors, speech and language disorders, or other specific learning disabilities or abilities or any combination of these, is certified as unable to progress effectively in a regular school program and requires special classes, instruction periods, or

other special education services, including transportation, in order to develop successfully his individual educational potential;

* Sec. 12. AS 14.30.350 is amended by adding new paragraphs to read:

(3) "child study team" means a group of individuals responsible for certifying, assessing and reviewing the needs of a child referred to it and for developing a written individualized educational program based upon its assessment of a child who is to be assigned to a special education program;

(4) "director" means the director of the division of special education;

(5) "division" means the division of special education;

(6) "instructional support services" means any necessary services that are required to supplement or enhance the basic special education program or the regular education program; these shall include but not be limited to nurses, speech and language therapists, psychologists, physical therapists, occupational therapists, librarian-media specialists, special reading teachers, counselors, social workers, physicians, music, art and physical education teachers and teacher aides;

(7) "integrated classes" means classes within the regular educational program to which exceptional children have been assigned;

(8) "regular education" means the school program and pupil assignment which normally leads to college preparatory or technical education or to a career;

(9) "school age child requiring special education" means any child with special needs who requires special education as determined in accordance with secs. 180 - 350 of this chapter and the regulations adopted by the department;

(10) "school age child" means any person from birth through

the age of 21, inclusive, who has not attained a high school diploma or its equivalent or who has not yet completed his prescribed education program; a pupil who becomes 22 years of age while participating in a program under this chapter may continue his participation in the program for the remainder of the current school year;

(11) "special education" means educational programs and assignments, namely special classes, programs or services designed to develop the educational potential of children with special needs, including but not limited to speech pathology, group therapy, and vocational training, special education includes, but is not limited to educational placements of children by city or borough school districts or regional educational attendance areas, the Department of Health and Social Services, and the Department of Education in accordance with the regulations of the Department of Education;

(12) "school term" means the regular school year plus additional days, up to and including the full 12 months for those exceptional children who may need the extra days in order to maintain or retain the accomplishments made during the regular school year; the determination of eligibility for the extended term will be made by the child study team;

(13) "institution" means any agency, other than the public agencies charged with education, which has exceptional students on the premises.

* Sec. 13. AS 14.30.186(a), (b) and (c); 14.30.191(a) and (d); and 14.30.231 are repealed.

Page 34, line 4: A parent may obtain an independent educational evaluation of the child at public expense.

Page 34, line 11, section 347, the rest of page 34 and page 35 down to line 20 has to do with special transportation needs, special equipment on buses, training for drivers, distance limitations, on bus special attendants, etc.

Section 350 - 1 is the beginning of definitions which need to be quoted in full. See page 35, line 22 down and all of page 36 and 37. (See attachment)

Without assessing the cost in terms of money which I hear is about 170 million the first year, this bill if enacted will cause social disruptions along racial lines amounting to a tragedy for Alaska. The over emphasis on adversarial roles for parents against the system, the out of focus attention to detail and the interplay of highly educated specialists with politics would be sickening to see. The concentration of more and more power in the hands of administrative personnel at state and federal levels is what I fear most. The ultimate test of any program is need or benefit as determined by the public balanced against cost. I hear nothing at our local level indicating a real need or potential benefit, but in the area of costs we hear plenty. The public seems to be getting a picture of an educational tail wagging - a tax payer dog. Notice what is happening in California. A tax revolt in full swing. I would vote against its passage in any form if I were you.

Joseph A. Roche

Joseph A. Roche, Legislative Chairman
Copper River School District Board
c/o Tonsina Lodge
Copper Center, AK 99573

JAR:pm

Enclosures

STATE
of ALASKA

MEMORANDUM

TO: Representive Charlie Parr
Chairman House HESS

DATE: April 17, 1978

FILE NO:

TELEPHONE NO:

FROM: Nathaniel Cole, Deputy Commissioner
Department of Education

SUBJECT: Analysis of HB-848 / SB-482
This analysis omits several issues contained in the bill which others may consider substantive. A more exhaustive analysis accompanies the fiscal note prepared by this department

Section 1

While retaining the present foundation formula for special education, this section permits districts to count children separately for each service they receive from the special education program. The additional cost of this provision would be, according to our estimates, in excess of $150 million.

Section 2

This section adds a schedule to the foundation program which would provide funds to districts for the purpose of defraying costs of instructional support services. The cost of this section would be approximately $16.6 million.

Section 3

This portion of the bill would weight special education children according to the type of services received. Students with disorders requiring the most services would be weighted 4.0 FTE, while those with less severe disorders would be weighted as little as 1.5 FTE. Present statutes and regulations limit weighting to a maximum of 1.0 FTE.

Section 4

This section is almost exclusively philosophic in content; it sets forth the rationale for the remaining sections as an attempt to remedy past "inadequacies and inequities" in special education programs.

Section 5

This section would establish a Division of Special Education. It further seems to require the maintenance of regional offices within that division. Additionally, both statewide and local special education advisory councils would be required, as well as district supervisors of special education. The section also limits special education class sizes, and all class sizes in which any special education students receive instruction. Including the

student transportation costs derived from section 184(18), the cost of this section would be approximately $4.6 million.

Section 6

This section would amend present statutes to require departmental approval of inter-district cooperative agreements with respect to special education programs.

Section 7

This section would identify the operating agent in a cooperative agreement for purposes of accounting. It would further require separate accounting of funds received for special education.

Section 8

This section would change present law to require, at district expense, an independent evaluation of a special education student whenever the parent so requests, regardless of the efficacy of the evaluation performed by the child study team.

Section 9

This section would amend present statutes to require that administrative decisions with respect to the transportation needs of special education students be made by the local special education supervisors or child study teams, instead of the school board or superintendent.

Section 10

This section would impose requirements, in terms of additional staff and training, upon districts which operate transportation routes for special education students.

Sections 11, 12, and 13

These sections add definitions and repeal present statutes as necessary to implement the language and requirements of this bill.

NC:SH:jh

of ALASKA

TO: Nathaniel Cole
Deputy Commissioner
Department of Education

DATE: January 13, 1978

FILE NO

TELEPHONE NO

Thru: Marilou Madden, Director
Educational Program Support

FROM: Tom Brown, Administrator
Special Education Programs
Office for Exceptional Children

SUBJECT: Special Education Weighted ADM Formula

The section for Exceptional Children has analyzed the current ADM/FTE Computations for special education (as of December 22, 1977), and devised a weighted ADM schedule to replace the current levels of service computation system.

Amend AS 14.17.031(3) to read as follows:

The number of units from special education determined from sec. 41(f) of this chapter as approved by the department through the use of the ADM weighting factors listed herein for each child.

A. Profoundly handicapped -------3.6 weighting

Those students who are deaf, blind, significantly retarded, or multiply handicapped.

B. Severely handicapped ---------1.25 weighting

Those students who are orthopedically impaired, emotionally disturbed, or partially sighted.

C. Moderately handicapped --------.75 weighting

Those students who are health impaired, hard of hearing, or mildly retarded.

D. Mildly Handicapped or gifted --.27 weighting

Those students who are communicatively disordered, learning disabled, or gifted.

SUPERINTENDENT
Bruce H. Hill

225-9658
225-9659

CHAIRMAN
Richard Madden

TREASURER
Kathy Pesterfield

CLERK
Allen Strahle

MEMBER
Lucille Hedrich
Estelle Thompson

640 Park Avenue
Post Office Box 8340
Ketchikan, Alaska 99901

February 23, 1978

Tom Brown, Administrator
Office for Exceptional Children
Department of Education
Pouch F
Juneau, Alaska, 99811

Dear Tom:

The purpose of this letter is to comment upon the weighted ADM schedule which your office has proposed to replace the current levels of service system for school district special education programs.

The proposal is basically a sound one, as it would replace a rather cumbersome system with one which would be comparatively simple to use and which apparently would be more equitable to those districts which have relatively large populations of profoundly and severely handicapped children. The proposed weightings for profoundly, severely, and moderately handicapped children seem designed to correct some basic faults and inequities in the present system.

The major weakness in the proposed schedule lies in the weighting for mildly handicapped or gifted children. This weighting would be detrimental to special education programs, for the following reasons:

1. It assumes that the degree of severity of the three categories (communicatively disordered, learning disabled, and gifted), and therefore the educational program required to meet each individual child's needs, are the same among all children, when in reality the case is the opposite. As an example, one child who is communicatively disordered may have an articulation disorder requiring 15-30 minutes per day of speech therapy, while another child who is communicatively disordered may need an intensive program to develop expressive and receptive language skills in addition to the same speech therapy program as the first child. Obviously, the cost of the program for the second child would considerably higher than that for the first child.

2. The proposed weighting does not take into account the difference in the cost to the districts for delivering the same service. For example, in this District, a speech therapist is responsible for providing programs to children at sixteen schools, which mostly have one teacher, spread out over a large area. On the other hand, her counterpart in an urban district may be responsible for several large schools, and can provide the same type of program to significantly greater numbers of children. Therefore, due to the differing nature of the districts (rural districts with many isolated sites vs. centralized urban districts), there is a resulting difference in the delivery systems and in the number of children with which the staff can effectively work. The net effect is a considerably higher per pupil cost in the rural regional district compared to the per pupil cost in the urban, centralized district.

As a result of the above factors, the proposal would result in a significant decrease in special education funds to districts with relatively few, if any, profoundly or severely handicapped children. Most parents of such children will choose to live in an urban area where available resources and services for the children are far greater than in small rural communities. This is particularly true in this district, where practically all of the children being served by the special education program fall into the mildly handicapped category.

As an alternative to the current proposal as it now stands, I would suggest one of the following:

1. Increase the weighting for mildly handicapped or gifted from .27 to .54.

2. Keep all weightings as proposed, but establish an additional per school factor of $4-6,000. This would help solve the problem faced by districts with large numbers of small schools.

3. Replace the current system, as well as the proposal, with a formula which gives each district a percentage, in the 8-12% range, of its total elementary and secondary foundation support. This computation method would have built-in factors with regard to number of schools and regional cost differentials as stated in AS 14.17.031 (b+c) and AS 14.17.051.

If Alaskan school districts are to develop and provide appropriate special education programs to all eligible children, as required by both state and federal statutes, then the current level of funding must be maintained for programs for mildly handicapped children while additional funds are being provided for programs for the more seriously handicapped children.

Sincerely,

Bob Weinstein

Robert Weinstein
Special Programs Coordinator

RW:js
cc: Richard Madden, Chairman, S.I.S.D. Board
Senator Glenn Hackney
Representative Charles Parr ✓
Senator Bill Sumner
Senator Chancy Croft

Copper River School District

Superintendent's Office
Box 108
Glennallen, Alaska 99588
(907) 822-3234

March 29, 1978

The Honorable Charles H. Parr
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Sir:

The Copper River School District Board, by unanimous vote, has directed me to write the entire Alaska legislature of our total opposition to SB 482 and HB 848. An act relating to special education by Sumner, Croft, Ferguson, Huber and Rodey in the Senate and Meekins in the House. This is a 37 page blue print for the destruction of all education in Alaska. If you intend to, or if it is possible you may vote for this legislation, please read it. If you cannot take the time to wade through all 37 pages, at the very least you should read paragraph B under non-discrimination on page 28 starting on line 25 which contains the words "If a report made under sec. 233(c) of this chapter shows a substantial discrepancy in the occurrence of the characteristics of sex, national origin, race, and religion between children in special education classes in contrast to the remainder of the children in a city or borough school district or rural educational attendance area, the department shall file a complaint with the State Commission for Human Rights alleging discriminatory conduct prohibited by AS 18.80.255."

If you need more information, I have prepared a critical assessment of the entire bill which will be sent to you if you desire.

Sincerely,

Joseph A. Roche

Joseph A. Roche, Legislative Chairman
Copper River School District Board
c/o Tonsina Lodge
Copper Center, Alaska 99573

JAR:pm

SUPERINTENDENT
Bruce H. Hill

225-9658
225-9659

FL 1/848

640 Park Avenue
Post Office Box 8340
Ketchikan, Alaska 99901

CHAIRMAN
Richard Madden

TREASURER
Kathy Pesterfield

CLERK
Allen Strahle

MEMBER
Lucille Hedrich
Estelle Thompson

February 24, 1978

Representative Charles Parr
Alaska House of Representatives
Pouch V
Juneau, Alaska, 99811

Dear Representative Parr:

Enclosed you will find a copy of the weighted ADM schedule being proposed by the Office for Exceptional Children of the Department of Education, as well as a letter from the undersigned to Tom Brown, Administrator, Office for Exceptional Children.

It is my opinion that the proposal has considerable merit, in that it would provide more equitable funding for school districts which have significant numbers of severely and profoundly handicapped children. However, if enacted, the proposal would have a negative impact on districts, such as Southeast Island School District, which have special education populations consisting primarily of mildly handicapped/gifted children and which have many small schools in a large geographic area.

Sincerely,

Bob Weinstein

Robert Weinstein
Special Programs Coordinator

RW:js
encl.

Copper River School District

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JAR:pm

SUPERINTENDENT
Bruce H. Hill

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FEB 1/
848

CHAIRMAN
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Sincerely,

Bob Weinstein

Robert Weinstein
Special Programs Coordinator

RW:js
encl.

TO: Nathaniel Cole
Deputy Commissioner
Department of Education

DATE: January 13, 1978

FILE NO

TELEPHONE NO

Thru: Marilou Madden, Director
Educational Program Support

FROM: Tom Brown, Administrator
Special Education Programs
Office for Exceptional Children

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SUPERINTENDENT
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Department of Education
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Bob Weinstein

Robert Weinstein
Special Programs Coordinator

RW:js
cc: Richard Madden, Chairman, S.I.S.D. Board
Senator Glenn Hackney
Representative Charles Parr ✓
Senator Bill Sumner
Senator Chancy Croft

SECTION # 2

DISTRICTS	ADM	UNIT VALUE	% STATE SUPPORT	(SUPPORT UNITS) ADM/175	(SUPPORT UNITS) X (UNIT VALUE) % =
ADAK	615	40,600	-0-	4	162,400
ALASKA CENTRAL RAILBELT	371	36,781	--0-	3	110,343
ALASKA GATEWAY	398	34,800	-0-	3	104,400
ALEUTIAN CHAIN	260	43,500	-0-	2	87,000
ANCHORAGE	34,692	29,000	97.9873	199	5,654,847
ANNETTE ISLAND	325	30,160	-0-	2	60,320
BERING STRAITS	512	44,950	-0-	3	134,850
BRISTOL BAY	228	44,950	97.9923	2	88,095
CHATHAM	188	31,320	-0-	2	62,640
CHUGACH	51	34,800	-0-	-0-	-0-
COPPER RIVER	738	33,350	-0-	5	166,750
CORDOVA	497	33,350	98.9768	3	100,050
CRAIG	192	31,320	99.5756	2	62,640
DELTA/GREELY	822	34,800	-0-	5	174,000
DILLINGHAM	373	44,950	99.2929	3	133,896
FAIRBANKS	8,608	32,480	97.1591	50	1,577,863
GALENA	162	44,950	99.7456	-0-	-0-
HAINES	388	33,350	98.6358	3	100,050
HOONAH	276	32,480	99.7027	2	64,960
HYDABURG	112	31,320	99.8024	-0-	-0-
IDITAROD	271	44,950	-0-	2	62,640
JUNEAU	4,307	29,000	98.6976	25	715,557
KAKE	200	31,320	99.8158	2	62,640
KENAI	6,046	31,320	97.000	35	1,063,314
KETCHIKAN GATEWAY	2,484	29,000	98.3215	15	427,698
KING COVE	118	43,500	99.6266	-0-	-0-
KLAWOCK	75	31,320	99.7895	-0-	-0-
KODIAK	2,136	32,480	98.7415	13	416,926
KUSPUK	256	44,950	-0-	2	89,900
LAKE & PENNINSULA	412	44,950	-0-	3	134,850
LOWER KUSKOKWIM	1,606	44,950	-0-	10	449,500
LOWER YUKON	934	44,950	-0-	6	269,700
MAT-SU	4,207	31,160	97.9788	25	763,250
NENANA	210	36,781	99.6062	2	73,272
NOME	786	44,950	99.3393	5	223,265
NORTH SLOPE	1,202	44,950	97.000	7	305,210
NORTHWEST ARCTIC	1,563	44,950	-0-	9	404,550
PELICAN	37	32,480	98.0706	-0-	-0-
PETERSBURG	591	30,160	99.1135	3	92,651
PRIBILOF	175	43,500	-0-	1	43,500
SITKA	1,777	30,160	98.4444	10	296,908
SKAGWAY	220	31,320	97.9122	2	61,332
SOUTHEAST ISLANDS	448	30,160	-0-	3	93,480
SOUTHWEST	544	44,950	-0-	4	179,800
ST. MARY'S	101	44,950	99.7844	-0-	-0-
UNALASKA	132	43,500	98.0682	-0-	-0-
VALDEZ	940	33,350	97.000	6	194,097
WRANGELL	516	30,160	98.8788	3	89,724
YAKUTAT	187	34,800	99.1649	2	69,018
YUKON FLATS	332	44,950	-0-	2	89,900
YUKON/KOYUKUK	651	44,950	-0-	4	179,800
ANCHORAGE ON-BASE	3,032	29,000	-0-	18	522,000
FAIRBANKS ON-BASE	2,489	32,480	-0-	-0-	487,200
			TOTAL SECTION # 2		16,671,986

LEA'S	TOTAL
Anchorage	$4,068,838.70
Bristol Bay	91,024.05
Cordova	129,222.00
Craig	92,746.99
Dillingham	225,856.29
Fairbanks	1,822,432.30
Galena	68,322.94
Haines	163,826.10
Hoonah	223,038.28
Hydaburg	59,894.48
Juneau	1,007,401.00
Kake	102,404.08
Kenai	1,114,050.00
Ketchikan	562,321.63
King Cove	92,515.66
Klawock	66,059.74
Kodiak Island	801,021.34
Matanuska-Susitna	667,746.30
Nenana	111,350.40
Nome	431,226.50
North Slope	767,807.06
Pelican	-0-
Petersburg	202,790.04
Sitka	324,674.72
Skagway	59,991.18
St. Mary's	225,213.11
Unalaska	83,142.25
Valdez	444,148.50
Wrangell	175,454.08
Yakutat	100,574.50

REAA'S	TOTAL
Adak	$112,095.13
Alaska Gateway	226,374.29
Aleutian Chain Schools	186,166.00
Annette Island	183,190.83
Bering Straits	224,958.49
Chatham	113,870.43
Chugach	44,699.47
Copper River	282,989.47
Delta/Greely	380,397.21
Iditarod	227,594.75
Lower Kuskokwim	707,978.78
Kuspuk	127,857.40
Lake & Peninsula	318,506.88
Lower Yukon	585,560.96
Northwest Arctic	699,978.06
Pribilof	140,137.00
Southeast Island	178,306.00
Southwest	453,586.24
Alaska Central Railbelt	165,559.00
Yukon Flats	146,811.26
Yukon/Koyukuk	297,801.71

City / Borough	Foundation	Total Match	Enrollment	Total	FTE
Anchorage	5382175	1553225	25430	5438700	15250
Bristol Bay	82385	3145	808	491605	1024
Cordova	128716	2783	2723		3545
Craig	88107	99792	1155	248707	1693
Dillingham	210495	260475	1423	1131554	1031
Fairbanks	1609300	84700	6819	12161331	57003
Galena	42462	17476 25	736	765389	571
Haines	153520	4807	2232	346710	1283
Hoonah	214613	99176	3066	436752	1816
Hydaburg	59154	24948	491		930
Juneau	962479	27522	17400		3855 58
Ketchikan	88767	2120	1202	1031503	1901
Kenai	1043955	54945	15150		3902
Kodiak Island	530075	20185	11125	93667	1468
King Cove	81914	1419	834	934866	1017
Klawock	59133	2324	392	626150	2059
Lake & Peninsula	151316	18711	11035	1996434	2453
Matanuska-Susitna	609202	2861430	9930		8153
Nenana	109572	7724.40	1006		9578
Nome	422350	398150	4935		1516
North Slope	609406	3196875	6819	12161331	
Petersburg	— o —				
Pelican	195165	40404	3531		502
Sitka	304478	1013012	9515	49160	1123
Skagway	57045	235818	633		1290
St Mary's	212616	5115.50	2403	968261	3731
Unalaska	79214	324225	686	83142.05	1203
Valdez	420613	2213750	1398	44414850	13777
Wrangell	167520	403408	3850	17545408	4925
Yakutat	98460	54450	1510	10057450	2265
				338379711	

14.3-?634.22

Kwik	77000	— o —	14728	2075713	11209513	391
HD Gotcha	132000		49845	4452129	22637429	7933
Hpak [illegible]	165000		2116	— o —	136162 —	2637
Hunter	115500		22532	4515285	15319093	2646
Peking Straat	170500		29360	4509849	22495341	2442
Chariton	59916		10400	2445445	11387045	1271
Chicago	33206		4511	398247	4469447	593
[illegible]	189750		6817	2042247	292-13947	5674
Delta/Greely	364000		114075	28[illegible]21	340397121	12416
Fairbanks	85250	—	11607		763571 —	1015
Low. Kuskokwim	511000		107820	8908878	70717878	10291
Kuspuk	55250		18435	2417240	12785740	1206
Lake Peria	213125		33456	7192588	31850668	4125
Lower Yukon	341000		101765	14225976	58556096	7646
Mount McKinley Hunt	511000		122700	6557806	69997806	10056
Pilot	123750		16487	— o —	1401137 —	2004
Southeast-Stikine	144375		32773	1158567	1783061 —	3931
Southwest	238750		68961	12887524	45558624	4863
Upper Tanana/KE	147124		18435	— o —	1655591 —	2409
Yukon Flats	85050		22532	3902926	14681126	1781
Yukon Delta	170500		57355	6794671	29780171	3471
				86838815	567368161	

Amend 14.17.031(3) to read the number of units from Special Education determined from Sec. 41(F), and Sec. 41(G) of this chapter as approved by the Department, and:

Add the following schedule to Sec. 41

(G) Special Education Support Services schedule Elementary and Secondary schools

ADM Full-time Equivalent	#No. Instructional Units
0-1000	1
1001 and over	1 plus 1 for every 1000 pupils or fraction of pupils in full-time equivalent elementary and secondary ADM

~~ATTACHMENT #1~~

~~SECTION # 2~~

DISTRICTS	ADM	UNIT VALUE	% STATE SUPPORT	units	cost
OAK	615	40,600	-0-	1	40,600
LASKA CENTRAL RAILBELT	371	36,781	--0-	1	36,781
LASKA GATEWAY	338	34,800	-0-	1	34,800
LEUTIAN CHAIN	260	43,500	-0-	1	43,500
NCHORAGE	34,632	29,000	97.9873	35	994,571
NETTE ISLAND	325	30,160	-0-	1	30,160
RING STRAITS	512	44,950	-0-	1	44,950
RISTOL BAY	223	44,950	97.9923	1	44,048
RTHAN	183	31,320	-0-	1	31,320
UGACH	51	34,800	-0-	1	34,800
PPER RIVER	738	33,350	-0-	1	33,350
RDOVA	497	33,350	98.9768	1	33009
AIG	192	31,320	99.5756	1	31,187
LTA/GREELY	822	34,800	-0-	1	34,800
LLINGHAM	373	44,950	99.2929	1	44,632
IRBANKS	8,608	32,480	97.1591	8	252,458
LENA	162	44,950	99.7456	1	44,830
THIES	388	33,350	98.6358	1	32,895
OONAH	276	32,480	99.7027	1	32,385
YDABURG	112	31,320	99.8024	1	31,258
DIAROD	271	44,950	-0-	1	44,950
NEAU	4,307	29,000	98.6976	5	141,113
KE	290	31,320	99.8158	1	31,268
NAI	6,046	31,320	97.000	6	182,282
TCHIKAN GATEWAY	2,484	29,000	98.3215	3	85,539
NG COVE	118	43,500	99.6266	1	43,338
LAMOCK	75	31,320	99.7895	1	31,254
DIAK	2,136	32,480	98.7415	3	~~92,213~~ 94213
SPUR	256	44,950	-0-	1	44,950
KE & PENINSULA	412	44,950	-0-	1	44,950
WER KUSKOKWIM	1,606	44,950	-0-	2	89,900
WER YUKON	934	44,950	-0-	1	44,950
AT-SU	4,207	31,160	97.9788	5	152,497
LIANA	210	36,781	99.6062	1	36,632
ME	786	44,950	99.3393	1	44,653
RTH SLOPE	1,202	44,950	97.000	2	87,263
RTHWEST ARCTIC	1,563	44,950	-0-	2	44,950
LICAN	37	32,480	98.0706	1	31,553
TERSBURG	591	30,160	99.1135	1	29,843
RIBILOF	175	43,500	-0-	1	43,500
ITKA	1,777	30,160	98.4444	2	59,382
AGWAY	220	31,320	97.9122	1	30,666
UTHEAST ISLANDS	448	30,160	-0-	1	30,160
UTHWEST	544	44,950	-0-	1	44,950
T. MARY'S	101	44,950	99.7844	1	44,853
NALASKA	132	43,500	98.0682	1	42,660
VALDEZ	940	33,350	97.000	1	32,350
RANGELL	516	30,160	98.8788	1	29,822
AKUTAT	187	34,800	99.1649	1	34,509
UKON FLATS	332	44,950	-0-	1	44,950
UKON/KOYUKUK	651	44,950	-0-	1	44,950
~~ANCHORAGE ON BASE~~	~~3,022~~	~~29,000~~	~~-0-~~		
~~FAIRBANKS ON BASE~~	~~2,489~~	~~32,480~~	~~-0-~~		~~3,635,355~~
			TOTAL SECTI		3,697,477

96213
32,071
64,142

April Twelfth
1 9 7 8

Joseph A. Roch, Legislative Chairman
Copper River School District Board
C/O Tonsina Lodge
Copper Center, AK 99573

Dear Joe,

Thank you for the letter you wrote opposing Senate Bill 482 and House Bill 848. Please thank the entire School District Board on my behalf as well. Senate Bill 482 is in the Senate Health Education, and Social Services Committee at this time. It has been tentatively scheduled for a hearing on April 24th. At this time, Senator Hackney is planning on a teleconferenced committee meeting. Basically, a teleconferenced meeting allows two-way communication between various points around the state, through the legislative information offices. There is an office both in Anchorage, and in Fairbanks if you would like to speak to the committee itself. The sister bill, House Bill 848, is presently in the House Health, Education, and Social Services Committee. It has not yet been scheduled although it probably will be in about three weeks.

I took the liberty of sending a copy of your letter to Senator Glenn Hackney, Chairman of the Senate Health, Education and Social Services Committee, and to Representative Charlie Parr, Chairman of the House Health, Education, and Social Services Committee. I would suggest that you send the critical assessment you have done to the respective chairmen of these committees. It will be brought to the whole committee's attention in that manner.

Please be assured that I will consider your opinions of Senate Bill 482 when it reaches the Senate floor and will pay special attention to the section you quoted in your letter. Often a poorly written bill can come through the committee process well written. It is very possible that much of the bill will be amended to include better language before it reaches the Senate floor. If you have any other questions, comments or critisisms about any legislation, please don't hesitate to contact me or my staff.

Best Wishes,

Mike Colletta
Senate Floor Leader

MC/das

cc: Senator Glenn Hackney, Chairman
Senate HESS Committee
Representative Charlie Parr, Chairman
House HESS Committee

Copper River School District

Superintendent's Office
Box 108
Glennallen, Alaska 99588
(907) 822-3234

March 29, 1978

The Honorable Mike Colletta
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Sir:

The Copper River School District Board, by unanimous vote, has directed me to write the entire Alaska legislature r total opposition to SB 482 and HB 848. An act relating to spec. education by Sumner, Croft, Ferguson, Huber and Rodey in the Senate and Meekins in the House. This is a 37 page blue print for the destruction of all education in Alaska. If you intend to, or if it is possible you may vote for this legislation, please read it. If you cannot take the time to wade through all 37 pages, at the very least you should read paragraph B under non-discrimination on page 28 starting on line 25 which contains the words "If a report made under sec. 233(c) of this chapter shows a substantial discrepancy in the occurrence of the characteristics of sex, national origin, race, and religion between children in special education classes in contrast to the remainder of the children in a city or borough school district or rural educational attendance area, the department shall file a complaint with the State Commission for Human Rights alleging discriminatory conduct prohibited by AS 18.80.255."

If you need more information, I have prepared a critical assessment of the entire bill which will be sent to you if you desire.

Sincerely,

Joseph A. Loche

Joseph A. Loche, Legislative Chairman
Copper River School District Board
c/o Tonsina Lodge
Copper Center, Alaska 99573

JAL:pm

[illegible]
[illegible] ALASKA COMMUNICATIONS, INC.
[illegible]

#

04004 POM TDA BIG LAKE AK 15 04-18 815A AST

PMS REP CHARLES PARR

JUN

AS A PARENT AND A SPECIAL EDUCATION RESOURCE TEACHER I

WHOLEHEARTEDLY SUPPORT HB843

KATHY CHRISTY

PO BOX 4-1633, ANCHORAGE 99509

#;LMVQO

Arctic Association for Retarded Children, Inc.

Member National Association for Retarded Children
P.O. Box 2075, Fairbanks, Alaska

RETARDED CHILDREN CAN BE HELPED

October 8, 1977

Constance K. Smith, Coordinator
Community Interest Programs
Tanana Valley Community College
University of Alaska
Fairbanks, Alaska 99701

Dear Ms. Smith:

The Arctic Association for Retarded Children supports and endorses the proposed Supportive and Special Education Program being developed at the University of Alaska and the Tanana Valley Community College. We feel that this will encourage our district's special education teachers to stay in the district to obtain continuing education credits. It will also provide an opportunity for parents, interested individuals, and professionals in the community to learn more about children with sensory, learning, and developmental handicaps.

Sincerely yours,

Geraldine M. Lodine

Geraldine M. Lodine, Vice President
Arctic Association for Retarded Children

Whereas: It is the right of every handicapped person to a lifetime of employment and an equal right to all training necessary to that end

Therefore Be It Resolved: The State of Alaska shall make an immediate committment to the facilities, staffing and funding of a state wide network of work activity centers, vocational and pre-vocational training schools, sheltered workshops, residential facilities and diagnostic centers.

2509 Fourth Avenue
Ketchikan, AK 99901
April 19, 1978

Rep. Charles Parr, Chairman
House HESS Committee
Pouch V
Juneau, Alaska 99811

In re: HB No. 848 An act relating to special education

Dear Charlie:

I'm sorry it has taken me eleven days to respond to your invitation to write to you about the special ed. bill. I have spent some time re-reading it, looking at existing law, trying to better analyze my own situation as a special ed. teacher, and speaking with colleagues. We are planning to testify tomorrow evening at the telecom hearing, for which we're very grateful. I do want to put my thoughts down in print for you, however. So here goes.

As I understand it, we are all operating under federal P.L. 94-142 which provides for a suitable education for handicapped persons, and identifies a range of handicapping conditions. In public schools, teachers commonly deal with children who are "learning disabled" with some specific block to learning, usually in the area of reading; with mildly "retarded" (whatever that is!) children; and in Alaska with children who have "communicative disorders", that is have understanding and knowledge which they are unable to verbally express, sometimes due to lack of practice at home, but for whatever reason, an inability to communicate verbally is an extremely handicapping condition in a school.

Under P.L. 94-142 a child who is referred and whose parent or guardian gives a written permission to the school to evaluate the child's needs receives a "work-up" which must include a variety of measurements. No one test suffices to identify a person's proficiency, or deficiency, or type of handicap. At the present time, here in Ketchikan (but not necessarily in all places in the state) the special ed. teachers must do this "work-up" on all new referrals, and also perform testing on identified children to monitor their progress. We are able to utilize the services of our local mental health team for special testing and evaluation, but not for all subjects. If after examination by a child study team (classroom teacher, administrator, special ed. teacher, other experts pertinent to a child's condition, and parent(s) or guardian) of the report from the child's "work-up" it is determined that the child qualifies for special education services, then the c.s. team must develop an individualized educational plan (I.E.P.) for the child, which must relate to that child's specific needs and must not be influenced by the availability of personnel (at least in theory and according to the law.) Then the child must be assigned to services in the "least restrictive environment" commensurate with his needs, which in the case of most school children means that child is assigned to a regular classroom and receives part-time help from a "resource teacher". The "resource teacher" may provide these services directly to the child or may enlist support services, the child's regular teacher, an aide, a volunteer or any other appropriate resource to implement the I.E.P. Co-ordinating all of this is time consuming. Practically, plans involving too many other people somehow fall short. The classroom teacher may have a difficult time finding the few minutes necessary to supervise special activities for the special ed. pupils in the classroom, depending on many factors. Volunteers are sporadic help often, and aides simply don't have the training and experience to carry out a plan unless a lot of support and supervision is available. Since an aide can work with only a very small group, this is often an ineffectual way to provide services. It comes down to the need for adequate trained special ed. staff to fulfill the demands of the I.E.P.'s.

And here's where I get confused. The law, P.L. 94-142 speaks to the child's right to the help detailed in his I.E.P., then we look at the regulations to determine how to meet these requirements. And the regs. are interpreted by persons who must deal with budgets, taxpayers, and school boards (or legislatures). In order to comply with the local district's interpretation of the regs I must carry a "full time equivalent" (F.T.E.) load of eleven children. That sounds reasonable. However, were I to work with those children for only an hour a day, I'd have to multiply eleven by four and work with forty-four children a day—which I do. In order to teach forty-four children a day, I must work with these children in groups. But if a child's I.E.P. and his specific needs don't happen to conform to the groups I have set up, then I have to find some hours for single children or for very small groups—which I do. But in the end, hours of the day run out, and there are a few children who get left with no direct services from the resource team. This is contrary to the law, but apparently (say our school administrators) not to the regs. In being required to live with the administrators' interpretation of the regs, I'm in violation of P.L. 94-142. [To protect myself, I've filed a grievance with my district, and it has been determined that the subject is not "grievable" which forces me into the courts as a next step.]

I recognize H.B. 848 as an attempt to deal with my situation through legislation. I concur with the FINDINGS AND PURPOSE (Sec. 14.30.180) of the bill under (a). I'd like to see support services available to resource teams in the area of testing and identification. And our district has ONE certified speech person (and finally now has a very good and competent aide, a teacher with an intense interest in the area of speech). The broadened Instructional Support Services Schedule (Sec. 2. AS 14.17.041 on p. 1 of the bill) would help in these areas.

I concur with the requirement of the law that parent advisory councils be formed to monitor the services provided by local educational agencies. I don't think parents should have to just take whatever happens to be offered without a chance to influence policies for the education provided handicapped children. Sections 14.30.193 - 196 provide for this. Our district has not encouraged the efforts some parents are now making to form a council here. This law could give them a push in that direction.

We find here that at the high school level there are hardly any services available to special ed. children who have come up from the elementary schools. They're supposed to be miraculously "cured" I guess, and I'm sure some of the least handicapped children survive. A mother tells us that her son and other high school students who still find it difficult to keep up with the assignments normal children handle with ease simply become discouraged. They perceive themselves as failures just at the crucial period in their lives when occupational decisions must be made. Sec. 14.30.206 is added to the existing law to detail PROGRAMS PROVIDED, and in paragraph (a)(6) on page 15 provides for "occupational and pre-occupational training in conjunction with full-time special education classes in a public school building..." Our vocational ed. classes aren't specifically geared to the needs of special ed. students, so far as I know. This would help special students come out of school with some job orientation and with some purpose. I know of at least one young man, from Sitka, who didn't quite "make it" and is in jail. He describes himself as "learning disabled" and somewhere along the way someone didn't have enough time to keep this person's self-confidence viable. It's more difficult and more costly to reach a person at the point this young man has reached—IF we even had a program to attempt to reach him, which we don't. The taxpayer would be saved money by helping school children with handicapping conditions early before they're on the streets unemployable. As I work with "learning disabled" children (more boys than girls, it seems) it's gratifying to find them accepting themselves as O.K. persons, working to overcome the problem, relaxing, and feeling success, maybe for the first time, in reading and spelling.

I mentioned the time consumed, and denied the identified children for training as detailed in their I.E.P.'s, when resource staff must take time out to test and do "work-ups" on new referrals. Sec. 14.30.212 paragraph (3) provides for a psychologist (and further down in line 16 the phrase "or other evaluator" is added). At first I questioned this provision for evaluation and for the child study team. Upon further thought, I realize that this support would (a) provide a better work up on the children referred, and would (b) keep resource people on the line teaching, which is especially important in dealing with handicapped children. Consistent training regularly applied pays dividends in success for these students. A psychologist, OR a "psychometrist" (tester) would render a real service. Actually, a district of our size could possibly use two. This relates to Sec. .041 on p. 1, of course.

Sec. 14.30.218. MAXIMUM CLASS SIZE FOR AN INTEGRATED CLASSROOM. This section addresses the matter of expecting the regular classroom teacher to be a part of the providing team, with special assignments appropriate to the handicapped children in her room (or his room!) Vera Gazaway remarked that special programs could be eliminated if elementary teachers could have classes of no more than fifteen children. The whole beaurocracy of the right to education for all the special needs of children would be superfluous—IF. Well, that's utopia. With the resource team assistance, a class size of 20 for K through third grade, and of 24 for grades 4 through 12 is quite reasonable. It is important to hold class size to a manageable and not overstimulating level when handicapped children are mixed in with the others. AND IT IS IMPORTANT to mix in the kinds of children I'm talking about. They conquer handicaps much faster with peer models who are normal PROVIDING the support services are there from not only resource staff, but also from a not-harrassed classroom teacher.

The weight factors in this section intrigue me. They would serve as a guideline to insure that a classroom teacher did not get half of her twenty from the special ed. category, which would subvert the purpose of mainstreaming. I'd like to see a trial of this sort of formula. None of this has to be written in blood. If any of it proved unwieldy in practice, further legislation could refine it.

Moving on to Sec. .219. CLASS SIZE. for special ed. classes, such a limitation would surely give the time to increase services to the special ed. children being served. I think, though, that Section 1. AS 14.17.041(f), Special education schedule, which gives the ADM-FTE would have to be based on <u>programs provided</u> and not on "pupils" or the numbers wouldn't come out right. For example, were I limited to 20 children instead of the over 40 I now handle, I'd be able to provide more services to the 20, and in many cases I would then be spending twice the time with some of the children. However, children who require one-to-one or very small-group instruction, and who tire quite easily if kept on task too long would be difficult to fit in to the present schedule. That's probably not too clear to someone who is not dealing daily with the problem. I'll be glad to answer questions!

I haven't mentioned the proposal for a new Division of Special Ed. because I'm not convinced of its necessity. I think the present department could be staffed with persons capable of complying with the law. I do think some "inservice" would be in order because all of this is so new it appears to be confusing to those who are to administer it. At least, we seem to hear contradictory directions coming from the D.O.E. and some of the pronouncements regarding testing are un-informed, to put it mildly.

I haven't mentioned the fiscal note, either, and I agree, it sounds excessive. I haven't seen a breakdown of just where those costs are coming from. It would be helpful if your committee could identify a few important aspects of the proposal, see what those priority items would cost, and consider those. I don't think there's a special ed. teacher in the state who wouldn't be glad to help scale this bill down to a reasonable fiscal requirement. We would like some clear direction in providing full compliance with P.L. 94-142, which is certainly addressing a real need.

I'm taking a lot of your time, Charlie. You'll regret having asked me to write! One parting item: programs for the gifted. In P.L. 94-142 and in our state regs the gifted program is one of the special ed. categories. It operates under some very stringent rules. Here we have one teacher handling the program for the gifted for all three elementary schools. There is no such program in either the junior high or the high school. Because the gifted child is included with the handicapped children in the regs, I'm assuming that some of the provisions of HB 848 which provide for more teacher time for students will also affect the program for gifted children. In the weighting chart, a gifted student is rated 1.5, so this bill is intended to provide more services to these often neglected children, as well. I believe a lot of parents of gifted children will appreciate this fact.

Thank you for getting to the end of a dissertation which I hadn't intended to be so voluminous when I put the first sheet into the typewriter. And thank you for your concern, for listening to teachers, and for seeking out information from the persons who deal daily with the problems of helping all sorts and conditions of children to learn. We know that you and your committee are spending long hours agonizing over issues such as this one, and whatever the outcome, we appreciate the time and effort each of you invests.

Sincerely yours,

Connie

Constance F. Griffith

CFG:s

THE FOLLOWING PAGES WERE TREATED AS
A UNIT IN THE ORIGINAL FILE.

Proposal for

A

S U P P O R T I V E

&

S P E C I A L E D U C A T I O N

P R O J E C T

Submitted to: Bureau of Education for the Handicapped
Division of Personnel Preparation

Under: P.L. 93-380, Part D

Submitted by: School of Education
University of Alaska
Faribanks, Alaska 99701

A. B. Frol, Director of Administrative Services	Charles K. Ray Project Director	Howard A Cutler Chancellor, UAF
date	date	date

OMB Approval No. 29-R0218

FEDERAL ASSISTANCE

1. TYPE OF ACTION (Mark appropriate box)
- [ ] PREAPPLICATION
- [x] APPLICATION
- [ ] NOTIFICATION OF INTENT (OoL)
- [ ] REPORT OF FEDERAL ACTION

2. APPLICANT'S APPLICATION
a. NUMBER:
b. DATE (Year month day): 19 77 10 11

3. STATE APPLICATION IDENTIFIER
a. NUMBER:
b. DATE ASSIGNED (Year month day): 19

Leave Blank

SECTION I—APPLICANT/RECIPIENT DATA

4. LEGAL APPLICANT/RECIPIENT
- a. Applicant Name: Dr. Charles K. Ray
- b. Organization Unit: School of Education
- c. Street/P.O. Box: University of Alaska
- d. City: Fairbanks
- e. County:
- f. State: Alaska
- g. ZIP Code: 99701
- h. Contact Person (Name & telephone No.): Dr. Charles K. Ray (907) 479-7106

5. FEDERAL EMPLOYER IDENTIFICATION NO.
92-6000147

6. PROGRAM (From Federal Catalog)
a. NUMBER: 13.451
b. TITLE: Handicapped Personnel Preparation

7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT
A Supportive and Special Education Project

This project provides training of teachers of "main streamed" handicapped pupils. In addition, the project provides for training parents to deal positively with their handicapped children.

8. TYPE OF APPLICANT/RECIPIENT
A-State; B-Interstate; C-Substate District; D-County; E-City; F-School District; G-Special Purpose District; H-Community Action Agency; I-Higher Educational Institution; J-Indian Tribe; K-Other (Specify):
Enter appropriate letter: I

9. TYPE OF ASSISTANCE
A-Basic Grant; B-Supplemental Grant; C-Loan; D-Insurance; E-Other
Enter appropriate letter(s): A

10. AREA OF PROJECT IMPACT (Names of cities, counties, States, etc.)
Fairbanks North Star Borough, Alaska

11. ESTIMATED NUMBER OF PERSONS BENEFITING
120

12. TYPE OF APPLICATION
A-New; B-Renewal; C-Revision; D-Continuation; E-Augmentation
Enter appropriate letter: A

13. PROPOSED FUNDING

a. FEDERAL	$ 69,777 .00
b. APPLICANT	10,192 .00
c. STATE	.00
d. LOCAL	.00
e. OTHER	.00
f. TOTAL	$ 79,769 .00

14. CONGRESSIONAL DISTRICTS OF:
b. APPLICANT: Alaska
b. PROJECT: Alaska

15. TYPE OF CHANGE (For 11c or 11e)
A-Increase Dollars; B-Decrease Dollars; C-Increase Duration; D-Decrease Duration; E-Cancellation; F-Other (Specify):
Enter appropriate letter(s):

16. PROJECT START DATE (Year month day): 19 78 7 1

17. PROJECT DURATION: 12 Months

18. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY (Year month day): 1977 10 11

19. EXISTING FEDERAL IDENTIFICATION NUMBER
NA

20. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code)
U.S. Office of Education, Application Control Center, Washington, D.C. 20202

21. REMARKS ADDED
[ ] Yes [x] No

SECTION II—CERTIFICATION

22. THE APPLICANT CERTIFIES THAT ▶

a. To the best of my knowledge and belief, data in this preapplication/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved.

b. If required by OMB Circular A-95 this application was submitted, pursuant to its instructions therein, to appropriate clearinghouses and all responses are attached.

	No response	Response attached
(1)	[ ]	[ ]
(2)	[ ]	[ ]
(3)	[ ]	[ ]

23. CERTIFYING REPRESENTATIVE
a. TYPED NAME AND TITLE: Bel Frol, Director of Administrative Services
b. SIGNATURE:
c. DATE SIGNED (Year month day): 1977 10 11

SECTION III—FEDERAL AGENCY ACTION

24. AGENCY NAME
University of Alaska, Fairbanks

25. APPLICATION RECEIVED (Year month day): 19

26. ORGANIZATIONAL UNIT

27. ADMINISTRATIVE OFFICE

28. FEDERAL APPLICATION IDENTIFICATION

29. ADDRESS

30. FEDERAL GRANT IDENTIFICATION

31. ACTION TAKEN
- [ ] a. AWARDED
- [ ] b. REJECTED
- [ ] c. RETURNED FOR AMENDMENT
- [ ] d. DEFERRED
- [ ] e. WITHDRAWN

32. FUNDING

a. FEDERAL	$ .00
b. APPLICANT	.00
c. STATE	.00
d. LOCAL	.00
e. OTHER	.00
f. TOTAL	$ .00

33. ACTION DATE ▶ (Year month day): 19

34. STARTING DATE (Year month day): 19

35. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)

36. ENDING DATE (Year month day): 19

37. REMARKS ADDED
[ ] Yes [ ] No

38. FEDERAL AGENCY A-95 ACTION

a. In taking above action, any comments received from clearinghouses were considered. If agency response is due under provisions of Part I, OMB Circular A-95, it has been or is being made.

b. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)

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Synopsis

The Supportive and Special Education Project (Handicapped Personnel Preparation) submitted by the University of Alaska, Fairbanks is directed to the training of teachers of "mainstreamed" handicapped pupils (those receiving regular classroom placement with specialized support services). Upon completion of the training, these teachers could serve as instructional models in both elementary and secondary schools and in private non-profit preschools. In addition, the Project includes provision for training parents to deal positively with their handicapped children and (if the parents wish) to serve as volunteers in classrooms.

In the initial year, the Project will be limited to the Fairbanks North Star Borough located in Interior Alaska, with planning and coordination of future rural participation through two nearby Rural Educational Attendance Areas (Yukon/Koyukuk and Yukon Flats). In the second and third years, training will be offered in rural villages in the area served by the Northern Regional Resource Center (see Appendix).

Currently, no continuous training program for hanidcapped personnel exists in Interior and Northern Alaska. This area includes the main campus of the University of Alaska and the State's second largest city, as well as over a score of small, isolated rural villages only accessible by means of "bush" aircraft. This Project, therefore, is a vital segment of the "Alaska State Plan for Exceptional Students".

This Project has two major components. First, the Project will provide inservice and preservice training for educational, recreational and allied medical professionals which will enable them to:

1. understand the educational, emotional, social and recreational needs of handicapped children, and
2. identify children who may have handicapping conditions, and
3. execute educational assessments of the abilities and deficits of handicapped children, and
4. design and implement educational programs for handicapped children within the framework of a regular classroom program.

Second, the Project will provide information and training to parents who have handicapped children. This training will enable parents to:

1. understand their children's educational, recreational, emotional and social needs, and
2. make appropriate use of available resources, and
3. advocate for their children's rights, and
4. give and receive support in the complex task of parenting a handicapped child, and
5. when desirable, serve as volunteer aides in classrooms.

The Project is designed to be comprehensive in the sense that it will provide appropriate educational offerings for Fairbanks North Star Borough parents and professionals through evening courses, meetings, newsletters, in-service training sessions, workshops and institutes. The primary focus will be on parents of handicapped children 0 - 11 years of age and teachers of children 3 - 11 years of age. Whenever possible, parents and teachers of older school-age children also will have access to appropriate educational activities through this Project.

Each participant will be able to set and schieve his/her own goals and pursue educational opportunities which will meet his/her needs. A complete program leading to certification in Special Education will not be offered initially. However, close coordination and eventual articulation of credits earned with the M.Ed. program in Special Education (available through the University of Alaska, Anchorage -- see Appendix) are expected.

Interior Alaska: Conditions & Needs

The Fairbanks North Star Borough, located slightly South of the Arctic Circle, has a population of over 50,000 people and a land area somewhat larger than the State of Rhode Island. It contains the State's second largest city, Fairbanks, with an population currently approaching 35,000. Fairbanks is the location of the main campus of the University of Alaska, where this project will be located.

The area climate, characterized by warm, dry summers, damp autumns and long, dark winters (temperatures often remain colder than -40° F for periods of a month or more) contributes to the development of several handicapping conditions. Partly as a result of the climate, otitis media is endemic, resulting in a higher than normal incidence of hearing (and speech) disorders. In the urban core, the extreme cold traps automobile exhaust and other atmospheric pollutants, resulting in record levels of carbon monoxide and tetra-ethyl lead concentrations in the air. These conditions have effects on the developing organism which are only now being studied by the Arctic Health Research unit. It is hypothesized that several of the developmental disorders observed in Fairbanks schools may be due in part to early exposure to these atmospheric pollutants.

High population turnover (a majority of the local population has been in the area for less than five years), small, crowded housing units and restricted mobility in the dark, cold winter all too often lead to sustained emotional pressures within the family unit. These pressures frequently have adverse and potentially handicapping effects on children. If a child already has an organic handicap, the local climate and living conditions make it extremely difficult for families to cope constructively, find available resources and locate a supportive network.

According to Joe Bielski, Director of Special Education for the Fairbanks North Star Borough School District (FNSBSD), in the 1976-77 school year approximately 1900 children were identified as needing either special placement or special resource assistance. Figures for the current school year are now being compiled. Approximately 85 professional staff employed by the FNSBSD currently are assigned to work with handicapped children.

Project Philosophy & Operation

This proposal seeks funding for a Supportive and Special Education Project (non-degree, Personnel Training) to be offered through the School of Education, University of Alaska, Fairbanks. In its first year of operation, the Project will focus on enrolling Fairbanks public and private school teachers of handicapped children (ages 3 - 11 years) and local parents of handicapped children (ages 0 - 11 years). In addition, the participation of personnel serving rural schools and villages (e.g., rural school teachers and health aides) will be sought. In the second and third years of operation, it is hoped to extend training opportunities to sites in rural areas in the Northern Region of Alaska (see Appendix "B").

The academic activities carried on under the project will include the offering of 90 class hours (equivalent to two classes of 3 credits each) per semester for three semesters (Summer 1978, Fall 1978, Spring 1979). In addition, two 3-week summer institutes (equivalent to 3 credits each) are planned. These classes and institutes will enable the student (parent or teacher) to gain up to 12-18 credit hours over the 12 month period. These credits can be (but are not required to be) counted toward Special Education Certification and/or toward an academic degree (see Appendix "C").

On occasion, Special Education courses have previously been offered in Fairbanks. Attendance at these classes ranged from 25-40 students. It is expected that there will be similar (or perhaps increased) attendance at training sessions offered through the Project. How many different people take advantage of these training opportunities depends on the extent of each participant's needs. Some students may find that their informational needs have been met at the conclusion of one class or training session. Other students may take advantage of everything offered through the Project. By accommodating a flow of students in and out of the Project, it is hoped that students can realize their own goals in a relaxed and unhurried fashion.

Many of the non-classroom activities of the Project will be centered in the Special Education and Support (SES) Library to be located in a section of the School of Education Curriculum Library on the UAF campus. (It is anticipated that many other Project activities will take place in schools, the public library, the Public Health Center, etc., for the convenience of the participants.) In the SES Library, materials, supplies and literature

will be available to students enrolled in the academic programs of this Project and to parents and teachers of handicapped children. The Project Coordinator and secretary will have their offices located nearby, and many Project activities will take place in the Library. Thus, the SES Library will provide a focus for activities concerned with exceptional children in Northern Alaska.

Requests received by the School of Education and Tanana Valley Community College indicate that there is a great deal of local interest in topics relating to Special Education. The specific course titles to be offered in the academic portion of the project cannot be specified in advance (see "Contents of Course, Workshops & Institutes"). The range of initial course offerings will be determined by:

1. the parameters of the "Alaska State Plan for Exceptional Children"
2. an ongoing survey of training needs within the Fairbanks North Star Borough School District as shown by the current and short-term projections of "mainstreamed" handicapped children actually enrolled
3. the self-perceived training and support needs of parents and teachers of "mainstreamed" handicapped children as demonstrated by their response to outreach activities undertaken by this project

The courses and practica to be offered under this Project will be consistant with the following statements of Goals and Objectives:

Goals. 1. To provide training in the emotional, social, educational and recreational needs and capabilities of handicapped children

2. To provide training in the early and initial identification of handicapped children

Objectives: a. The Project will make training available in the early identification of the young handicapped child (0 - 6 years of age) to parents, educational personnel, allied medical personnel, recreational personnel and other interested individuals.

b. The Project will make training available in the identification of the school-aged handicapped child (3 - 11 years of age) to regular teachers, Special Education teachers, SLD teachers, P.E. teachers, administrators, allied medical personnel, parents and other interested individuals.

3. To provide training in assessment of educational deficits and assets of handicapped children

Objectives: a. The Project will make training available in the techniques used to assess educational assets and deficits of handicapped children (0 - 6 years of age) to appropriate and interested individuals.

b. The Project will make training available in the techniques used to assess educational assets and deficits of handicapped school-aged children to appropriate and interested individuals.

4. To provide training in designinf individualized educational programs for handicapped children

Objectives: a. The Project will provide training in designing educational programs for the young handicapped child to appropriate and interested individuals.

b. The Project will provide training in designing educational programs for the school-aged handicapped child (6 - 11 years) to appropriate and interested individuals.

5. To provide training in techniques of teaching "mainstreamed" handicapped students in both ECD and regular classrooms

Objectives: a. The Project will provide training in teaching techniques for "mainstreamed" handicapped students in regular classes to appropriate and interested individuals.

b. The Project will provide training in teaching techniques for "mainstreamed" handicapped students in ECD classes to appropriate and interested individuals.

6. To provide training in Interdisciplinary Personnel responsibility to the handicapped child

Objectives: a. The Project will make training available in defining interdisciplinary roles and responsibilities in facilitating the development and implementation of appropriate programs for handicapped children. Training will be available to all appropriate and interested individuals.

7. To provide parental training in appropriate educational instruction & assessment for the handicapped child.

Objectives: a. The Project will provide parental training through a series of speakers at PTA's. ACLD, CEC, Orten Society meetings; newsletters; short courses; credit classes & institutes; special meetings; and through access to the SES Library.

8. To provide parent training in definition of due process and implications of due process

Objectives: a. The Project will provide courses in the definition and implications of due process for appropriate and interested individuals.

b. The Project will provide training for parents through speakers at PTA, CEC, ACLD and Orton Society meetings; newsletter and newspaper articles; and small group discussions.

9. To provide parent and other volunteers with training in the provision of needed services and support for the handicapped child.

Content of Courses, Workshops & Institutes

The Fairbanks North Star Borough School District (FNSBSD) has recently initiated a Staff Development program under the leadership of Mr. Lee Clune. A part of this program is the identification of the educational needs of teachers employed by the FNSBSD. It is anticipated that these assessments will not be completed before March, 1978. Planning of specific course content prior to completion of these surveys would be premature. The following is a list of course offerings in the University of Alaska, Anchorage Special Education curriculum (see Appendix for course descriptions). Any of these courses could be taught through the Project in Fairbanks.

Ed 460	The Exceptional Child	(3 cr)
Ed 471	Issues & Trends in Special Education	(3 cr)
Ed 475	The Handicapped Pre-School Child	(3 cr)
Ed 480	Education of Culturally Different Youth	(3 cr)
Ed 481	The Mentally Retarded Child in the School	(3 cr)
Ed 482	The Maladjusted Child	(3 cr)
Ed 484	Communication Disorders	(3 cr)
Ed 486	Curriculum Materials for Special Education	(3 cr)
Ed 604	Diagnosis & Correction of Reading Deficiencies	(3 cr)
Ed 605A	Reading Lab - Elementary	(2 cr)
Ed 605B	Reading Lab - Secondary	(2 cr)
Ed 606	Reading Clinic	(3 cr)
Ed 607	Reading in Secondary Schools	(3 cr)
Ed 609	Slingerland Workshop: Beginning	(6 cr)
Ed 610	Slingerland Workshop: Intermediate	(6 cr)
Ed 611	Slingerland Workshop: Advanced	(3 cr)
Ed 675	Methods for Education the Handicapped	(3 cr)
Ed 676	Genetic & Neurological Causes of Mental Retardation	(3 cr)
Ed 677	Counseling for Exceptional Children	(3 cr)
Ed 678A	Methods for the Mentally Retarded: Music	(1 cr)
Ed 678B	Methods for the Mentally Retarded: Art	(1 cr)
Ed 678C	Methods for the Mentally Retarded: Physcial Education	(1 cr)
Ed 679	Assessment & Planning for the Retarded	(3 cr)
Ed 680	Theories of Learning Disabilities	(3 cr)
Ed 681	Social-Cultural Determinants of Mental Retardation	(3 cr)
Ed 682	Diagnosis of Learning Disabilities	(3 cr)
Ed 683	Remediation of Learning Disabilities	(3 cr)
Ed 684	The Gifted Child	(3 cr)
Ed 685	Psychological Aspects of Learning Disabilities	(3 cr)
Ed 689	Behavior Modification: Special Education	(3 cr)

In addition, the Project would have the capability of developing new courses, workshops and institutes addressing a variety of appropriate topics (e.g., "Social and Emotional Factors in Mainstreaming", "Parent-Teacher Teams in Educating Handicapped Children","Cooperative Advocacy for Handicapped Children"). Again, the specific topics to be included in these educational offerings cannot be finalized until the FNSBSD Staff Development surveys have been completed.

Project Staff & Resource Persons

Under the general supervision of the Project Director, actual day to day planning and implementation will be carried out by a (1/2 time) Coordinator. At least two part-time instructors will be involved in course development and teaching. Additionally, the proposal calls for the employment of a consultant responsible for the design and conduct of two, 6-week summer institutes and an additional consultant for parent program development.

The Director of the Project will be Dr. Charles K. Ray (University of Colorado '51, B.A.; Columbia University '55, M.A.; '59, Ph.D.). Dr. Ray currently is Dean of the School of Education at the University of Alaska, Fairbanks. The Project Coordinator has not yet been selected.

Instructors for the courses to be taught under this proposal cannot be firmly identified until specific course needs have been determined in consultation with the local School District and relevant parent groups and service agencies. It is expected that at least two Professors in the field of Special Education who are currently on the faculty of the University of Alaska, Anchorage will be available to assume some of the instructional duties. These Professors are:

James M. Hotchkiss. University of Wichita '53, B.A.; University of Southern California '66, Ph.D.

Marilyn K. Johnson. University of Arisona '66, B.A.; '68, M.Ed.; Ed. Specialist '73.

It is anticipated that additional, well-qualified part-time faculty will be recruited locally.

Project pre-planning was undertaken by:

Michelle Bartlett. Washington University '67, B.S.; St. Louis University '71, M.A.

Phyllis Gish. Kansas University '57, B.S.

Niilo Koponen. Wilberforce State '51, B.Ed.; Harvard University '66, Ph.D.

Constance K. Smith. Grinnell College '63, B.A.; Cornell University '67, M.S.

Nancy Witte. West Washington State College '68, B.A.; University of Oregon '73, M.S.

Dissemination and Information Exchange

The "Alaska State Plan for Exceptional Students" states that:

> The State Department of Education will form a Special Education Training, Support and Coordination Center (SETSCC) to provide training, support, and coordination among the inservice/preservice training agencies of the State. SETSCC ... will organize, provide technical assistance and agreed-upon support for a statewide Consortium Network (CN) of all inservice/preservice training agencies who agree to participate. Invited to join the CN will be 3 University of Alaska senior colleges.

The University of Alaska, Fairbanks is one of the senior colleges referred to in this section of the State Plan.

Knowledge gained and materials developed under this project will be disseminated through two principle channels. The first channel will be the development of a demonstration Special Education instructional library for local and Regional use in the Education Curriculum Library at the Fairbanks Campus of the University of Alaska. This library, consisting of materials and supplies oriented to inservice use by teachers, parents and volunteers working with "mainstreamed" handicapped children, will have a continuing impact far beyond the time limits of the project funded under this proposal.

Broader dissemination will be undertaken through the Consortium Network. As the "Alaska State Plan for Exceptional Students" states,

> The SETSCC will actively coordinate with SEA Department of Development and Dissemination and the five Regional Resource Centers in utilization of Project A-TIP (Alaskan Talent, Information, and Promising Practices) in efforts to acquire, maintain, and disseminate significant information derived from special education-related educational research and demonstrations and to promote the adoption of promising practices and materials derived from such research and demonstration.

It is anticipated that the development of materials in other areas of Alaska will be available to this project, through participation in the Consortium since the State Plan projects the development of

> A Functional and Accessable Pool of Appropriate Inservice Training Materials: Under SETSCC leadership, writing, adapting, contracting for, modifying, and otherwise developing instructional materials will provide an inservice training modules and materials pool for use by all participating CN agencies and by approved LEA trainers via association for CN agencies.

Program Evaluation

The effectiveness of this project can only be determined by the long term contribution made by participants to the amelioration of the problems faced by handicapped children in Interior Alaska. Given the modest scope of this proposal,. therefore, no rigorous evaluation scheme can or will be proposed.

Nevertheless, valid short-term measures can and must be made. Questions to be answered in a simple evaluatory scheme would include:

1. What proportion of the target professional staff in the Fairbanks North Star Borough Schools participated in the training provided under this proposal?
2. What proportion of the target population of parents of handicapped children in the area participated in the training provided under this program?
3. In what ways was the education provided to handicapped children in the target area improved by the training provided under this program?
4. Does the project have a potential for continuing impact?

It is proposed that: A - (in response to 1 + 2 above) that a minimum participation level of 25 professional personnel and of 20 parents be set as a goal, and that B - the Fairbanks North Star Borough School District be asked to judge the immediate (first year) effect of the training and support services provided by the project on the learning experiences of "mainstreamed" handicapped children in response to question 3, above.

Finally; Question Four, above, would require positive responses to the following: 4A) At the close of the project, has the second years project been adequatly planned to involve personnel serving rural schools in the Northern region.

4B) Has the consortium Network proposed under the state plan, or some equivalent mechanism, been set up with the participation of personnel involved in this proposal and to what extent has this project's progress been disseminated through the Network?

4C) In reviewing this project, (at the close of year one) does the State Department of Education consider the project to have made an effective and adequate contribution toward the effectuation of the "Alaska State Plan for Exceptional Children"?

SECTION A - BUDGET CATEGORIES

PROJECT COMPONENT(S)	DEGREE PROGRAM(S), NON DEGREE OR CERTIFICATION PROGRAM(S), OTHER COMPONENT(S) *(For these project components sequentially list the sub-components by title)*					
	1. Non-Degree Program	2. Non-Degree Program Professional Parents	3.	4.	5.	6. TOTAL
Personnel *(salary & Leave Benefits)*	$ 28221	$9407	$	$	$	$37,628.00
Fringe Benefits	5052	1684				6,736.00
Travel	5055	1685				6,740.00
Equipment	1223	407				1,630.00
Supplies	2250	750				3,000.00
Contractual						
Student Financial Assistance						
Consultants	3750	625				4,375.00
Other a) *Personnel Increment*	2662	887				3,549.00
Other b) *Services*	1388	462				1,850.00
Total Direct Charges	49603	15907				65,508.00
Indirect Charges *(8% maximum)*	3968	1273				5,241.00
TOTAL	$ 53569	$17180	$	$	$	$ 70,749.00

SECTION A EXPLANATIONS

See Appendix "A" for Budget detail

SECTION B - BUDGET SUMMARY

PROJECT COMPONENT(S)	ESTIMATED UNOBLIGATED FUNDS		NEW OR REVISED BUDGET		
	FEDERAL (a)	NON-FEDERAL (b)	FEDERAL (c)	NON-FEDERAL (d)	TOTAL (e)
Degree Program(s)	$	$	$	$	$
Non Degree or Certification Program(s)			69,777.00	10,192.00	79,769.00
Other Component(s)					
TOTAL	$	$	$ 69,777.00	$ 10,192.00	$ 79,769.00

SECTION C - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

PROJECT COMPONENT(S)	FUTURE FUNDING PERIODS (Years)			
	FIRST (a)	SECOND (b)	THIRD (c)	TOTAL (d)
Degree Program(s)	$	$	$	$
Non Degree or Certification Program(s)	69,192.00	125,000.00	137,500.00	331,692.00
Other Component(s)				
TOTAL	$69,192.00	$125,000.00	$137,500.00	$331,692.00

TABLE I. PREPARATION PROGRAM PROFILE

(See reverse for instructions)

NAME OF AGENCY, UNIT

School of Education, University of Alaska, FBRS

PROJECT SUB-COMPONENTS-TITLE (a)	LEAD PERSONNEL SERVICE CATEGORY TITLE (b)	DEVELOPMENT/TRNG. HRS. (c)	DEM TRNG. CATEGORIES (d)	AREAS OF DISABILITY ADDRESSED BY EACH SUB-COMPONENT, PLACE A CHECK (✓) IN THE APPROPRIATE COLUMN(S) (e)																ENROLLMENT							
																				CURRENT 19__		PROJ'D 19 78-79		PROJ'D 19 79-80		PROJ'D 19 80-81	
				Full Spectrum	TMR	EMR	LD	ED	OHI	OI	VH	SI	HH	D	D-B	OSH	01	02		TOTAL NO.	Grant Supp'd No.	TOTAL NO.	Grant Supp'd No.	TOTAL NO.	Grant Supp'd No.	TOTAL NO.	Grant Supp'd No.
1.0	Non-Degree Program Professionals	270 hrs	REP			X	X	X	X	X	X	X	X	X								70	95%	80	95%	90	95%
2.0	Non-Degree Program Parent Educ.	90 hrs	VOL	X																		50	all	75	all	85	all
3.0																											
4.0																											
5.0																											
6.0																											
7.0																											
8.0																											
9.0																											
10.0																											
01	02	Check areas of disability for all projects combined →		X		X	X	X	X	X	X	X	X	X						TOTAL ENROLLMENT							
																						120		155		175	

TABLE I. PREPARATION PROGRAM STAFF PROFILE

School of Education, University [illegible]

[illegible] STAFF POSITION TITLE (a)	HIGHEST DEGREE (b)	ACADEMIC RANK (c)	TENURE (Y) (d)	FTE ALLOCATED [illegible]										TOTAL FTE	TOTAL [illegible]
				1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0		
Project Coordinator	To Be Filled			.50										.50	$22,563.00
Part-time Instructors	To Be Filled			.50										.50	12,479.00
Secretary	To Be Filled			.50										.50	9,322.00
8% Increment															3,549.00
		TOTAL	1.50											1.50	$47,013.00

				SPECIAL EDUCATION														GENERAL		TOTAL	
				ECP	ECO	PSE	PSS	RSC	SDS	H/C	CAG	PPR	C/U	STA	01	02	GE	03		
1.0 Non-Degree Program Professionals	REP	Projected 25			3												22		25	GRANT SUPPORTED
																				OTHER
2.0 Non-Degree Program Professionals	VOL	Projected 20																		GRANT SUPPORTED
																				OTHER
3.0																				GRANT SUPPORTED
																				OTHER
4.0																				GRANT SUPPORTED
																				OTHER
5.0																				GRANT SUPPORTED
																				OTHER
6.0																				GRANT SUPPORTED
																				OTHER
7.0																				GRANT SUPPORTED
																				OTHER
8.0																				GRANT SUPPORTED
																				OTHER
9.0																				GRANT SUPPORTED
																				OTHER
10.0																				GRANT SUPPORTED
																				OTHER
01			TOTAL →																25	GRANT SUPPORTED
02																				OTHER
03																				

OE FORM 9047, 7/77

A P P E N D I X

"A"

B U D G E T

D E T A I L

PROPOSED BUDGET

A. Personnel Services	% of Full Time	(1) Salary	(2) Leave Benefits	(3) Staff** Benefits	Total Sal. & Ben.
Project Coordinator	50%	$17,303	$1,834*	$3,426	$22,563
Part-Time Instructors	90 hrs. of instruction per semester for 3 semesters	10,584	0	1,895	12,479
Secretary	50%	6,822	1,085***	1,415	9,322
					44,364
Increment 8%					3,549
TOTAL Personnel Services					$47,913

B. Contractual Services		
Consultants for Summer Institutes		
Three weeks - 7/78	$1,875	
Three weeks - 6/79	1,875	
Consultant for Parent Program Development; one week - 9/78	625	
TOTAL Contractual Services		$ 4,375

C. Travel		
Project Director - one rd. trip to Nat'l Conference on East Coast		
Transportation	$ 600	
Per Diem (4 days @ $35/day)	140	
Consultants (3)		
Transportation	1,800	
Per Diem (48 days @ $35/day)	1,680	
Special Ed. Instructors from Univ. of Alaska in Anchorage - one rd. trip/week for 30 weeks	2,520	
TOTAL Travel		$ 6,740

* 10.6% of column (1)
** 17.9% of columns (1) & (2)
*** 15.9% of column (1)

D. Services

Advertising	$1,000	
Xerox	225	
Printing	250	
Freight & Postage	175	
Phone	200	
TOTAL Services		$1,850

E. Equipment

Desks (2)	$ 550	
Chairs (2)	220	
Typewriter (1)	700	
Calculator (1)	160	
TOTAL Equipment		$1,630

F. Supplies

Instructional Supplies	$ 300	
Curriculum Library Acquisitions	2,500	
Office Supplies	200	
TOTAL Supplies		$3,000

Total Direct Costs	$65,508
Indirect Costs (8% of Direct Costs)	5,241
TOTAL FEDERAL SHARE	$70,479
TOTAL INSTITUTIONAL SHARE*	$ 8,982

* Audited overhead rate = 37.8% of salaries & leave benefits = $14,223. Institutional share equals overhead rate less indirect costs charged to Federal Share ($14223 - 5241 = $8,982).

APPENDIX

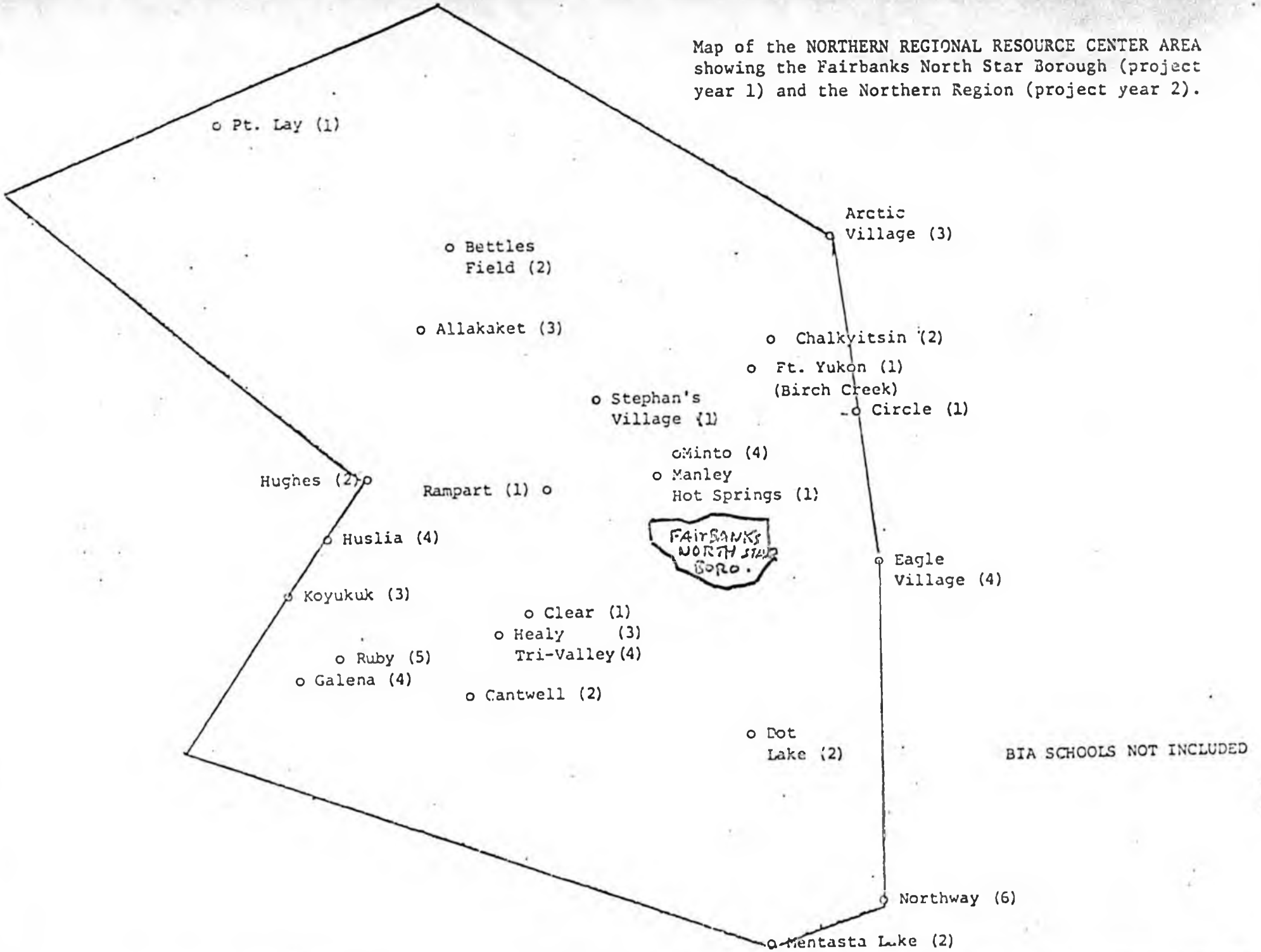
"B"

MAP OF

NORTHERN

REGION

Map of the NORTHERN REGIONAL RESOURCE CENTER AREA showing the Fairbanks North Star Borough (project year 1) and the Northern Region (project year 2).



BIA SCHOOLS NOT INCLUDED

APPENDIX

"C"

SPECIAL EDUCATION

DEGREE & CERTIFICATION

PROGRAMS AT

UNIVERSITY OF ALASKA, ANCHORAGE

UNIVERSITY OF ALASKA, ANCHORAGE

Master of Education Degree Program with Specialization in SPECIAL EDUCATION

Ed 460 — 3 Credits

THE EXCEPTIONAL CHILD (3+0)

Characteristics, identification, diagnosis and remediation procedures for use with exceptional children. Prerequisites: Ed 313 and prerequisites thereto and junior standing. This is the introductory course for the area of special education.

Ed 680 — 3 Credits

THEORIES OF LEARNING DISABILITIES (3+0)

Interdisciplinary contributions to the development of the field of learning disabilities including familiarity with a wide spectrum of theories such as educationally oriented concepts, perceptual motor systems, multisensory systems, language systems, psycholinguistic approaches, neuro-psychological concepts, and psychodynamic theories. The concept of specific learning disabilities will be developed by definition, probable cause, and characteristics of learning-disabled children. An overview proceeding from evaluation to instruction will include diagnostic teaching, newer approaches to reading and specialized methods to prevent and remediate deficits in social, mental and physical development.

Ed 627 — 3 Credits

EDUCATION RESEARCH (3+0)

Techniques of education research; selection of topics and problems, data gathering, interpretation and preparation of reports. Prerequisites: graduate standing in education.

Ed 687 — Credits Arranged

ADVANCED PRACTICUM: SPECIAL EDUCATION

Provides supervised field experience with exceptional children in Anchorage area facilities. Students will be assigned to work with children in the area of specialization. From 15 to 30 hours per week in the facility are required. Prerequisite: students must be in the final phase of their programs and have instructor permission.

Ed 697 — Credits Arranged
Ed 698 — Credits Arranged

THESIS

Thesis as directed by graduate committee. Prerequisite: Ed 627.

plus electives to total 36 credits

UNIVERSITY OF ALASKA, ANCHORAGE

Certification Program in Special Education

"Core" Courses

Ed 460 — 3 Credits

THE EXCEPTIONAL CHILD (3+0)

Characteristics, identification, diagnosis and remediation procedures for use with exceptional children. Prerequisites: Ed 313 and prerequisites thereto and junior standing. This is the introductory course for the area of special education.

Ed 471 — 3 Credits

ISSUES AND TRENDS IN SPECIAL EDUCATION (3+0)

A critical analysis of the current trends affecting special education programming across the country and in the state and local community. Includes an indepth review of the literature describing trends and participation by local individuals in issues pertinent to the Alaska communities. Exposure to private and public agencies available to and for handicapped persons in Alaska is included in this course.

Ed 486 — 3 Credits

CURRICULUM MATERIALS FOR SPECIAL EDUCATION (3+0)

Provides both extensive and intensive knowledge of and experience with, instructional materials intended for use with exceptional children. Students will study, use, and learn how to critically evaluate materials at the Special Education Instructional Materials Center of Hubbard School. Methods for designing special curricular activities around behavioral objectives and various evaluation techniques will be presented. Prerequisite: Ed 384.

Ed 689 — 3 Credits

BEHAVIOR MODIFICATION: SPECIAL EDUCATION (3+0)

Theoretical basis of various behavioral theories of classroom management are covered. Several projects using behavior management principles with children are required. Students must have access to children or classrooms or work with children in local institutions.

Ed 693 — Credits Arranged
Ed 694 — Credits Arranged

(optional) Ed 487 — Credits Arranged

PRACTICUM IN SPECIAL EDUCATION

Provides field experience with exceptional children in various facilities in the Anchorage area. Students will work with children who have communications, emotional, organic, and medical problems and with children who are mentally retarded. From two to three weeks will be spent in each institution. A time commitment of from 12-15 hours per week is required. Prerequisite: Ed 381 or may be taken concurrently with Ed 384.

Courses Required for Certification in Specialty Area of LEARNING DISABILITIES

"Core" Courses plus

Ed 482 **3 Credits**

THE MALADJUSTED CHILD (3+0)

Covers the causes of maladaptive behavior in children and presents effective strategies for teaching these children. Functional and organic causes will be reviewed along with the major explanatory theories. The effects of home, school, and society and procedures and methods used successfully in special and regular classrooms in other areas will be discussed. Prerequisite: Ed 384.

Ed 483 **3 Credits**

THE PHYSICALLY HANDICAPPED CHILD (3+0)

Covers the psychological and physical problems of children with organic disabilities. Included in this category are impairments of the central nervous system, cerebral palsy, epilepsy, and/or muscle, joint or bone disabilities. Also included will be children with chronic medical problems. Prerequisite: Ed 384.

Ed 604 **3 Credits**

DIAGNOSIS AND CORRECTION OF READING DEFICIENCIES (3+0)

Nature of the reading process; emphasis on psychology involved in discerning reading difficulties, testing programs to ascertain specific disabilities in readiness, vocabulary, word-attack, comprehension, speed and accuracy; specific suggestions for their correction; newer approaches to teaching reading. Prerequisites: Ed 409 and experience in the teaching of reading. (In conjunction with Ed 605, Reading Lab.)

Ed 676 **3 Credits**

GENETIC AND NEUROLOGICAL CAUSES OF MENTAL RETARDATION (3+0)

Clinical conditions of genetic or neurological origin which may result in learning or physical disabilities of various kinds. Basic genetic principles and their relationship to learning, physical, and mental handicaps will be discussed. Emphasis will be given to common clinical synnromes which can be recognized by classroom teachers and other professionals and which suggest alternate educational strategies or need for a medical referral. The class will include lectures, discussion, movies, film, slide, and field visits. Prerequisites: Ed 384 and ED 482.

Ed 680 **3 Credits**

THEORIES OF LEARNING DISABILITIES (3+0)

Interdisciplinary contributions to the development of the field of learning disabilities including familiarity with a wide spectrum of theories such as educationally oriented concepts, perceptual motor systems, multisensory systems, language systems, psycholinguistic approaches, neuro-psychological concepts, and psychodynamic theories. The concept of specific learning disabilities will be developed by definition, probable cause, and characteristics of learning-disabled children. An overview proceeding from evaluation to instruction will include diagnostic teaching, newer approaches to reading and specialized methods to prevent and remediate deficits in social, mental and physical development.

Ed 687 **Credits Arranged**

ADVANCED PRACTICUM: SPECIAL EDUCATION

Provides supervised field experience with exceptional children in Anchorage area facilities. Students will be assigned to work with children in the area of specialization. From 15 to 30 hours per week in the facility are required. Prerequisite: students must be in the final phase of their programs and have instructor permission.

Courses Required for Certification in Speciality Area of MENTAL RETARDATION

"Core" Courses plus

Ed 481 — **3 Credits**

THE MENTALLY RETARDED CHILD IN THE SCHOOL (3+0)

Provides a basic understanding of the retarded child in an educational setting. Emphasizes the role of education of handicapped persons, the importance of early intervention, and consideration of such issues of labeling and the treatment of culturally different students. Includes an overview of characteristics, definitions and prevalence of various educational handicaps as well as their social, psychological and medical correlates. Prerequisite: Ed 384.

Ed 677 — **3 Credits**

COUNSELING FOR EXCEPTIONAL CHILDREN (3+0)

Presents theories and techniques of counseling the mentally retarded child. Also introduces procedures for assisting parents of mentally retarded children and other professionals who work with the mentally retarded. Covers school, family, vocational and personal problems confronting the mentally retarded child and his family. Prerequisites: Ed 384 and 481.

Ed 675 — **3 Credits**

METHODS FOR EDUCATING THE MENTALLY HANDICAPPED (3+0)

Presents the principles and methods for teaching mentally handicapped elementary and secondary students. Class participants will practice developing appropriate instructional programs for teaching mentally handicapped students communication skills, arithmetic skills, and social and vocational competencies. Various methods including unit instruction, clinical teaching, work/study programming, and programmed instruction will be explored for teaching the mentally handicapped student. Prerequisites: Ed 384 and Ed 481.

Ed 678A — **1 Credit**

METHODS FOR THE MENTALLY RETARDED: MUSIC (1+0)

This course presents theoretical background of uses of music in the education of the mentally retarded. Practical experiences using music and music therapy demonstrated. Opportunities for applied work with handicapped children will be provided. Prerequisites: Ed 384 and 481.

Ed 678B — **1 Credit**

METHODS FOR THE MENTALLY RETARDED: ART (1+0)

Covers methods and materials for teaching art to mentally retarded elementary and secondary students. The class will explore strategies, material characteristics, and activities for the enriched experiencing of the mentally retarded through art with emphasis on the teaching-therapy process for physical and mental growth. Prerequisites: Ed 384 and 481.

Ed 678C — **1 Credit**

METHODS FOR THE MENTALLY RETARDED: PHYSICAL EDUCATION (1+0)

This course presents theoretical basis for a planned physical education program. State and community resources in recreation will be covered. Curriculum development and practice in the implementation of special curricular physical education methods will be emphasized. Prerequisites: Ed 384 and 481.

Ed 679 — **3 Credits**

ASSESSMENT AND PLANNING FOR THE RETARDED (3+0)

Students will develop individual and group instructional programs based upon a complete assessment of the individual(s) to be taught. Assessment measures to be mastered include individual intelligence tests (WISC, Peabody, etc.), academic and social living assessment measures. This course is restricted to those who have completed half or more of their program. Instructor permission required for admission.

Ed 607 — **Credits Arranged**

ADVANCED PRACTICUM: SPECIAL EDUCATION

Provides supervised field experience with exceptional children in Anchorage area facilities. Students will be assigned to work with children in the area of specialization. From 15 to 30 hours per week in the facility are required. Prerequisite: students must be in the final phase of their programs and have instructor permission.

APPENDIX

"D"

COURSE DESCRIPTIONS

UAA SPECIAL EDUCATION

CURRICULUM

COURSE DESCRIPTIONS

sory. Prerequisites: Ed 332 and prerequisites waived.

Ed/Art 442 3 Credits

CURRICULUM AND INSTRUCTION IN SECONDARY ART (2 • 1)

Objectives, scope, sequence, and presentation of art experiences at the secondary level; recommended practices, instructional and evaluative aspects. Prerequisite: A minimum of 18 hours in required art courses, Ed 303 and prerequisites thereto.

Ed 443 3 Credits

FOUNDATIONS OF VOCATIONAL EDUCATION (3 • 0)

A study of the social and philosophical roots of vocational education in America and public policy as a response to the need for an educated labor force. The relationship of vocational, technical, and special education to general education and the responsibility of public education in a technological society.

Ed 445 3 Credits

PUBLIC SCHOOL ORGANIZATION, CONTROL, AND SUPPORT (3 • 0)

Fundamentals of public school organization, control, and support. Relation of federal, state, and local agencies. Problems incident to public school organization, control, and support in Alaska. Prerequisite: senior standing in education.

Ed 453 6 Credits

STUDENT TEACHING -- SECONDARY

Supervised teaching in secondary schools of the Anchorage area approved by the Department of Education. The department may limit registration, determine assignments, prescribe the number of teaching hours required, and cancel the registration of students doing unsatisfactory work. Prerequisite: See requirements for admission to student teaching. Must be taken concurrently with Ed 460.

Ed 453 01 9 Credits

STUDENT TEACHING — ELEMENTARY

Elementary student teaching consists of a fifteen week semester of full days in the classrooms of the elementary schools approved by the Education School. Experiences include observations, teaming with host teacher and other team members, planning and conducting individualized instruction, organizing plans for presented to meet varying needs of children, daily contacts of performance by host teacher; weekly supervision and conference with University supervisor, and weekly seminar meetings of all student teachers with University faculty members. The classroom experience in the elementary school is designed to progress through the full range of teaching responsibilities of an elementary teacher in a typical school situation. Prerequisites: see admission to student teaching requirement.

Ed 460 3 Credits

THE EXCEPTIONAL CHILD (3 • 0)

Characteristics, identification, diagnosis and remediation procedures for use with exceptional children. Prerequisite: Ed 315 and prerequisites thereto and junior standing. This is the introductory course for the area of special education.

Ed 471 3 Credits

ISSUES AND TRENDS IN SPECIAL EDUCATION (3 • 0)

A critical analysis of the current trends affecting special education programming across the country and in the state and local communities. Includes an in-depth review of the literature describing trends and participation by local individuals in issues pertinent to the Alaska communities. Exposure to private and public agencies available to and for handicapped persons in Alaska is included in this course.

Ed 475 3 Credits

THE HANDICAPPED PRE-SCHOOL CHILD (3 • 0)

Covers the objectives, principles, and procedures for developing preschool programs for the handicapped child. Basic understandings of child development provides a discussion of the preventative and remedial role of preschool programming for the handicapped child. Management techniques and specific methods for teaching the pre-school handicapped child. Prerequisite: social, emotional, and academic behaviors are discussed. Prerequisite: Ed 334.

Ed 480 3 Credits

EDUCATION OF CULTURALLY DIFFERENT YOUTH (3 • 0)

Interdisciplinary study of problems encountered by teachers in educating culturally oriented pupils. Considerations of psychological and social factors inherent in the educational process. Specific attention given to curriculum improvement and teaching theories appropriate for culturally different students. Prerequisites: Ed 313 and prerequisites thereto and junior standing.

Ed 481 3 Credits

THE MENTALLY RETARDED CHILD IN THE SCHOOL (3 • 0)

Provides a basic understanding of the retarded child in an educational setting. Emphasizes the role of education of handicapped persons, the importance of early intervention and considerations of such issues of labeling and the treatment of culturally different students. Includes an overview of characteristics, definitions and prevalence of various educational handicaps as well as their social, psychological and medical correlates. Prerequisite: Ed 334.

Ed 482 3 Credits

THE MALADJUSTED CHILD (3 • 0)

Covers the causes of maladaptive behavior in children and presents effective strategies for teaching these children. Functional and organic causes will be reviewed along with the major explanatory theories. The effects of home, school, and society and procedures and methods used successfully in special and regular classrooms in other areas will be discussed. Prerequisite: Ed 334.

Ed 483 3 Credits

THE PHYSICALLY HANDICAPPED CHILD (3 • 0)

Covers the psychological and physical problems of children with organic disabilities. Included in this category are those cases of the central nervous system cerebral palsy, epilepsy, and/or muscular, joint or bone disorders. Also included will be children with chronic medical problems. Prerequisite: Ed 334.

Ed 484 3 Credits

COMMUNICATION DISORDERS (3 • 0)

Covers the general field of communication disorders which includes the interrelated areas of speech, hearing, language and voice. The neurological, mental, emotional, and physical problems that are found with these disorders and the treatment will be discussed. Biological factors, diagnostic tests, and procedures and educational implications will be covered. Prerequisite: Ed 344.

Ed 486 3 Credits

CURRICULUM MATERIALS FOR SPECIAL EDUCATION (3 • 0)

Provides both extensive and intensive knowledge of and experience with instructional materials intended for use with exceptional children. Students will study, use, and learn how to critically evaluate materials at the State of Education Instructional Materials Center of Hollland School. Methods for designing special curricular activities around behavioral objectives and various education techniques will be presented. Prerequisite: Ed 334.

Ed 487 Credits Arranged

PRACTICUM IN SPECIAL EDUCATION

Provides field experience with exceptional children in various facilities in the Anchorage area. Students will work with children who have communications, emotional, organic, and medical problems and with children who are mentally retarded. From two to three weeks will be spent in each participation. A time commitment of from 15-18 hours per week is required. Prerequisite: Ed 334 or may be taken concurrently with Ed 334.

Ed 493 Credits Arranged
Ed 494 Credits Arranged

SPECIAL TOPICS SEMINAR

Various subjects, principally directed study, discussion, and research.

Ed/Eng 498 3 Credits

METHODS OF TEACHING ENGLISH FOR THE HIGH SCHOOL (3 • 0)

A study in great depth of English courses to determine objectives and to prepare units to

COURSE DESCRIPTIONS

implement these objectives in the teaching of language, composition, and literature.

Ed 503 3 Credits

SEMINAR: READING PROGRAM IN THE ELEMENTARY SCHOOL (3 • 0)

The course is designed to provide for the survey and study of current literature in the areas of instructional methods and reading programs. Methods of planning programs and instructional practices to provide for individuals will be a major focus of the course. Prerequisites: Ed 403A and 403B.

Ed 504 3 Credits

DIAGNOSIS AND CORRECTION OF READING DEFICIENCIES (3 • 0)

Nature of the reading process; emphasis on psychology involved in determining reading difficulties; testing programs to ascertain specific disabilities in readiness, vocabulary, word-attack, comprehension, speed and accuracy; specific approaches for their correction; recent approaches to teaching reading. Prerequisites: Ed 403 and experience in the teaching of reading (to be taken only in conjunction with Ed 403 Reading Lab).

Ed 504 A 3 Credits

READING LAB — ELEMENTARY (0 • 6)

Working with a child who has been identified as having reading problems using testing and remedial techniques appropriate to the need. (Can be taken only in conjunction with Ed 403.)

Ed 504 B 3 Credits

READING LAB — SECONDARY (0 • 6)

Working with a child who has been identified as having reading problems using testing and remedial techniques appropriate to the need. (Can be taken only in conjunction with Ed 403.)

Ed 505 3 Credits

READING CLINIC (2 • 6)

A practicum approach to learning the techniques for evaluation and therapy in treating multiple types of reading and learning difficulties. Time required will be from diagnostic work time and other activities with clients. Graduate students will work with Ed 403 Reading Laboratory 30 minutes per week. Limited enrollment based upon student and staff evaluation. Prerequisite: Ed 403 or its equivalent.

Ed 507 3 Credits

READING IN SECONDARY SCHOOLS (3 • 0)

Designed to prepare teachers of reading and teachers of subject matter content areas so that they may be better prepared to teach children who have reading problems or to act as reading specialists in the area of remedial reading and developmental reading and to be able to organize reading programs in the junior and senior high school. (Work with a subject is required for 30 minutes at Ed 403 Reading Lab.)

Ed 509 6 Credits

SLINGERLAND WORKSHOP (Beginning) (6 • 6)

This is an introductory workshop devoted to the Structured Specific Multi-sensory system of teaching reading, writing and spelling developed for children who need this particular delivery system. This is the Beth Slingerland adaptation of the Orton-Gillingham Stanton remedial method. The course is designed to prevent failure in the early years.

Ed 510 6 Credits

SLINGERLAND WORKSHOP (Intermediate) (6 • 6)

The intermediate workshop is devoted to specific language disabilities (dyslexia) found among the Beth Slingerland adaptation for the classroom. Emphasis on the perceptions of teaching and the application of remedial techniques in reading and writing. Individual techniques and clinical skills for diagnostic teaching and evaluating the child's learning needs.

Ed 511 3 Credits

SLINGERLAND WORKSHOP (Advanced) (3 • 6)

Advanced workshop for reading, writing and spelling for children with Specific Language Disabilities. Each teacher taking the course will be required to report at least a week of teaching in the Slingerland workshop. Testing of children with SLD problems will be dealt with extensively. Prerequisites: Only teachers having a minimum of 12 credits in an SLD course will be accepted in this course which is devoted primarily for those interested in teaching SLD techniques.

Ed 512 3 Credits

HUMAN RELATIONS IN EDUCATION (3 • 0)

Development of attitudes and behaviors which will help all those involved in education to deal directly with the affective domain of teaching. Effective sending and receiving in communication will be studied as well as techniques for creating a positive communication atmosphere for the profession.

Ed 522 3 Credits

PHILOSOPHY OF EDUCATION (3 • 0)

Basic philosophic concepts and their historical development; philosophy applied to education and related issues and problems; examination of contributions of outstanding educators. Prerequisite: graduate standing in education.

Ed/Psy 533 3 Credits

PRINCIPLES OF INDIVIDUAL COUNSELING (3 • 0)

Philosophy and theory relevant to counseling, processes of interaction and the relationships that foster emotional growth. Prerequisites: Psy 251, 301, and 406.

Ed/Psy 534 3 Credits

GROUP COUNSELING (3 • 0)

The development of theoretical constructs and their application to various group situations; an examination of self as a change agent in the counseling group; assets of the group. Prerequisite: Ed 533.

Ed 537 3 Credits

EDUCATION RESEARCH (3 • 0)

Techniques of location of research, selection of topics and problems, data collection, organization and preparation of reports. Prerequisite: graduate standing in education.

Ed 631 3 Credits

ADVANCED EDUCATIONAL PSYCHOLOGY: DEVELOPMENT (3 • 0)

Extensive understanding of human emotional, mental, physical, and social development. Emphasis on individual differences. Analysis and practical evaluation of human development, educational psychology and teaching experience. Prerequisite: graduate standing.

Ed/Psy 632 3 Credits

OCCUPATIONAL INFORMATION (3 • 0)

Principles and practices of occupational information. Explores process of choosing a vocation. Theories of vocational choice, sources and dissemination of occupational information. Prerequisite: Ed 533.

Ed 633 3 Credits

ORGANIZATION, ADMINISTRATION, AND SUPERVISION OF GUIDANCE (3 • 0)

For administrators, guidance personnel, and others interested in developing or evaluating a guidance program. Current principles and practices of guidance presented are considered and [illegible]. Prerequisite: Ed 533.

Ed 634 3 Credits

COUNSELING PRACTICUM (0 • 6)

The culminating activity of counselor preparation. The counselor candidate works in a school setting and experiences the total activities of a school counselor. Prerequisites: Ed 533 and Ed 534 and [illegible] of the counselor candidate to take [illegible] per week.

Ed 636 3 Credits

ADVANCED PUBLIC SCHOOL ADMINISTRATION — ISSUES AND CONCEPTS (3 • 0)

Case study approach to the role of administration, school action and response of boards, the state and practices. Identification of personnel data at [illegible] Prerequisite: [illegible] Ed 635 or [illegible] administration.

Ed 637 3 Credits
PUBLIC SCHOOL ADMINISTRATION (3 • 0)

Review of literature pertaining to the organization of a school and the functions of personnel. Functions of instructional leadership. Public school administration as a career. Problems peculiar to public school administration in Alaska. Prerequisites: Ed 636, and graduate standing in education.

Ed 638 3 Credits
SUPERVISION AND IMPROVEMENT OF INSTRUCTION (3 • 0)

Development, practice, organization of supervising programs; special attention to current in-service education programs. Prerequisite: graduate standing in education. (Required but not limited to, administration majors.)

Ed 639 3 Credits
PUBLIC SCHOOL FINANCE (3 • 0)

Contemporary basis for raising and distributing federal, state and local education funds; problems of school financing in Alaska. Prerequisite: graduate standing in education.

Ed 641 3 Credits
SCHOOL LAW (3 • 0)

Rights and responsibilities of teachers and pupils; rulings of the Attorney General; decisions of the courts; regulations of the State Board of Education. Prerequisite: graduate standing in education.

Ed 642 3 Credits
CAREER EDUCATION IN THE PUBLIC SCHOOL (3 • 0)

An examination of the structural concepts inherent in career education and guidance in grades K-12. Designed to stimulate thinking toward a comprehensive school program relating education to the world of work.

Ed 643 3 Credits
COOPERATIVE OCCUPATIONAL EDUCATION IN THE CURRICULUM (3 • 0)

A study of cooperative work experience programs as an interdependent modification of instruction and employment. The course will focus on key elements of the cooperative work experience plan as a vehicle for applying and testing what had been learned in the classroom.

Ed 644 3 Credits
ORGANIZATION AND ADMINISTRATION OF VOCATIONAL EDUCATION PROGRAMS (3 • 0)

This course will examine the principles and problems of organization and administration practices as related to the structure and operation of state and local programs of vocational education.

Ed 645 3 C
SCHOOL BUILDING PLANNING (3 • 0)

School site evaluation, discussions with planning personnel, and reading in the area of school architecture will be the course bases.

Ed 646 3 Credits
SCHOOL BUSINESS MANAGEMENT (3 • 0)

Operations of the school business manager will be the topic of research. State, federal and local regulations and policies will be studied.

Ed 647 3 Credits
COMMUNITY — SCHOOL BOARD RELATIONS (3 • 0)

This course will provide opportunities to observe, participate and interact with educational leaders and organizations of the community. Reading and research in the area of community - school board relations will be included.

Ed 650 3 Credits
CURRICULUM AND INSTRUCTION IN THE ELEMENTARY CLASSROOM (3 • 0)

This course is designed to provide opportunities for participants to explore a wide range of current developments in elementary education which relate to curriculum content and organization, teaching techniques and current issues and movements in education.

Ed 652 3 Credits
CURRICULUM AND INSTRUCTION IN THE SECONDARY CLASSROOM (3 • 0)

This course is designed to provide opportunities for participants to explore a wide range of current developments in secondary education which relate to curriculum content and organization, teaching techniques, and current issues and movements in education.

Ed 658A 3-6 Credits
INTERNSHIP: PRINCIPAL

Field work in an appropriate educational or agency setting. Assignment will be responsive to the principalship. Prerequisite: approval of student's advisory committee.

Ed 658B 3-6 Credits
INTERNSHIP: SUPERINTENDENT

Field work in an appropriate educational or agency setting. Assignment will be responsive to the superintendency. Prerequisite: approval of student's advisory committee.

Ed 675 3 Credits
METHODS FOR EDUCATING THE MENTALLY HANDICAPPED (3 • 0)

Presents the principles and methods for teaching mentally handicapped elementary and secondary students. Class participants will practice developing appropriate instructional programs for teaching mentally handicapped students communication skills, self-care skills, and social and vocational competencies. Various methods including cost instruction clinical teaching, work study, programming, and programmed instruction will be explored for teaching the mentally handicapped student. Prerequisites: Ed 364 and Ed 481.

Ed 676 3 Credits
GENETIC AND NEUROLOGICAL CAUSES OF MENTAL RETARDATION (3 • 0)

Clinical conditions of genetic or neurological origin which may result in learning or physical disabilities of various kinds. Basic genetic principles and their relationship to learning, physical, and mental handicaps will be discussed. Emphasis will be given to common physical syndromes which can be interpreted by the classroom teacher and other professionals, and which suggest alternate educational strategies or need for a medical referral. Teaching and methods lectures, discussion, movies, film, slide, and field visits. Prerequisites: Ed 364 and Ed 482.

Ed 677 3 Credits
COUNSELING FOR EXCEPTIONAL CHILDREN (3 • 0)

Presents theories and techniques of counseling the mentally retarded child. Also introduces principles for assisting parents of mentally retarded children and other professionals who work with the mentally retarded. Career, social, family, vocational and personal problems confronting the mentally retarded child and his family. Prerequisites: Ed 364 and 481.

Ed 678A 1 Credit
METHODS FOR THE MENTALLY RETARDED: MUSIC (1 • 0)

This course presents theoretical background of uses of music in the education of the mentally retarded. Practical experience using music and music therapy demonstrated. Opportunities for applied work with handicapped children will be provided. Prerequisites: Ed 364 and 481.

Ed 678B 1 Credit
METHODS FOR THE MENTALLY RETARDED: ART (1 • 0)

Course methods and materials for teaching art to mentally retarded elementary and secondary students. The class will prepare art-related instructional characteristics, and activities for the enriched environment of the mentally retarded through art with emphasis on the teaching-therapy process for physical and mental growth. Prerequisites: Ed 364 and 481.

Ed 678C 1 Credit
METHODS FOR THE MENTALLY RETARDED: PHYSICAL EDUCATION (1 • 0)

This course presents theoretical basis for a planned physical education program. Units and community resources in program will be covered. Curriculum development and practice

in the implementation of special curricular physical education methods will be emphasized. Prerequisites: Ed 364 and 481.

Ed 679 3 Credits
ASSESSMENT AND PLANNING FOR THE RETARDED (3 • 0)

Students will develop individual and group instructional programs based upon a complete assessment of the individual to be taught. Assessment may also be mastered include individual intelligence tests (WISC, Peabody, etc.), academic and social living assessment devices. This course is restricted to those who have completed half or more of their program. Instructor permission required for admission.

Ed 680 3 Credits
THEORIES OF LEARNING DISABILITIES (3 • 0)

Intact cognitive contributions to the development of the child of learning disabilities including psychology with a multi-specialized theories such as educational psychology, perceptual motor systems, neurological systems, learning or sensory psychological approaches, neural psychological concepts and psychodynamic theories. The concept of specific learning disabilities will be investigated by definition, list of causes, and characteristics of learning disabled children. Necessary processing from evaluation to program. Overall multiple diagnostic teaching approaches to reading and the visual and auditory perceptual and motor areas of learning and psychological and physical development.

Ed 681 3 Credits
SOCIAL CULTURAL DETERMINANTS OF MENTAL RETARDATION (3 • 0)

The effects of poverty on mental retardation provides an in-depth study of mental retardation in the context of the poverty experience. Learning of the child's social system. The relationship between poverty and mental retardation. Prerequisite: Ed 481.

Ed 682 3 Credits
DIAGNOSIS OF LEARNING DISABILITIES (3 • 0)

Offers advanced work in administration and interpretation of standardized diagnostic instruments designed for use with children with various kinds of learning disabilities. Students will administer, score, interpret diagnostic tests, and prepare appropriate reports for use with remediation. Prerequisite: Ed 680.

Ed 683 3 Credits
REMEDIATION OF LEARNING DISABILITIES (3 • 0)

Designed to provide supervised practice for students in (1) diagnosing learning problems of children, (2) recommending specific corrective instruction techniques, (3) implementing the recommended intervention program with the child, and finally (4) assessing and evaluating the effectiveness of the intervention strategy. Prerequisite: Ed 682.

Ed 684 3 Credits
THE GIFTED CHILD (3 • 0)

Covers the education of the gifted child; social, emotional and educational problems; divergent and convergent modes of thinking; methodology of high mental ability; and characteristics and methods of optimal classroom programs.

Ed 685 3 Credits
PSYCHOLOGICAL ASPECTS OF LEARNING DISABILITIES (3 • 0)

An advanced course as well as the conceptual specific learning disabilities of children. It will cover the psychological processes of perception, language, memory, concept formation, and motor development. Other areas of psychological processes will be discussed. Prerequisite: Ed 680.

Ed 686 3 Credits
WORK STUDY AND CURRICULUM FOR SECONDARY EXCEPTIONAL STUDENTS (3 • 0)

Designed to provide secondary special education teachers with (1) a basic understanding of the work study concept, (2) practice in developing an appropriate instructional program for the high school mentally handicapped student, (3) an introduction to the principles and methods of vocational evaluation, counseling and placement of the handicapped, and finally (4) for the adolescent and young adult mentally handicapped person. Prerequisites: Ed 364 and 481.

Ed 687 Credits Arranged
ADVANCED PRACTICUM, SPECIAL EDUCATION

Provides supervised field experience with exceptional children in Anchorage area facilities. Students will be assigned to work with children in the area of specialization. From 15 to 30 hours per week in the facility are required. Prerequisite: students must be in the final phase of their programs and have instructor permission.

Ed 689 3 Credits
BEHAVIOR MODIFICATION: SPECIAL EDUCATION (3 • 0)

Theoretical basis of various behavioral changes of classroom management are covered. Several procedures using behavior management principles with children are required. Students must have access to children or classrooms at work with children in local institutions.

Ed 693 Credits Arranged
Ed 694 Credits Arranged
SPECIAL TOPICS

Various current issues, fields of study, faculty, discussion, and research. Admission by consent. Prerequisite: Ed 636 and graduate standing. Repeatable for credit.

Ed 695 Credits Arranged
Ed 696 Credits Arranged
INDEPENDENT PROJECT

Individual project as directed. May not be accepted as Prerequisite: Ed 697.

Ed 697 Credits Arranged
Ed 699 Credits Arranged
THESIS

Thesis as directed by graduate committee. Prerequisite: Ed 697.

Ed 699 3 Credits
READING SUPERVISED PRACTICUM

Provides supervised field experience with students and staff in public schools. Graduate students will work with an elementary or secondary faculty member three to four hours per week. This course will be taken during the last spring or fall term of the program. Prerequisites: EDUCA 600, or ENG 600, ED 603, and LOG.

Electrical Engineering

EE 203 4 Credits
ELECTRICAL ENGINEERING FUNDAMENTALS I (3 • 3)

Analysis of alternating-current circuits using complex notation and phasor diagrams. Basic network theorems. Power in frequency plane. Three-phase circuits, complex power and measurement of circuit variables. Labs with circuits tested in the laboratory. Prerequisites: Math 200, EE 112.

EE 204 4 Credits
ELECTRICAL ENGINEERING FUNDAMENTALS II (3 • 3)

Topics in energy conversion, magnetic circuits, transformers, principles of electromechanics and machines. Includes polyphase circuits and basic introduction of electronic devices and circuits. Laboratory experiments in the areas of Prerequisite: EE 203.

EE 323 1 Credit
EE 324 1 Credit
ELECTRICAL ENGINEERING LAB I (0 • 3)

Laboratory problems employing measurement techniques, laboratory procedures and equipment. Emphasis on basic performance tests and analysis of circuits as well as measurement of circuit and component characteristics. Prerequisite: EE 203 and 204 (may be taken concurrently).

EE 332 3 Credits
ELECTROMAGNETIC WAVES AND ANTENNAS (3 • 0)

Use of Maxwell's equations in the analysis of

society. Prerequisites: Ed 332 and prerequisites thereto.

Ed/Art 442 — 3 Credits

CURRICULUM AND INSTRUCTION IN SECONDARY ART (2+1)

Objectives, scope, sequence, and presentation of art experiences at the secondary level; recommended practices, motivational, and evaluative aspects. Prerequisites: A minimum of 18 hours in required art courses, Ed 313 and prerequisites thereto.

Ed 443 — 3 Credits

FOUNDATIONS OF VOCATIONAL EDUCATION (3+0)

A study of the social and philosophical roots of vocational education in America and public policy as a response to the need for an educated labor force. The relationship of vocational, technical, and special education to general education and the responsibility of public education in a technological society.

Ed 446 — 3 Credits

PUBLIC SCHOOL ORGANIZATION, CONTROL, AND SUPPORT (3+0)

Fundamentals of public school organization, control, and support. Relation of federal, state, and local agencies. Problems incident to public school organization, control, and support in Alaska. Prerequisite: senior standing in education.

Ed 462 — 6 Credits

STUDENT TEACHING — SECONDARY

Supervised teaching in secondary schools of the Anchorage area approved by the Department of Education. The department may limit registration, determine which students participate, the number of teaching days required, and cancel the assignment of students whose performance is unsatisfactory. Other requirements for admission to student teaching must be taken concurrently with Ed 462.

Ed 463.01 — 9 Credits

STUDENT TEACHING — ELEMENTARY

Elementary student teaching consists of a fifteen-week semester of full days in the classroom of the elementary schools approved by the Education School. Experiences include: observations; teaming with host teacher and/or other team members; planning and conducting individualized instruction; organizing plans for grouping to meet varying needs of children; daily critique of performance by host teacher; weekly supervision and post-conference with University supervisor; and weekly seminar meetings of all student teachers with University faculty members. The classroom experience in the elementary school is designed to progress through the full range of teaching responsibilities of an elementary teacher in a typical school situation. Prerequisites: see admission to student teaching requirement.

Ed 460 — 3 Credits

THE EXCEPTIONAL CHILD (3+0)

Characteristics, identification, diagnosis and remediation procedures for use with exceptional children. Prerequisites: Ed 313 and prerequisites thereto and junior standing. This is the introductory course for the area of special education.

Ed 471 — 3 Credits

ISSUES AND TRENDS IN SPECIAL EDUCATION (3+0)

A critical analysis of the current trends affecting special education programming across the country and in the state and local community. Includes an in-depth review of the literature describing trends and participation by local individuals in issues pertinent to the Alaska communities. Exposure to private and public agencies available to and for handicapped persons in Alaska is included in this course.

Ed 475 — 3 Credits

THE HANDICAPPED PRE-SCHOOL CHILD (3+0)

Covers the objectives, principles, and procedures for developing pre-school programs for the handicapped child. Basic understandings of child development precedes a discussion of the preventative and educational role of pre-school programming for the handicapped child. Management techniques and specific methods for teaching the pre-school handicapped child. Prerequisite: social, emotional, and academic behaviors are described. Prerequisite: Ed 334.

COURSE DESCRIPTIONS

Ed 480 — 3 Credits

EDUCATION OF CULTURALLY DIFFERENT YOUTH (3+3)

Interdisciplinary study of problems encountered by teachers in educating culturally atypical pupils. Consideration of psychological and social factors inherent in the educational process. Specific attention given to curricular improvement and teaching strategies appropriate for culturally different students. Prerequisites: Ed 313 and prerequisites thereto and junior standing.

Ed 481 — 3 Credits

THE MENTALLY RETARDED CHILD IN THE SCHOOL (3+0)

Provides a basic understanding of the retarded child in an educational setting. Emphasizes the role of education of handicapped persons, the importance of early intervention, and consideration of such issues of labeling and the treatment of culturally different students. Includes an overview of characteristics, definitions and prevalence of various educational handicaps as well as their social, psychological and medical correlates. Prerequisite: Ed 384.

Ed 482 — 3 Credits

THE MALADJUSTED CHILD (3+0)

Covers the causes of maladaptive behavior in children and presents effective strategies for teaching these children. Functional and organic causes will be reviewed along with the major explanatory theories. The effects of home, school, and society and procedures and methods used successfully in special and regular classrooms in other areas will be discussed. Prerequisite: Ed 384.

Ed 483 — 3 Credits

THE PHYSICALLY HANDICAPPED CHILD (3+0)

Covers the psychological and physical problems of children with organic disabilities. Included in this category are impairments of the central nervous system, cerebral palsy, epilepsy, severe muscle, joint or bone disabilities. Also included will be children with chronic medical problems. Prerequisite: Ed 384.

Ed 484 — 3 Credits

COMMUNICATION DISORDERS (3+0)

Covers the general field of communication disorders which includes the interrelated areas of speech, hearing, language, and vision. The psychological, social, emotional, and physical problems that children with these handicaps encounter will be discussed. Etiological factors, diagnostic tests and procedures, and educational implications will be covered. Prerequisite: Ed 334.

Ed 486 — 3 Credits

CURRICULUM MATERIALS FOR SPECIAL EDUCATION (3+0)

Provides both extensive and intensive knowledge of and experience with, instructional materials intended for use with exceptional children. Students will study, use, and learn how to critically evaluate materials at the Special Education Instructional Materials Center of Hubbard School. Methods for designing special curricular activities around behavioral objectives and various evaluation techniques will be presented. Prerequisite: Ed 384.

Ed 487 — Credits Arranged

PRACTICUM IN SPECIAL EDUCATION

Provides field experience with exceptional children in various facilities in the Anchorage area. Students will work with children who have communications, emotional, organic, and medical problems and with children who are mentally retarded. From two to three weeks will be spent in each institution. A time commitment of from 12-15 hours per week is required. Prerequisite: Ed 384 or may be taken concurrently with Ed 384.

Ed 493 — Credits Arranged
Ed 494 — Credits Arranged

SPECIAL TOPICS SEMINAR

Various subjects principally directed study, discussion, and research.

Ed/Eng 426 — 3 Credits

METHODS OF TEACHING ENGLISH FOR THE HIGH SCHOOL (3+0)

A study to assist future English teachers to determine objectives and to prepare plans to

implement those objectives in the teaching of language, composition, and literature.

Ed 603 — 3 Credits

SEMINAR: READING PROGRAM IN THE ELEMENTARY SCHOOL (3+0)

The course is directed to provide for the survey and study of current literature in the areas of instructional methods and reading programs. Methods of changing programs and instructional practices to include recent advances will be a major focus of the course. Prerequisites: Ed 479A and 460B.

Ed 604 — 3 Credits

DIAGNOSIS AND CORRECTION OF READING DEFICIENCIES (3+0)

Nature of the reading process; emphasis on psychology involved in discerning reading difficulties; testing programs to ascertain specific disabilities in readiness, vocabulary, word-attack, comprehension, speed and accuracy; specific suggestions for their correction; newer approaches to teaching reading. Prerequisites: Ed 460 and experience in the teaching of reading. (In conjunction with Ed 605 Reading Lab.)

Ed 605-A — 2 Credits

READING LAB — ELEMENTARY (0+6)

Working with a child who has been identified as having reading problems using testing and remedial techniques appropriate to his need. (Can be taken only in conjunction with Ed 604.)

Ed 605-B — 2 Credits

READING LAB — SECONDARY (0+6)

Working with a child who has been identified as having reading problems using testing and remedial techniques appropriate to his need. (Can be taken only in conjunction with Ed 604.)

Ed 606 — 3 Credits

READING CLINIC (2+6)

A practicum approach to learning the techniques for evaluation and therapy regarding specific types of reading and learning difficulties. Time required with children depends upon time available in a clinic situation. Graduate student will work with 6 to 10 remedial subjects 30 minutes per week. Limited enrollment based upon student and staff evaluations. Prerequisite: Ed 604 or its equivalent.

Ed 607 — 3 Credits

READING IN SECONDARY SCHOOLS (3+6)

Designed to prepare teachers of reading and teachers of subject matter content area so that they may be better prepared to teach children who have reading problems or to act as reading specialists in the area of remedial reading and accelerated reading and to be able to organize reading programs in the junior and senior high school. (Work with a subject is required for 30 minutes as Ed 605-02 Reading Lab.)

Ed 609 — 6 Credits

SLINGERLAND WORKSHOP (Beginning) (6+6)

This is an introductory workshop devoted to the Slingerland Specific Multi-sensory system of teaching reading, writing, and spelling designed for children who need this particular delivery system. This is the Beth Slingerland adaptation of the Orton-Gillingham System remedial method. This course is designed to prevent failure in language arts.

Ed 610 — 6 Credits

SLINGERLAND WORKSHOP (Intermediate) (6+6)

The intermediate workshop devoted to specific language disabilities (Orton-Gillingham) using the Beth Slingerland adaptation for the classroom. Emphasis on the competency of teaching and the SLD child and using advanced techniques and phonics skills. Extensive training will be given in administering and evaluating the SLD screening tests.

Ed 611 — 3 Credits

SLINGERLAND WORKSHOP (Advanced) (3+6)

Advanced workshop for reading, writing and spelling for children with Specific Language Disabilities. Each teacher taking the course will be required to spend 10 hours a week assisting in the beginning workshop. Testing of children with SLD problems will be dealt with extensively. Prerequisites: Only teachers having a minimum of 12 credits in an SLD course will be accepted in this course which is designed primarily for those interested in teaching SLD techniques.

COURSE DESCRIPTIONS

Ed 612 — 3 Credits

HUMAN RELATIONS IN EDUCATION (3+0)

Development of attitudes and behaviors which will help all those involved in education to deal directly with the affective domain of learning. Effective sending and receiving in communication will be studied as well as techniques for creating a positive communication atmosphere for the profession.

Ed 622 — 3 Credits

PHILOSOPHY OF EDUCATION (3+0)

Basic philosophic concepts and their historical development; philosophy applied to education and related issues and problems; examination of contribution of outstanding educators. Prerequisite: graduate standing in education.

Ed/Psy 623 — 3 Credits

PRINCIPLES OF INDIVIDUAL COUNSELING (3+0)

Philosophy and theory relevant to counseling; exploring of interaction and the relationships that foster emotional growth. Prerequisites: Psy 251, 261, and 406.

Ed/Psy 624 — 3 Credits

GROUP COUNSELING (3+0)

The development of theoretical constructs and their application to complex group interactions; an awareness of self as change agent in the evolving unique society of the group. Prerequisite: Ed 623.

Ed 527 — 3 Credits

EDUCATION RESEARCH (3+0)

Techniques of education research; selection of topics and problems, data gathering, interpretation and preparation of reports. Prerequisites: graduate standing in education.

Ed 631 — 3 Credits

ADVANCED EDUCATIONAL PSYCHOLOGY: DEVELOPMENT (3+0)

Stresses understanding of human emotional, mental, physical, and social development. Emphasis on individual differences. Assumes one previous course in human development, educational psychology, and teaching experience. Prerequisite: graduate standing.

Ed/Psy 632 — 3 Credits

OCCUPATIONAL INFORMATION (3+0)

Principles and practices of vocational guidance. Explains process of choosing a vocation, theories of vocational choice, sources and dissemination of occupational information. Prerequisite: Ed 623.

Ed 633 — 2 Credits

ORGANIZATION, ADMINISTRATION, AND SUPERVISION OF GUIDANCE (2+0)

For administrators, guidance personnel, and others interested in developing or evaluating a guidance program; selection procedures and supervision of guidance personnel are considered. Prerequisite: Ed 462.

Ed 634 — 3 Credits

COUNSELING PRACTICUM (0+6)

The culminating activity of counselor preparation. The counselor candidate works in a school setting and experiences the real situation of a school counselor. Prerequisites: Ed 623 and Ed 624 and permission of the instructor. Limited to three credits per semester.

Ed 636 — 2 Credits

ADVANCED PUBLIC SCHOOL ADMINISTRATION: CASES AND CONCEPTS (2+0)

Case study approach to public school administration; identification and analysis of basic issues and problems; identification of pertinent data and possible solutions. Prerequisite: first course in public school administration.

Ed 637 — 3 Credits

PUBLIC SCHOOL ADMINISTRATION (3+0)

Responsibility pertaining to the organization of a school and the direction of personnel. Functions of instructional leadership. Public school administration as a career. Problems incident to public school administration in Alaska. Prerequisites: Ed 445 and graduate standing in education.

Ed 638 — 3 Credits

SUPERVISION AND IMPROVEMENT OF INSTRUCTION (3+0)

Implements, purpose, organization of supervisory programs, special attention to current in-service education programs. Prerequisite: graduate standing in education. (Required for, but not limited to, administration majors.)

Ed 639 — 3 Credits

PUBLIC SCHOOL FINANCE (3+0)

Contemporary basis for source and distribution of federal, state and local education funds, problems of school financing in Alaska. Prerequisite: graduate standing in education.

Ed 641 — 3 Credits

SCHOOL LAW (3+0)

Rights and responsibilities of teachers and pupils; issues of the Attorney General decisions of the courts; regulations of the State Board of Education. Prerequisite: graduate standing in education.

Ed 642 — 3 Credits

CAREER EDUCATION IN THE PUBLIC SCHOOL (3+0)

An examination of the structural concepts inherent in career education and guidance in grades K-12. Designed to stimulate thinking toward a comprehensive career program linking education to the world of work.

Ed 643 — 3 Credits

COOPERATIVE OCCUPATIONAL EDUCATION IN THE CURRICULUM (3+0)

A study of cooperative work experience programs as an interdependent combination of instruction and employment. The course will focus on key elements of the cooperative work experience plan as a vehicle for applying and testing what has been learned in the classroom.

Ed 644 — 3 Credits

ORGANIZATION AND ADMINISTRATION OF VOCATIONAL EDUCATION PROGRAMS (3+0)

This course will examine the principles and problems of organizations and administrative practices as related to the structure and operation of state and local programs of vocational education.

Ed 645 — 3 Credits

SCHOOL BUILDING PLANNING (3+0)

School site visitation, discussions with planning personnel, and reading in the area of school architecture will be the course bases.

Ed 646 — 3 Credits

SCHOOL BUSINESS MANAGEMENT (3+0)

Operations of the school business manager will be the topic of research. State, federal and local regulations and policies will be studied.

Ed 647 — 3 Credits

COMMUNITY — SCHOOL BOARD RELATIONS (3+0)

This course will provide opportunities to observe, participate and interact with educational leaders and organizations of the community. Reading and research in the area of community-school board relations will be included.

Ed 651 — 3 Credits

CURRICULUM AND INSTRUCTION IN THE ELEMENTARY CLASSROOM (3+0)

This course is designed to provide opportunities for participants to explore a wide range of current developments in elementary education which relate to curriculum content and organization, teaching techniques, and current issues and movements in education.

COURSE DESCRIPTIONS

Ed 652 — 3 Credits

CURRICULUM AND INSTRUCTION IN THE SECONDARY CLASSROOM (3+0)

This course is designed to provide opportunities for participants to explore a wide range of current developments in secondary education which relate to curriculum content and organization, teaching techniques, and current issues and movements in education.

Ed 660A — 3-5 Credits

INTERNSHIP: PRINCIPAL

Field work in an appropriate educational or agency setting. Assignment will be respective to the principalship. Prerequisite: approval of student's advisory committee.

Ed 660B — 3-6 Credits

INTERNSHIP: SUPERINTENDENT

Field work in an appropriate educational or agency setting. Assignment will be respective to the superintendency. Prerequisite: approval of student's advisory committee.

Ed 675 — 3 Credits

METHODS FOR EDUCATING THE MENTALLY HANDICAPPED (3+0)

Presents the principles and methods for teaching mentally handicapped elementary and secondary students. Class participants will practice developing appropriate instructional programs for teaching mentally handicapped students communication skills, arithmetic skills, and social and vocational competencies. Various methods including unit instruction, clinical teaching, work study programming, and programmed instruction will be explored for teaching the mentally handicapped student. Prerequisites: Ed 384 and Ed 481.

Ed 676 — 3 Credits

GENETIC AND NEUROLOGICAL CAUSES OF MENTAL RETARDATION (3+0)

Clinical conditions of genetic or neurological origin which may result in learning or physical disabilities of various kinds. Basic genetic principles and their relationship to learning, physical, and mental handicaps will be discussed. Emphasis will be given to common clinical syndromes which can be recognized by classroom teachers and other professionals and which suggest alternate educational strategies or need for a medical referral. The class will include lectures, discussion, movies, film, slide, and field visits. Prerequisite: Ed 384 and ED 482.

Ed 677 — 3 Credits

COUNSELING FOR EXCEPTIONAL CHILDREN (3+0)

Presents theories and techniques of counseling the mentally retarded child. Also introduces procedures for assisting parents of mentally retarded children and other professionals who work with the mentally retarded. Covers school, family, vocational and personal problems confronting the mentally retarded child and his family. Prerequisites: Ed 384 and 481.

Ed 678A — 1 Credit

METHODS FOR THE MENTALLY RETARDED: MUSIC (1+0)

This course presents theoretical background of uses of music in the education of the mentally retarded. Practical experiences using music and music therapy demonstrated. Opportunities for applied work with handicapped children will be provided. Prerequisites: Ed 384 and 481.

Ed 678B — 1 Credit

METHODS FOR THE MENTALLY RETARDED: ART (1+0)

Covers methods and materials for teaching art to mentally retarded elementary and secondary students. The class will explore strategies, material characteristics, and activities for the enriched experiencing of the mentally retarded through art with emphasis on the teaching-therapy process for physical and mental growth. Prerequisites: Ed 384 and 481.

Ed 678C — 1 Credit

METHODS FOR THE MENTALLY RETARDED: PHYSICAL EDUCATION (1+0)

This course presents theoretical basis for a planned physical education program. State and community resources in recreation will be covered. Curriculum development and practice

in the implementation of special curricular physical education methods will be emphasized. Prerequisites: Ed 384 and 481.

Ed 679 — 3 Credits

ASSESSMENT AND PLANNING FOR THE RETARDED (3+0)

Students will develop individual and group instructional programs based upon a complete assessment of the individual(s) to be taught. Assessment measures to be mastered include individual intelligence tests (WISC, Peabody, etc.), academic and social living assessment measures. This course is restricted to those who have completed half or more of their program. Instructor permission required for admission.

Ed 680 — 3 Credits

THEORIES OF LEARNING DISABILITIES (3+0)

Interdisciplinary contributions to the development of the field of learning disabilities including the diversity with a wide spectrum of theories such as [illegible]-oriented concepts, perceptual-motor systems, multisensory systems, information systems, psychodynamic approaches, neuropsychological concepts, and psychodynamic theories. The concept of specific learning disabilities will be developed by definition, probable cause, and characteristics of learning-disabled children. An overview proceeding from assessment to instruction will include diagnostic techniques, newer approaches to reading and specialized methods to prevent and remediate deficits in social, mental and physical development.

Ed 681 — 3 Credits

SOCIAL-CULTURAL DETERMINANTS OF MENTAL RETARDATION (3+0)

The advanced course in Mental Retardation [illegible] an interdisciplinary view of mental retardation, theories, definitions, expectations, learning characteristics and current issues. The various social and cultural correlates of mental retardation will be examined. Prerequisite: Ed 481.

Ed 682 — 3 Credits

DIAGNOSIS OF LEARNING DISABILITIES (3+3)

Offers advanced work in administration and interpretation of standardized diagnostic instruments designed for use with children with various kinds of learning disabilities. Students will administer, score, interpret diagnostic tests, and prepare appropriate reports for use with remediation. Prerequisite: Ed 485.

Ed 683 — 3 Credits

REMEDIATION OF LEARNING DISABILITIES (3+3)

Designed to provide supervised practice for students in (1) diagnosing learning problems of children; (2) recommending specific corrective intervention techniques, (3) implementing the recommended interventive program with the child; and finally (4) assessing and evaluating the effectiveness of the intervention strategy. Prerequisite: Ed 485.

Ed 684 — 3 Credits

THE GIFTED CHILD (3+0)

Covers the education of the gifted child, social, emotional, and educational problems; divergent and convergent modes of thinking; understanding of high mental ability; and characteristics and methods of optimal classroom program.

Ed 685 — 3 Credits

PSYCHOLOGICAL ASPECTS OF LEARNING DISABILITIES (3+0)

An advanced course in which the concept of specific learning disabilities is further developed through the application of psychoeducational theory to specific case studies. Alternative educational planning for the learning-disabled student is discussed along with the psychological impact of this learning handicap on the student, family, and community. Prerequisite: Ed 485.

Ed 686 — 3 Credits

WORK STUDY AND CURRICULUM FOR SECONDARY EXCEPTIONAL STUDENTS (3+0)

Designed to provide secondary special education teachers with (1) a basic understanding of the work/study concept; (2) practice in developing appropriate instructional programs for the high school mentally handicapped student; (3) an introduction to the principles and methods of vocational evaluation, counseling and placement of the handicapped; and finally (4) for the adolescent and young adult mentally handicapped person. Prerequisites: Ed 384 and 481.

Ed 687 — Credits Arranged

ADVANCED PRACTICUM: SPECIAL EDUCATION

Provides supervised field experience with exceptional children in Anchorage area facilities. Students will be assigned to work with children in the area of specialization. From 15 to 30 hours per week in the facility are required. Prerequisite: students must be in the final phase of their programs and have instructor permission.

Ed 689 — 3 Credits

BEHAVIOR MODIFICATION: SPECIAL EDUCATION (3+0)

Theoretical basis of various behavioral theories of classroom management are covered. Several projects using behavior management principles with children are required. Students must have access to children or classrooms or work with children in local institutions.

Ed 693 — Credits Arranged
Ed 694 — Credits Arranged

SPECIAL TOPICS

Various subjects, principally by directed study, discussion, and research. Admission by arrangement. Prerequisite: Ed 627 when taken as independent project in lieu of thesis.

Ed 695 — Credits Arranged
Ed 696 — Credits Arranged

INDEPENDENT PROJECT

Investigative paper as directed. Admission by arrangement. Prerequisite: Ed 627.

Ed 697 — Credits Arranged
Ed 698 — Credits Arranged

THESIS

Thesis as directed by graduate committee. Prerequisite: Ed. 627.

Ed 699 — 3 Credits

READING SUPERVISED PRACTICUM

Provides supervised field experience with students and staff in public schools. Graduate students will work with an elementary or secondary faculty member fifteen to thirty hours per week. This course will be taken during the last spring or fall term of the program. Prerequisites: Ed 409A, 409B, or 409C, 604, 605, and 606.

Electrical Engineering

EE 203 — 4 Credits

ELECTRICAL ENGINEERING FUNDAMENTALS I (3+3)

Analysis of alternating-current circuits using complex notation and phasor diagrams. Studies include: resonance, the complex frequency plane, three phase circuits, complex power, and transient analysis of circuits. Laboratory deals with circuits treated in the lectures. Prerequisites: Math 200, ES 112.

EE 204 — 4 Credits

ELECTRICAL ENGINEERING FUNDAMENTALS II (3+3)

Topics in energy conversion, magnetic circuits, transformers, principles of electromechanics and rotating machines. Includes principles of electronics, linear models of electronic devices and electronic amplifiers. Laboratory work parallels these topics. Prerequisite: EE 203.

EE 323 — 1 Credit
EE 324 — 1 Credit

ELECTRICAL ENGINEERING LAB I (0+3)

Laboratory problems emphasizing measurement techniques, laboratory procedures, and operation principles of basic instruments. Laboratory exercises basically in circuits, electronics, and control. Semester design problems. Prerequisite: EE 333, 334, or permission of the instructor.

EE 332 — 3 Credits

ELECTROMAGNETIC WAVES AND ANTENNAS (3+0)

Use of Maxwell's equations in the analysis of

APPENDIX

"E"

LETTERS OF SUPPORT

THE FOLLOWING DOCUMENT(S) MAY NOT FILM LEGIBLY BECAUSE OF POOR QUALITY OF THE ORIGINAL.

FAIRBANKS HEALTH CENTER
800 AIRPORT WAY
FAIRBANKS, ALASKA 99701

...r 20, 1977

...ith, Coordinator
...t Programs

..., Coordinator
...

... College
...tion Hall
... Alaska 99701

... Smith and Ms. Bartlett,

... pleased that I fully endorse the development of the ... Special Education Program.

... cooperative program described in your letter of October 4,1977 ... area provided in the Fairbanks area although the need for ... has existed for many years.

...,

...

...ing Supervisor

THE PRECEDING DOCUMENT(S) MAY NOT FILM LEGIBLY BECAUSE OF POOR QUALITY OF THE ORIGINAL.

THE FOLLOWING DOCUMENT(S) MAY NOT FILM LEGIBLY BECAUSE OF POOR QUALITY OF THE ORIGINAL.

Fairbanks Rehabilitation Association, Inc.
117 SLATER DRIVE — FAIRBANKS, ALASKA 99701
TELEPHONE (907) 452-5226

October 11, 1977

HOPE INDUSTRIES DIVISION
1448 DAVIS ROAD
479-6210

Tanana Valley Community College
University of Alaska
Attn: Michelle Bartlett
Room 104 Constitution Hall
Fairbanks Alaska 99701

Dear Michelle:

Fairbanks Rehabilitation Association works residentially and vocationally with adults having a primary disability of mental retardation. While the population addressed in your proposal is not the developmental population we serve, I strongly endorse your efforts. Early identification and development of individual programs can conceivably reduce the need for the services of rehabilitation.

Another growing concern is education to the parents of children with disabilities. The strain imposed on these families is so great that frequently the family unit is threatened and the child's development is undermined.

Special Education is enjoying the favor of federal legislation for direct and related service people is indeed very necessary.

Sincerely,

Barbara A. Bultin
Executive Director

BAB:njm

THE PRECEDING DOCUMENT(S) MAY NOT FILM LEGIBLY BECAUSE OF POOR QUALITY OF THE ORIGINAL.

THE PRECEDING PAGES WERE TREATED AS
A UNIT IN THE ORIGINAL FILE.

The Fairbanks Chapter of the

Alaska Crippled Children and Adults

1020 Barnette St., Fairbanks, Alaska 99701

Telephone 456-4884

October 5, 1977

To Whom It May Concern:

I have learned about the Supportive and Special Education Program, and am extremely supportive of such a program. It would not only fulfill a dire need in the Fairbanks area, it would supplement and enhance the Infant-Learning Program of which I am the director. Our program is designed to train parents to carry our individual programs tailor made for each child from the age of 0 to 3 years. We would welcome a training program which would aid out parents and which would train the teachers who eventually have these children in their classes.

Another goal of our Infant-Learning Program is to eventually have a formalized arrangement with students from the University of Alaska at Fairbanks which would provide therapeutic training through observation, evaluation and remediation. This goal of ours would be reached more expeditiously if the Special Education Program were implemented. Certainly the type of program proposed would serve many other programs in Fairbanks and the Interior, where Special Education training is sorely lacking at the present time.

We endorse this proposal wholeheartedly!

Joyce Sefer

Joyce Sefer MA CCC, Project Director

Nancy Hoyt

Nancy Hoyt R.P.T. Project Coordinator

DIVISION OF EDUCATIONAL PROGRAM SUPPORT POUCH F – STATE OFFICE BUILDING
JUNEAU 99811

November 14, 1977

Dr. Philip Burke
Division of Personnel Preparation
Bureau of Education for the Handicapped
Department of Health, Education, and Welfare
U. S. Office of Education
400 Maryland Avenue, S. W.
Washington, D. C. 20202

Dear Phil:

This is to advise your office that the Alaska Department of Education has read the Title VI-d proposal from the University of Alaska, Fairbanks titled "A Supportive Special Education Project." It is with a great deal of reluctance that I inform you that this office is unable to endorse this proposal although I certainly appreciate the time, effort and well-meaning concern that led to its development.

Generally, the proposal does attempt to address the State's goals for serving handicapped children (e. g. by 1977-78 all handicapped children ages 3-19 will be served). However, two basic differences were noted: 1) the primary focus of this project is youngsters 3-11 years of age and although it is stated that "whenever possible" older children will have access "to appropriate educational activities of this project" it seems hardly cost beneficial when given the total cost of the project, and 2) the project is not competency based. That is, the application does not show that the proposed courses are related to the goals and objectives of the project. Moreover, inspection of the individual course descriptions provided fails to show any marked relationship between courses and goals. There were no stated outcomes of training in terms of trainee knowledge or skills. There was no mention of how unserved and underserved children or parents of these children would be addressed.

I am confident that given time the State of Alaska can coordinate its currently fragmented approach to Special Education training to such an extent that proposals in the future will be better conceived, written, and executed.

Sincerely,

Thomas R. Brown mr

Thomas R. Brown, Administrator
Special Education
Office for Exceptional Children

TRB:mr
cc: Charles Ray, University of Alaska, Fairbanks

FOR THE HANDICAPPED

15 DEC 1977

Dr. Charles K. Ray
School of Education
University of Alaska
Fairbanks, Alaska 99701

Dear Sir:

Your application filed under CFDA #13.451 - Handicapped Personnel Preparation, with a deadline date of October 14, 1977, has been reassigned from a Special Project to a Program Assistance Grant.

The original number assigned was 451BH80065.

The newly assigned number is 451AH81567.

The title and/or description is " A Supportive and Special Education Project"

DEPARTMENT OF HEALTH, EDUCATION

Sincerely,

Cathy DeLuca

Cathy DeLuca
Program Review Staff
Division of Personnel Preparation

Copy sent to Michelle Bartlett - Carrie Smith

FROM: COLLEGE OF BEHAVIORAL SCIENCES AND EDUCATION

UNIVERSITY OF ALASKA

TO: Dr. Ray DATE: 12/14/77

For your information: I had a call from the Bureau of Education for the Handicapped concerning the proposal that Michelle Bartlett had sent. Apparently it is still being considered... they wanted 4 more copies.

I called Michelle's office...she is on leave, but the secretary was familiar with it and is going to make the copies and mail them today.

Va.

JAY S. HAMMOND
GOVERNOR

DEPARTMENT OF EDUCATION

OFFICE OF THE COMMISSIONER
POUCH F-ALASKA OFFICE BUILDING
JUNEAU 99811

March 31, 1978

T/Sgt. & Mrs. William M. Mills
5189 - G. Koyuk
Eielson Air Force Base, AK 99702

Dear Sergeant & Mrs. Mills:

We appreciate your having written and shared with us your concern relative to your son's, Scott's, education. We certainly share in this concern since it is our purpose that all handicapped children between the ages of 3-19 in the State of Alaska receive an appropriate education. By Statute and Regulation we are mandated - and justly so - to see that children who are handicapped receive the necessary educational services to enable them to maximize their potential. Conversely we must take particular care not to mislabel children as handicapped when in fact they are not.

You referred in your letter to the proposed eligibility criteria for learning disabled which is expected to be in our Special Education Handbook next year. I can assure you that the final version of these Regulations will be compatible with Federal Statute and Regulation. The proposed Special Education Handbook revisions will soon be disseminated for written comments. We will mail you a copy and solicit your written comments. All comments received will be duly considered before the final regulations are adopted by the State Board of Education. We can assure you that the State Board will have in mind all children in this State - handicapped and non-handicapped, when a Regulation is adopted.

Dr. Tom Brown expresses his apology for having given you the impression of coldness in his conversation with you. This is certainly not a normal demeanor for him. and was not his purpose.

05-E1LH

Your study of the Federal Register and grasp of the complicated P.L. 94-142 is commendable. All parents of the handicapped should be so informed. Perhaps we could solicit your assistance in the future in conducting some state-wide training sessions on this law.

If we can be of further service to you, please do not hesitate to call or write.

Sincerely,

Marshall L. Lind
Commissioner of Education

cc: Senator Mike Gravel
Representative Charlie Parr
Senator Glenn Hackney
Joe Bielski, Director of Special Education
Fairbanks
Katherine Hurley, President
State Board of Education
Kris Rogers, President
Association of Special Education Administrators
Dot Truran, Governor's Council for
Handicapped & Gifted
Nancy Johnson, Arctic Association
for Retarded Citizens

Randy Phillips

TO: The Alaska State Senate and House Health, Education and Welfare Committees

FROM: Sarah Eliassen and Nancy M. Sweat - Anchorage Borough School District

Dear Gentlemen:

As a classroom teacher, Sarah Eliassen; and as a learning disability resource teacher, Nancy Sweat, we feel that it is imperative that Senate Bill No. 842 and House Bill No. 848 be made into law and implemented in order that each child in our schools be provided with an adequate education. The following are some of our major concerns and reasons this bill should be implemented:

1) Six or more certified learning disabled students are being mainstreamed into classes with twenty-five to thirty regular students. The regular classroom teacher cannot effectively teach these learning disabled mainstreamed students if she is expected to work with such large numbers. (Sec. 14.30.217 and Sec. 14.30.218)

2) The time from initial referral by the teacher to the appropriate placement for the child is taking as long as one-third of the school year. This is due to a shortage of educational diagnosticians and psychologists to administer the required tests needed to appropriately place the child.

3) For the mild to moderately emotionally disturbed child there are absolutely no appropriate services available, such as, counseling; or smaller classes with teachers specifically trained in teaching the emotionally disturbed child.

STATE OF ALASKA

Inter-Department Route Slip

TO:
MAIL STATION NUMBER 3100

DEPARTMENT Legislature

ATTENTION Charles Parr - Room 110

☐ Approval	☐ Note & Return
☐ Signature	☐ Initial & Return
☐ Comment	☐ Return As Requested
☐ Contact Me	☐ Return For Approval
☐ Prepare Reply	☐ Necessary Action
☐ For Your File	☐ Your Information

Remarks:

FROM:
MAIL STATION NUMBER 0500

DEPARTMENT Education

BY Special Ed. DATE 5-5

02-002 (REV.10/73)

Charles Park

STATE OF ALASKA

JAY S. HAMMOND
GOVERNOR

DEPARTMENT OF EDUCATION

OFFICE OF THE COMMISSIONER / POUCH F-ALASKA OFFICE BUILDING
JUNEAU 99811

May 5, 1978

Dr. Edwin W. Martin
Department of Health, Education,
and Welfare
Office of Education
400 Maryland Street, SW
Washington, D.C. 20202

Dear Ed:

I have just received notification that Alaska's Title VI-D award for our Personnel Preparation Proposal is only $111,000. In view of the fact that our proposal requested an amount in excess of $1.1 million and that $55.375 million was appropriated by Congress for the nation, this is a minuscule amount, two-tenths of one percent for Alaska. An affront, when one considers that the State of Alaska is attempting to meet the needs of its 12,000 exceptional students in an area that is over one-fifth the size of all the contiguous United States.

A great deal of effort went into the development of our proposal. It set forth needs which were not exceeded by any other proposal. In order to adequately meet the mandates of P.L. 94-142, it is imperative that we design and implement a Comprehensive System of Personnel Development (CSPD).

Assuredly, diverse geography, demography, and ethnicity makes this difficult but not impossible. While a major segment of our population may be found in such urban centers as Anchorage and Fairbanks, our obligation to carry personnel development to such places as Barrow, Adak, and Ft. Yukon, is not lessened. Board member, parent, and paraprofessional needs are as great or greater in these remote locales. High staff turnover in these areas due to isolation and privation increases the needs of handicapped children in those areas and we must get training to the educators in rural and remote locations on an annual basis.

It is our desire to meet the CSPD requirements of P.L. 94-142 for the entire State. The meager Title VI-D amount awarded Alaska will thwart this purpose and discourage the very fine efforts already being put forth by my staff and other State educators.

Given the quality of our proposal, and the extensive training needs evident in Alaska, I am dismayed by the small award we received.

05-E1LH

Therefore, I am formally appealing this funding decision. Please transmit to this office immediately the following items:

1. instructions and forms required of states requesting appeal

2. copies of all Reviewing Panel Commentaries concerning our CSPD application.

Thank you for your prompt response.

Sincerely,

Marshall L. Lind
Commissioner

cc: Dr. Jasper Harvey
Dr. Philip Burke
Dr. Kayte Fearn
Senator Ted Stevens
Dr. Thomas R. Brown
Honorable Charles H. Parr

Office for Exceptional Children
State Department of Education
Juneau, Alaska 99801

ALASKA SPECIAL EDUCATION PROJECT FOR PERSONNEL DEVELOPMENT, MANPOWER AND RESOURCE COORDINATION: A SUMMARY

1.0 The purpose of the grant application

The grant was written to assist the Department of Education in carrying out the requirements of Public Law 94-142 and the Alaska State Plan for the Education of Exceptional Children. The project is based upon providing a "comprehensive personnel development system". This system will make available preservice training, inservice training and technical assistance to assure that key personnel throughout the state have the knowledge and skills to provide full-service special education programs to handicapped children in Alaska.

Moreover, the grant seeks to establish an organization for coordination of effort, manpower and resources by all agencies, institutions, organizations and groups who are involved in the education of handicapped children and who agree to work in a "Manpower and Resource Coordination Consortium".

2.0 All of the above purposes are based on seven identified areas of need:

Area One: The needs and rights of handicapped children in a full-services special education program model (these form the key to the entire project).

Area Two: The need for training of key personnel who have responsibilities toward education of handicapped children, such as teachers, administrators, parents, specialists, important others.

Area Three: The need for instructional materials to provide key personnel with needed knowledge and skills.

Area Four: The need for methods of delivery of personnel development services to key personnel.

Area Five: The need to have local school districts and appropriate agencies, institutions, organizations, and groups work together in both the development of instructional materials and the delivery of personnel development services and in coordinating manpower and material resources in special education of the handicapped.

Area Seven: The need to manage the project as a "system", including planning, administration and evaluation of the project.

Each of the seven identified areas of need is explained on the following pages. This material is intended to provide you with an overall understanding of the project's goals and how it is projected that these goals be accomplished.

2.1 The needs and rights of handicapped children are the "key" to the entire project

Public Law 94-142 has been analyzed in terms of its full service goals and requirements in education of handicapped children. Six basic full-service goals have been identified. The school district which provides organized effort to meet the needs and rights of all handicapped children, ages three through nineteen years, in all of these goal areas, will be in line with the requirements of the federal law and state laws and regulations for education of the handicapped. The six full-service goals are explained below:

A. Identification. Handicapped children must be identified in order to be served. Each school district should have in operation a planned and organized "childfind" procedure to discover, refer, and screen unserved and underserved handicapped children.

B. Evaluation. Each referred or known handicapped child must have a complete educational evaluation which includes gathering and assessment of information concerning the child's physical, intellectual, and social emotional status. The assessment must obtain objective information which will be used by the Child Study Team to evaluate the child's eligibility and need for special education and to write his Individualized Education Program (IEP).

C. Individualized Educational Program. Each handicapped child must be the subject of study by a Child Study Team. The Team is responsible for development of an Individualized Educational Program (IEP) for the child. The IEP must meet a number of specific legal requirements to assure that the handicapped child will have a free appropriate public shcool education, as specified in federal and state laws and regulations.

D. Appropriate Instruction. The IEP must contain the basic plan for provision of appropriate instruction to meet the needs of the handicapped child, as these needs have been identified by the Child Study Team. It is the district's responsibility to provide this instruction. The IEP must be reviewed at least once a year to determine whether or not the child's needs are being met. An evaluation plan is part of the IEP. If the child's needs have not been met or have been changed, the IEP must be revised so that appropriate instruction can be provided.

E. Due Process and Rights. Handicapped children and the parents or guardians of such children are entitled to certain procedural safeguards and rights under due process of law, in regard to the education of such children. These safeguards and rights are described in P.L. 94-142 and in the State Plan.

F. Related Services. In addition to appropriate instruction, handicapped children must be provided with related services as necessary. These include provision of transportation and such developmental, corrective and other support services as are required to assist a handicapped child to benefit from special education. Speech pathology and audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities in children, counseling services, medical services for diagnostic or evaluation, school health services, social work services, and parent counseling and training are included in "related services".

The above full-service goal requirements for school districts become the goals for a "Comprehensive Personnel Development System" in the grant project. P.L. 94-142 requires that each State Plan contain the plan for development and operation of such

a system in order to assure that all personnel have the knowledge and skills to carry out the provisions of this law.

The grant defines personnel development as, "activities associated with increasing the abilities and capacities of agencies and personnel within agencies to meet the educational needs of handicapped children. Training, technical assistance and dissemination are components of personnel development."

Thus, the grant seeks to provide personnel with knowledge and skills to increase their abilities and capacities to meet the needs of handicapped children - in the six full-service goal areas (A,B,C,D,E and F) described above. The six full-service goals now become the six "key" personnel development goals of the project.

2.2 The need for training and technical assistance

Public Law 94-142, Section 613, requires that each state plan describes programs and procedures for the development and implementation of a comprehensive system of personnel development. This system shall include the inservice training of general and special educational instructional and support personnel. It shall contain detailed procedures to assure that all personnel necessary to carry out the purposes of the law are appropriately and adequately prepared and trained. Effective procedures for acquiring and disseminating to teachers and administrators of programs for handicapped children significant information derived from educational research, demonstration, and similar projects, are required.

Technical assistance by the project staff is designed to assist other agencies, institutions, organizations and groups in provision of training.

The need for training and technical assistance, required by P.L. 94-142, is supported by needs assessment data collected by the State Department of Education. The purpose of the needed training and technical assistance is to provide teachers, administrators, supervisors, specialists, aides, parents, and such other personnel as may require additional knowledge and skills t ward providing appropriate education and related services to handicapped children.

2.3 The need to acquire or develop instructional materials

The instructional materials required are for training purposes. They are needed to provide key personnel with specific knowledge and skills in each of the six full-service goal areas previously described. Such materials need to be available in appropriate format for delivery of training across the state. The Department of Education needs assessment, conducted with special education administrators, produced recommendations that workshop, classroom course, and self-instructional formats were required. Thus the materials need to be developed in three different delivery formats, as appropriate for delivery of training.

2.4 Proposed methods of delivery of training by appropriate agencies

Training is proposed to be delivered in workshop, classroom course, and independent study package formats. Delivery will be by project staff and by other agencies, institutions, organizations, and groups who are present or potential deliverers of personnel development services. Both direct training and trainer-training are proposed. Dissemination of information to all concerned will acquaint the potential "receivers" of training with the training opportunities available. Delivery of both training and technical assistance is at the request of receiver agencies (school districts and other organizations or groups which desire training) and provider agencies (who themselves provide training).

2.5 Explain the Consortium component of the grant

It is evident that no one agency can operate the comprehensive system of personnel development across the state in the six full-service goal areas. Cooperative planning and effort is required. The shortage of special education manpower in the state also points up the need for manpower planning to meet local school district requirements.

The project calls for the development of a consortium organization which assists two kinds of agencies, institutions, organizations, and groups to work together with the project staff toward meeting the needs of handicapped children through a comprehensive personnel development system. The first category is that of the "provider agencies", which provide or are potential providers of inservice and preservice training in the six full-service training goal areas previously given. The University of Alaska colleges of education, community colleges, the regional resource centers and private colleges are provider agencies. A school district which provided its own inservice training would be acting as a provider agency. An organization which receives training is a "receiver agency". This is the second category of consortium membership. School districts, parent groups, and other organizations which have a responsibility toward education of handicapped children and which desire training are receiver agencies.

2.6 What is meant by the term "system" and what are the components of the comprehensive personnel development system?

A system is a way of describing an organized effort to accomplish specified goals and objectives. The components of a system include (1) input, (2) interacting resources, (3) output, and (4) management. The project contains these four components.

The Project's Inputs include the specific requirements of P.L. 94-142 and the State Plan for Education of Exceptional Children. The six full-service goals for comprehensive personnel development are inputs. The basic information provided in the grant concerning numbers of handicapped children, numbers of teachers and schools, identified needs of teachers and others, constitute input. Input can be described as the planning information and intentions which determine what the system will attempt to accomplish. In the case of the project, inputs include the intention to develop instructional materials, deliver training and technical assistance, develop a consortium of coordinating agencies, and thereby increase the quality and amount of services available to handicapped children in Alaska.

Interacting Resources. The system's resources consist of persons, relationships, and things which must interact toward accomplishing the project's goals. The project staff, members of the consortium in both provider and receiver agencies, training relationships and agreements, work schedules, budgets and funds, equipment and facilities, travel and dissemination of information.....these are the interacting resources.

Project Outputs. The project's products or outputs are described in terms of numbers of workshops, classroom courses, and independent study packages acquired or developed, numbers of persons who receive training, consortium meetings conducted, and similar results of project efforts.

Management. The management component of the system is responsible for the planning of the original system, for administration of the project's activities, and for evaluation of project activities and outcomes. Management is responsible for control of the budget, supervision of staff, orchestration of the consortium arrangements, development of instructional materials, delivery of training and technical assistance.

3.0 How does it all work?

During the first year, the major activities of the project follow these steps:

Step a. Organization. The Commissioner of Education selects the agency which will be responsible for operating the project. Project staff are hired. These include a project director, assistant director, media specialist, and staff for development of instructional materials and delivery of training and technical assistance. Clerical staff is employed.

Step b. Consortium Organization. All receiver and provider agencies are invited to join the Consortium via a letter from the Commissioner. Participating agencies submit names of candidates for the project's Advisory Board. The Commissioner of Education selects twelve members for this Board. Six are from receiver agencies and six are from provider agencies. The twelve board members also function as "linkers" or key persons in communication and dissemination activities within the project system.

Step c. Acquisition and Development of Training Materials. Project staff, in cooperation with Consortium members, begin the development of training materials. During the first project year 20 workshops will be developed and field tested. Eight classroom courses and eight independent study packages will be completed. Project staff who work in development of training materials will also work in field testing in school districts as arranged through the consortium.

Step d. Delivery of Training. Project staff begin delivery of training to requesting districts as requests from school districts are received. During the first year it is projected that forty one workshops will be delivered, training 447 persons through project effort. Twenty-six independent study packages are expected to be delivered to 26 persons. Technical assistance services are proposed to be delivered to 30 persons.

During this time, the Consortium will have been formed and the project Advisory Board will have met and conducted board meetings with the project staff. These Advisory Board Meetings, regularly conducted three times each year, are for the purpose of enabling the project management staff to report to the Board concerning the project's goals, objectives, activities, and outcomes and to receive the Board's reactions and recommendations toward continuation and adjustment of project efforts.

The Consortium Board members are also designated as linkers to disseminate information to the agencies which they represent. From the beginning of the project, information will be provided to these linkers concerning project activities and needs.

Step e. Development of a Statewide Special Education Manpower and Material Resource Data Subsystem. This refers to procedures to collect and disseminate information which is needed by the project staff for planning purposes, but is important on a much broader scale to assist receiver and provider agencies in planning for the education of handicapped children. Such information includes the needs and priorities for training and technical assistance, as identified by school districts. Manpower needs in special education, needs for material resources, needs of agencies which provide training, and identified listings of presently available manpower and other resources are included. This information will be collected and stored in a computer so that it can be easily called up for referral. The Consortium linkage organization will help to acquire the data and will also be users of the acquired information.

Step f. Operation of the Management Subsystem. Project management contains three components, planning, administration, and evaluation. Planning takes place throughout the project. The information exchanged during Advisory Board meetings, the ongoing acquisition of special education manpower and resource information, the production of monthly and quarterly reports, and use of acquired information are included as planning/management activities.

Administration involves project employment, personnel activity monitoring, fiscal control, supervision of employees, report writing, development and implementation of work schedules and activities to facilitate the acquisition and development of instructional materials and the delivery of training and technical assistance. It involves dissemination of information, fostering of public relationships, and provision for evaluation.

Evaluation involves determination of the effectiveness of the project in all phases, including acquisition and development, delivery, consortium, and management. All activities within these elements will be evaluated.

4.0 The Project's CIPP Management Model

The project's management model has four elements, Context, Input, Process, and Product management (CIPP). The model was derived from that of Stufflebeam, Foley, Gephart, Guba, Hammond, Merriman and Provus' book, Educational Evaluation and Decision Making, Peacock Publishers, Itaska, Illinois, 1971.

Context management determines the rationale for development of the project's goals and objectives. It includes those elements referred to as input in the explanation of the "system" found on page 4 of this paper, and has particular reference to the requirements of federal and state laws and regulations, needs, and the goals and objectives derived from these.

Input management determines how resources can best be put to work in the project to achieve the goals of the program. Input management provides the framework for deciding what must be done by whom over what time span to accomplish projected outcomes.

Process management covers the courses of action which have been selected through context and input management processes. Process management provides an ongoing record of the activities as they occur, provides needed information to decision makers, and identifies defects in implementation.

Product management concerns the assessment and interpretation of outcomes both during and at the end of the project.

STATE OF ALASKA

JAY S. HAMMOND
GOVERNOR

DEPARTMENT OF EDUCATION

POUCH F–ALASKA OFFICE BUILDING
JUNEAU 99811

MEMORANDUM

To: Representative Charles H. Parr
Chairman, Committee Office of
Health, Education & Social Services

Date: May 5, 1978

Thru: Nat Cole
Deputy Commissioner
Department of Education

From: Dr. Thomas R. Brown
Administrator, Special Education
Department of Education

RE: Special Education

At the request of Mike Morin, I will attempt to offer some suggestions to remedy the concerns expressed during the hearings on House Bill 848. Essentially, the concerns expressed seemed to revolve around two basic problems:

1. Adequate funding for supplementary support services to provide resources to accomplish the diagnosis and evaluation tasks required of school districts under AS 14.30.190, and,

2. Community interaction in the planning process of designing a district special education program.

The first concern might be handled by adding a supplementary services schedule to AS 14.17.041 that is reflective of the entire ADM (secondary and elementary) of any given school district. Perhaps some consideration should be given to Section two of the proposed (NEA) CSHB 848. I would offer that any such system be inclusive of all districts, however, not just those having over 600 ADM. Departmental approval should be included through an approved plan process as required by AS 14.17.031 to insure that the services do indeed serve the population for which it was intended.

The second major concern, that of community involvement, is not as easily addressed. Many districts already have active and on-going Special Education Advisory Committees. To mandate their existence would probably not solve the problem of obtaining community input into the planning process. Perhaps the legislature would rather consider approaching

this problem by requiring districts to hold public hearings on their proposed special education budget before it is finalized. In this way parents and interested citizens of communities could perhaps gain a better understanding of the complex and difficult issues confronting school boards as they establish their program priorities.

Power Brook -

- only possible way is to hook up to city sewer - about May 1 -
- $250,000 - $300,000 needed
- building 4 apartment units this yr out of money on hand - rest waiting on sale and refi

Miller -

4½

~~doing up studio to~~

~~bedroom/bath apartment - charge~~

doing up studio to bedroom/bath apartment - charge

(& 4 empty/vacant units on Elm, Congdon coming out in Apr

~~-~~

~~out of operating~~

~~to upgrade land~~

~~have to cut off from sewer~~

tool shop

~~Construction being unseasonable,~~

not getting proper business environment

Physio Corp -

- neg cash flow to date, want up old bills, can't keep
- cash crunch, from upgrades - ~~delay~~ delay in getting ~~some~~ some things done, what to expect during construction
-

Jones - pruning of trees near ~~power~~ power lines ~~to maintain~~ ~~during~~ ~~to maintain~~ during Oct maintaining as good

Janet - Teaches out trained to handle, fear of unknown, frustrated
- Looks at curriculum for reg Teacher

Roberta Wallace - learning disabled child does well one day, poorly next - Teaches Kindergarten didn't try - need to talk with ~~teacher~~ Janet

Janet - Does Read Recovery

Jan Bielski
- Will complete Level 5/6 + will begin work Level 7/8 - up at (prog Ed to end of yr)
- Start Formula change 2-3 times during school yr
- local support for upper level higher in next yr

Gail - Likes to go more upper level for Reading Teacher, more caring more

Billabi - can't maintain Level 4 level upper levels w/o noise in Reading Center (area) - need aide in the K-2 grade unit last year

- read Reading in other districts, could work in Reading Lab, would not prefer to - more challenge, if I have to teach I'd prefer reading
- formula allows us to go up a level but I'd rather stay where I am, prefer to be a Reading Child

Bilski - maybe make small change this year, e.g. 11-1 to 9-1, do steady for comprehensive change next year

—

Maria Benson Moore - student in applied ethics
— UA paying in part - some from Ford Univ.
—

Joel Bilski —
— [illegible]
in classical degree

Ford —
— [illegible]
two [illegible], get divided to [illegible]
— add [illegible]
[illegible] of apps [illegible]
— graph [illegible]
— sec [illegible]
workshops
— [illegible]
[illegible]
— notes [illegible]
social [illegible]
— [illegible]
— Vice [illegible]
[illegible]
[illegible]

[illegible]

Jim Orrick –

- life skills expert, see what each does – slightly diff – problem with comm ambiance for handicapped – managing, ser. life etc – maintaining into life

- [illegible]

- [illegible]

- [illegible]

- [illegible]

- [illegible]

- [illegible]

- [illegible]

Grok –

4 N Bank of Ingr Premium AP
Dist records in which half of this
will below reading plan

Nancy Johnson –

- [illegible]

HB
851

~~this~~ ~~last~~ ~~this~~ next years Budget $ 683,500
" " Request $ 724,500

if this Bill passes, this $724,500 will be used for material + staff devdopment.

Budget of 5.28 mil (As in CS) ~~Request~~ + $724,500 in Gov. Budget Brings the ~~total~~ state funding to ~~Gov~~ $ 6,006,600 or 8.79 times the previous years Budget

Our proposed Budget of $3,017,100 + $724,500 Brings state funding to a total $ 3,741,600, or 547 times the previous years Budget.

Of the Approximately 5,118 Bilingual students, (figures from DOE) they Break down As follows

A	B	C	D	E	total
255	636	993	2455	742	5,118
4.9%	12.4%	19.4%	47.9%	14.5%	(99.1%)
17.3%		67.3			

federal money ~~total~~ 1.4 mil ~~last year~~ this year

9% increase over this year

total fed money + state = 2.083 mil

if fed # remain constant { projected " " " (CS) = 7.406 mil (3.55)
" " " " our Bill = 5.141 mil (2.46)

The next assumptions deal with the cost of serving varying numbers of students.

Economy of scale dictates that the costs per student are higher with smaller numbers of students than large ones. Additionally, state law requires that districts with schools which have eight or more students of limited English speaking ability must provide programs for them. Using AS 14.30.400 as a service floor, districts which have eight or more students in categories A through E each receive, at a minimum, one instructional unit. Districts with an ADM based upon the above ADM weights, receive additional funds based upon the following formula:

Weighted ADM	Instructional Units
8 or more students-12 weighted ADM	1
13-18 weighted ADM	2
19-30 weighted ADM	3
More than 30 weighted ADM	3 plus 1 for each major portion of 24 additional weighted ADM based upon eligibility ceiling established by the FY 77 language assessment.

The Department of Education estimates the cost of this program to 5,282,060 in FY 79 (see attached charts).

ALASKA GATEWAY SCHOOL DISTRICT

P.O. Box 226
Tok, Alaska 99780

Charles Parr
Alaska Legislature
Pouch V
Juneau, AK 99811

May 22, 1978

Dear Mr. Parr:

I appreciated your letter concerning House Bill 851 and your need for reducing the funding. As we are all aware, the state just doesn't have a great big pile of gold to distribute and it must be done so wisely.

Unfortunately, the information presented by the state department was a preliminary assessment data which due to the Office for Civil Rights' insistence concerning "least English placement" has resulted in our having to reclassify our students somewhat. This reclassification has resulted with the following categories:

A = 0
B = 2
C = 88
D = 59
E = 6
F = 8

for a total of 163 Native students. However, not all of these students are underachieving, only 106 are! Underachievers, according to category, would be:

A = 0
B = 2
C = 67
D = 31
E = 6
F = 0 (be definition)

The magnitude of the problem and the distances between sites makes the program to be offered with 60% of the funds introduced by the governor very similar to the dutch boy who was attempting to plug the dike with his finger. While is it true that new programs, diagnostic tools, and teaching techniques, as well as some excellent teachers, are raising the achievement scores for our Native children, we still have a long way to go. Mr. Parr, in two of our schools last year, there were few children above the 10th percentile. This means

(Continued)

that out of every 100 children taking the Iowa Tests of Basic Skills, 90 or more scored better. It should be realized that student achievement depends upon a number of factors and we certainly are not going to solve some of the social and cultural factors which are involved. For example, today only one of the seven Mentasta children are in attendance at Tok School. The others have gone to Gulkana for the potlatch. Today and tomorrow happen to be the final test days at Tok School. Fortunately there is enough flexibility in the system to allow culturally important activities such as this to take place without jeopardizing the students' school success.

While I agree with you that our rural schools are for the most part adequately funded, it is necessary to institute special programs to meet some of the special learning needs of our students. A number of these students who may formally have received help through special education will be eliminated by new guidelines under Public Law 92-142 and by Office for Civil Rights' mandate that we assure that none of the students are included because of language handicaps. In the case of our district, under the regional funding, we would have a teacher at Northway where there are 45 underachieving Native students; a teacher at Tok where they are 29 underachieving students; a teacher serving Dot Lake and Mentasta which have 8 and 10 students underachieving respectively. The type of intensive English language enrichment program which we are negotiating with the Office for Civil Rights will be severely hampered if not curtailed entirely if funding is passed at the level which emerged at your committee.

Your reconsideration is urged and appreciated.

Sincerely,

Carl A. Peterson
Superintendent of Schools

CP/pc
cc: Sharon Young

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE REVISED

I. REQUEST
Bill/Resolution No. HB 851
Title An Act Relating to Bilingual Education
Requested by House HESS Date 2-16-78

II. FISCAL DETAIL
Agency Affected Education
Program Category Affected Elementary and Secondary Education
Budget Request Unit(s) Affected Program Evaluation

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.			3,017.1	3,198.1	3,390.0	3,593.4
TOTAL			3,017.1	3,198.1	3,390.0	3,593.4

FUNDING (Thousands of Dollars)

GENERAL FUND			3,017.1	3,198.1	3,390.0	3,593.4
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME			-0-	-0-	-0-	-0-
PART TIME			-0-	-0-	-0-	-0-
TEMPORARY			-0-	-0-	-0-	-0-

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

See attached for fiscal result of revised formula:

1-36 one unit
37-72 two units
73-109 three units
110-above one unit for each 36 students or portion thereof

IV. DATE April 27, 1978 PREPARED BY Nathaniel Cole, Deputy Commissioner
AGENCY Education
PHONE 465-2800

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

33-001 (Rev. 10/76)

REGIONAL EDUCATIONAL ATTENDANCE AREA DISTRICTS

DATE _____

	AB ADM	CED weighted ADM/Students		Total weighted ADM/Units		Units/Entitlement	
NORTHWEST ARCTIC	0	215	(1275)	215	(10.7)	(6)	269,700
BERING STRAITS	84	51.4	(324)	135.4	(7.3)	(4)	179,800
LOWER YUKON	6	124	(770)	130.	(7.1)	(4)	179,800
LOWER KUSKOKWIM	113	172	(960)	285	(13.6)	(8)	359.600
NUSPUK	0	27.9	(219)	27.9	(3)	(1)	44,950
SOUTHWEST	276	46.8	(261)	322.8	(15.2)	(9)	404,550
LAKE & PENINSULA		34.8	(233)	34.8	(3.2)	(1)	44,950
ALEUTIAN CHAIN	1	3.6	(18)	4.6	(.191)	(1)	43,500
PRIBILOF	-	-		-	-	-	-
ADAK		1.6	(8)	1.6	(.06)	(1)	40,600
IDITAROD	3	10.1	(64)	13.1	(2)	(1)	44,950
YUKON/KOYUKUK	0	20.6	(203)	20.6	(3)	(1)	44,950
YUKON FLATS	25	30.0	(200)	55	(2.29)	(est.)	89,900
UPPER RAILBELT	0	.2	(1)	.2			0
DELTA/GREELY	0	.6	(3)	.6			0
ALASKA GATEWAY	1	23	(158)	24	(3)	(1)	34,800
COPPER RIVER						(1)	33,350
CHATHAM	0	.1	(1)	.1			0
SOUTHEAST ISLANDS	-	-		-	-	-	-
ANNETTE ISLAND							
CHUGACH	-	-		-	-	-	-

1,815,400

3,017,160

	AB ADM	CED weighted ADM/Students		Total weighted ADM/Units		Units/Entitlement	
Anchorage	317	45.6	(224)	362.6	(16.8)	(11)	319,000
Bristol Bay	-	-	-	-	-	-	-
Cordova	0	.2	(1)	.2			0
Craig	-	-	-	-	-	-	-
Dillingham	0	11.6	(78)	11.6	(.48)	(1)	44,950
Fairbanks N.S.	33 (33)	11.7	(132)	44.7	(3.6)	(2)	64,960
Galena	0	2.2	(11)	2.2	(.091)	(1)	44,950
Haines	-	-	-	-	-	-	-
Hoonah	0	.4	(2)	.4			0
Hydaburg	-	-	-	-	-	-	-
Juneau	3	10.8	(58)	13.8	(2.033)	(1)	29,000
Kake	-	-	-	-	-		est.
Kenai Peninsula	124	25.7	(135)	149.7	(7.9)	(5)	156,600
Ketchikan Gateway	0	.1	(1)	.1	(.004)		0
King Cove	-	-	-	-	-		est.
Klawock	-	-	-	-	-	-	-
Kodiak Island	19	13.		32	(3.083)	(1)	32,480
Matanuska-Susitna	3	17.8	(89)	20.8	(3)	(1)	30,160
Nenana	-	-	-	-	-		est.
Nome	0	83.6	(775)	83.6	(5.2)	(3)	134,950
North Slope	11	181.3	(1143)	192.3	(9.76)	(6)	269,700
Pelican	-	-	-	-	-		est.
Petersburg	0	1.2	(7)	1.2	(.05)		0
Sitka	10	1.2	(6)	11.2	(.466)	(1)	30,160
Skagway	-	-	-	-	-	-	-
St. Mary's	0	21.8	(109)	21.8	(3)	(1)	44,950
Unalaska	-	-	-	-	-	-	-
Valdez	0	.2	(2)	.2	(.008)		0
Wrangell	2	.2	(1)	2.2	(.091)		0
Yakutat	-	-	-	-	-		

1,201,760

Because of the absence of data concerning the costs associated with implementing and maintaining adequate programs for bilingual education, this fiscal estimate is predicated upon several assumptions. First of all, the formula is based upon the fact that the indirect instructional costs associated with students who require bilingual instruction are defrayed by the districts including them in the regular foundation count. These indirect costs, or those associated with heat, lights, water, administration and other miscellaneous expenses, we estimate to be 33 percent of the cost of instruction. Because the program costs of these students does not include these indirect expenses, then, a foundation unit should accommodate one-third more students, or 24 rather than 18. The second assumption made is the level of service required for each of the five categories of students. We have assumed that A and B students (only non-English, mostly non-English, respectively) require essentially full-time instruction in their native languages, therefore we have counted them as one weighted ADM each. We have also assumed that C and D students (equal facility with English and non-English, respectively) require about one-fifth of the instructional day to be spent in their native languages, therefore we have counted them as .2 weighted ADM each. The category E students should require minimal special instruction, although they will need some special materials for work on language patterns, therefore we have counted them as .1 weighted ADM each.

February 16, 1978

The Honorable Hugh Malone
Speaker 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 relating to bilingual education. The bill establishes an additional instructional unit schedule in the Public School Foundation Program, AS 14.17.031 and 14.17.041, for bilingual education.

The distribution of funds will be determined by the Department of Education on the basis of weighted average daily membership (ADM) counts of students requiring such instruction in each school district. The department proposes to weight students in the following fashion:

(1) for those students requiring the majority of instruction in a language other than English, a weighting factor of 1.;

(2) for those students requiring at least a portion of instruction in a language other than English, a weighting factor of .2;

(3) for those students requiring only special materials and language instruction, but no portion of instruction in a language other than English, a weighting factor of .1.

The bill also proposes to amend AS 14.30.410(a) by maintaining the bilingual-bicultural education fund as a separate account for the support of materials development. The need for this separate account is brought about by

IV. DATE February 10, 1978 PREPARED BY Nathaniel Cole, Deputy Commissioner
AGENCY Education
PHONE 465-2800

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

33-001 (Rev. 12/77)

the excessive start-up costs associated with new programs -- costs which are not totally defrayed by the foundation support schedule. Maintaining the bilingual fund will permit districts to develop materials and the human resources necessary at the outset of their bilingual education programs. It will also provide for the continuous development and improvement of instructional materials.

Sincerely,

S / JSH

Jay S. Hammond
Governor

IV. DATE February 10, 1978 PREPARED BY Nathaniel Cole, Deputy Commissioner
AGENCY Education
PHONE 465-2800

Original: Legislative Finance

I. REQUEST

Bill/Resolution No. HOUSE BILL NO. 851

Title Bilingual Education

Requested by Rules Committee at Request of Governor Date Undated

II. FISCAL DETAIL

Agency Affected Education

Program Category Affected Elementary & Secondary Education

Budget Request Unit(s) Affected Program Evaluation

EXPENDITURES (Thousands of Dollars)

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.		5,282.1	5,599.0	5,934.9	6,290.9	6,668.3
TOTAL		5,282.1	5,559.0	5,934.9	6,290.9	6,668.3

FUNDING (Thousands of Dollars)

GENERAL FUND		5,282.1	5,599.0	5,934.9	6,290.9	6,668.3
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME		0	0	0	0	0
PART TIME		0	0	0	0	0
TEMPORARY		0	0	0	0	0

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

See attached analysis.

Costs inflated at 6% for FY-80, 81, 82, and 83.

IV. DATE February 10, 1978 PREPARED BY Nathaniel Cole, Deputy Commissioner

AGENCY Education

PHONE 465-2800

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

33-001 (Rev. 12/77)

DISTRICT SCHOOLS

	AB ADM	CED weighted ADM/Students		Total weighted ADM/Units		Units/Entitlement	
Anchorage	317	45.6	(224)	362.6	(16.8)	(17)	493,000
Bristol Bay	-	-	-	-	-	-	-
Cordova	0	.2	(1)	.2		0	
Craig	-	-	-	-	-	-	-
Dillingham	0	11.6	(78)	11.6	(.48)	(1)	44,950
Fairbanks N.S.	33 (33)	11.7	(132)	44.7	(3.6)	(4)	129,920
Galena	0	2.2	(11)	2.2	(.091)	(1)	44,950
Haines	-	-	-	-	-	-	-
Hoonah	0	.4	(2)	.4		0	
Hydaburg	-	-	-	-	-	-	-
Juneau	3	10.8	(58)	13.8	(2.033)	(2)	58,000
Kake	-	-	-	-	-	est.	
Kenai Peninsula	124	25.7	(135)	149.7	(7.9)	(8)	350,560
Ketchikan Gateway	0	.1	(1)	.1	(.004)	0	
King Cove	-	-	-	-	-	est.	
Klawock	-	-	-	-	-	-	-
Kodiak Island	19	13.		32	(3.083)	(3)	97,440
Matanuska-Susitna	3	17.8	(89)	20.8	(3)	(3)	90,480
Nenana	-	-	-	-	-	est.	
Nome	0	83.6	(775)	83.6	(5.2)	(5)	224,750
North Slope	11	181.3	(1143)	192.3	(9.76)	(10)	449,500
Pelican	-	-	-	-	-	est.	
Petersburg	0	1.2	(7)	1.2	(.05)	0	
Sitka	10	1.2	(6)	11.2	(.466)	(1)	30,160
Skagway	-	-	-	-	-	-	-
St. Mary's	0	21.8	(109)	21.8	(3)	(3)	134,850
Unalaska	-	-	-	-	-	-	-
Valdez	0	.2	(2)	.2	(.008)	0	
Wrangell	2	.2	(1)	2.2	(.091)	0	
Yakutat	-	-	-	-	-		

2,043,560

REGIONAL EDUCATIONAL ATTENDANCE AREA DISTRICTS

DATE

	AB ADM	CED weighted ADM/Students		Total weighted ADM/Units		Units/Entitlement	
NORTHWEST ARCTIC	0	215	(1275)	215	(10.7)	(11)	494,450
BERING STRAITS	84	51.4	(324)	135.4	(7.3)	(7)	314,650
LOWER YUKON	6	124	(770)	130.	(7.1)	(7)	314,650
LOWER KUSKOKWIM	113	172	(960)	285	(13.6)	(14)	629,300
KUSPUK	0	27.9	(318)	27.9	(3)	(3)	134,850
SOUTHWEST	276	46.8	(261)	322.8	(15.2)	(15)	674,250
LAKE & PENINSULA		34.8	(233)	34.8	(3.2)	(3)	134,850
ALEUTIAN CHAIN	1	3.6	(18)	4.6	(.191)	(1)	43,500
PRIBILOF	-	-		-	-	-	-
ADAK		1.6	(8)	1.6	(.06)	(1)	40,600
IDITAROD	3	10.1	(64)	13.1	(2)	(2)	89,900
YUKON/KOYUKUK	0	20.6	(203)	20.6	(3)	(3)	134,850
YUKON FLATS	25	30.0	(200)	55	(2.29)	(2)	89,900 (est.)
UPPER TANANA	0	.2	(1)	.2			0
DELTA/GREELY	0	.6	(3)	.6			0
ALASKA GATEWAY	1	23	(158)	24	(3)	(3)	104,400
COPPER RIVER							33,350 (est.)
CHATHAM	0	.1	(1)	.1			0
SOUTHEAST ISLANDS	-	-		-	-	-	-
ANNETTE ISLAND							
CHUGACH	-	-		-	-	-	-

3,233,500

5,282,060

ALASKA DEPARTMENT OF EDUCATION
BILINGUAL/BICULTURAL ED.

LANGUAGE ASSESSMENT REPORT
INTERIM REPORT
APRIL 7, 1978

Listed below is the data on district language assessment reports which has been hand tallied. This data is not to be considered final reporting numbers as a computerized report is forthcoming. The data are, however, as accurate as the data on hand will permit.

The data are listed by district, language, category and totals.

District Name	Language	Category A	B	C	D	E	Total	
Anchorage S.D.	Korean *	96	165	147	481	50	939	43,000
	Japanese							
	Spanish							
	Chinese							
	French							
	German							14
	C. Yup'ik							
	Inupiaq							
	Italian							
	Nor egian							
	Fillipino							
	Swedish							
	Thai							
	Vietnamese							
Cordova City S.D	Spanish			1			1	0
Dillingham City	C. Yup'ik			30	8	40	78	44,950
Fairbanks North Star Borough	Korean **		10	15	5	1	31	
	Japanese		2	5			7	
	Spanish		8	22	17		47	
	German			15	14		29	
	Inupiaq			1	3	5	9	
	Thai		1		2	3	6	129,920
	French			2	2		4	
	Portugese		2	4			6	
	Vietnamese		2		4		6	
			25	64	47	9	145	
Galena City S.D.	Koyukon			1	10		11	44,950
Hoonah City S.D.	Tlingit				2		2	0

* Languages with fewer than 10 students not listed, but included in data

** All languages and categories and numbers per category not listed.

District Name	Language	Category A	B	C	D	E	Total	
Juneau, City and Borough S.D.	Fillipino Spanish Korean German Tlingit #		3	20	17	4	44	58,000
Kenai Pen. Borough	German		4	2	8		14	
	Korean		6		3		9	
	French		1	1	3		5	
	Thai		1				1	
	Norwegian		1	2			3	
	Spanish			2	8		10	
	Portugese				2		2	
	Aleut(Sugpiaq)		1	5	72		78	
	Japanese	2	2	2			6	
	Greek			1	1		2	
	Russian	23	100	1	6		130	
	Croatian		1				1	
	Fillipino		1	1			2	250,560
	Danish				1		1	
	Inupiaq		1				1	
		25	119	17	104		265	
Kodiak Island Borough S.D.	Fillipino Korean Vietnamese Aleut ##	2	7	33	53	16	111	97,440
Mat-Su Borough School District	Spanish				16		16	
	C.Yup'ik				9		9	
	Inupiaq				13		13	
	German				5		5	
	Czech				4		4	
	Greek				2		2	90,480
	Dutch				2		2	
	French				1		1	
	Japanese				1		1	
					53		53	
Nome City S.D.	Inupiaq Siberian Yup'ik Vietnamese			35	10	211	256+	224,750

\# Category by language not available at this time for each language

Category for each language not available, data is probably low; increases especially in category d for Aleut likely

\+ Category by each language not available at this time

District Name	Language	Category A	B	C	D	E	Total	
North Slope Borough S.D.	Inupiaq						1187*	449,500
Petersburg City	Tlingit				2	2	4	
	Spanish			1	1		2	0
	Norwegian					1	1	
				1	3	3	7	
Sitka Borough School District	Fillipino	1	4	5			10	30,160
	Japanese	1			2		3	
		2	4	5	2		13	
St. Mary's S.D.	C. Yup'ik				109		109	134,850
Wrangell City	Japanese		2				2	
	German		2	1			3	0
			4	1			5	
N.W. Artic S.D.	Inupiaq		28	187	499	399	1113	494,450
Bering Strait REAA S.D.	Siberian Yup'ik		81	1	1		87	314,650
	Inupiaq		3	112	76	135	326	
			84	113	77	135	410	
Lower Yukon S.D.	C. Yup'ik		6	173	346	361	886	314,650
Lower Kuskokwim	C. Yup'ik						1466**	629,300
Kuspuk S.D.	C. Yup'ik			4	1	29	34	134,850
	Tanaina					2	2	
				4	1	31	36	

* Hand count data not available for this district
** Hand count data not available for this district

District Name	Language	Category A	B	C	D	E	Total	
Southwest Region School District	C. Yup'ik	129	147	40	178	54	548	674,250
Lake and Pen. School District	Sugpiaq			27	111	19	157	134,850
	C. Yup'ik			31	114	7	152	
	Tanaina			14	55	6	75	
				72	280	32	384	
Aleutian Chain	Aleut		10	3	6		19	43,500
	Spanish	1					1	
		1	10	3	6		20	
Iditarod S.D.	C. Yup'ik				3	6	9	89,900
	Ingalik					7	7	
	Holikachuk					3	3	
	Tanaina	"	3	1	7	3	14	
	Upper Kuskokwim			8	18	6	32	
			3	9	28	25	65	
Yukon-Koyukuk S.D.	Koyukon				3	199	202	134,850
Yukon Flats S.D.	(Gwich'in)		37	28	58	69	192	89,900 (est.)
	Kutchin							
	Koyukon				6	13	19	
			37	28	64	82	211	
Ak. Central Rail Belt S.D.	Icelandic			1			1	0
Alaska Gateway School District	Ahtna				13		13	104,400
	Tanacross		1	1	14	9	25	
	Han			3	2		5	
	Upper Tanana			3	42	11	56	
	Spanish				2		2	
			1	7	73	20	101	
Annette Island	Navajo			1			1	0
	Tsimpsian				1		1	
				1	1		2	
GRAND TOTALS		255	636	993	2,455	742	5,118 *	5,282,060

* These figures do not include categories A-E for North Slope and Lower Kuskokwim School Districts.

January 30, 1978

DEPARTMENT OF EDUCATION
BILINGUAL/BICULTURAL EDUCATION PROGRAM

Total Funding . . $683,500

A. Language Assessment Grants. $230,000

B. Operational Costs $453,500

es not include support staff as project ordinator, specialists, or clerical help.
ate Grant is for teacher training to support chool programs funded by other sources.
ta is not verifiable from grant application.

L DISTRICT	TOTALS	ALASKA NATIVE	CAUCASIAN	OTHER	FY 78 OPERATIONAL GRANT	FY 78 LANGUAGE ASSESSMENT GRANT	TOTAL GRANT AWARD	NO. SERVED BY FY 78 OPER. GRANT	FY 78 LANGUAGE ASSESSMENT SURVEY CATEGORY					FY 78 TITLE VII GRANT	NO. OF TEACHERS FY 78*
									A	B	C	D	E		
	617	3	537	77											
a Gateway	431	171	254	6		1,725	1,725		0	1	7	65	86	Yes	
a Central lbelt	352	27	313	12		1,300	1,300		0	0	1	0	0		
ian Region	238	186	44	8		5,000	5,000		1	0	11	7	0	Yes	
te Region	340	311	29												
g Strait	472	461	11		29,000	5,000	34,000	191	0	84	113	77	134	Yes	10
am	199	161	35	3		3,000	3,000		0	0	0	0	1		
ch	49	28	16	5					0	0	0	0	0		
r River	669	205	444	20		3,000	3,000								
/Greely	795	31	764						0	0	0	0	3		
rod	278	239	37	2	25,000	2,950	27,950	42	0	3	9	28	27		3
k	350	332	18			5,000	5,000		0	0	27	34	157		
Peninsula**	378	341	37		25,000	5,000	30,000								12
Kuskokwim***	1,466	1,332	129	5	59,000	5,000	64,000		5	108	111	349		Yes	8
Yukon	905	888	17		49,000		49,000	741	0	6	177	293			6
est Arctic	1,546	1,459	84	3	30,000		30,000	818							25
ofs	190	183	7												

STATE OF ALASKA
DEPARTMENT OF EDUCATION
BILINGUAL/BICULTURAL EDUCATION PROGRAM

FY Bilingual/Bicultural
Total Funding . . $683,500
A. Language Assessment Grants. $230,000
B. Operational Costs $453,500

oes not include support staff as project coordinator, specialists, or clerical help.

L DISTRICT	TOTALS	ALASKA NATIVE	CAUCASIAN	OTHER	FY 78 OPERATIONAL GRANT	FY 78 LANGUAGE ASSESSMENT GRANT	TOTAL GRANT AWARD	NO. SERVED BY FY 78 OPER. GRANT	FY 78 LANGUAGE ASSESSMENT SURVEY CATEGORY A	B	C	D	E	FY 78 TITLE VII GRANT	NO. OF TEACHERS FY 78*
neast Island	333	16	317						0	0	0	0	0		
nwest	511	505	6		30,000		30,000	250	129	147	40	167	54	Yes	8
n Flats	304	283	21		37,000	4,630	41,630	255						Yes	6
-Koyukuk	582	548	31	3		5,000	5,000		0	0	0	3	200		
rage	36,457	2,746	30,656	3,055	75,000	5,000	80,000	317							16
Schools	3,082	21	2,568	493											
ol Bay	241	144	96	1											
va	494	126	353	15		5,000	5,000		0	0	1	0	0		
	190	107	80	3					0	0	0	0	0		
ngham	407	327	80			5.000	5,000		0	0	30	8	40		
anks	9,301	895	7,753	653		5,000	5,000		0	33	69	54	9		
Schools	2,489	12	2,106	371											
a	164	147	17			2,785	2,785		0	0	1	10	0		
h	276	236	40						0	0	0	2	0		
s	430	111	311	8		5.000	5,000		0	0	0	0	0		
ure	99	97	2			200.	200.		0	0		0	0		

January 30, 1978

DEPARTMENT OF EDUCATION
BILINGUAL/BICULTURAL EDUCATION PROGRAM

FY Bilingual/Bicultural
Total Funding . . $683,500
A. Language Assessment Grants. $230,000
B. Operational Costs $453,500

not include support staff as project rdinator, specialists, or clerical help.

L DISTRICT	TOTALS	ALASKA NATIVE	CAUCASIAN	OTHER	FY 78 OPERATIONAL GRANT	FY 78 LANGUAGE ASSESSMENT GRANT	TOTAL GRANT AWARD	NO. SERVED BY FY 78 OPER. GRANT	FY 78 LANGUAGE ASSESSMENT SURVEY CATEGORY					FY 78 TITLE VII GRANT	NO. OF TEACHERS FY 78*
									A	B	C	D	E		
u	4 459	791	3.464	204		2.890	2,890								
	200	174	26			5,000	5,000								
	5,719	627	4,869	223		,000	5,000		25	119	17	105	13		
ikan	2,589	617	1,881	91		640	640		0	0	0	0	1		
Cove	121	112	9			5,000	5.000		0	0	0	0	0		
ck	74	61	13			1,150	1,150		0	0	0	0	0		
k	2,093	628	1,342	123	25,000	2,400	27,400	25							1
uska-Susitna	3,644	201	3,385	58		5,000	5,000		0	3	7	82	0		
a	196	82	112	2		2,250	2,250								
	797	606	178	13	39,000	5,000	44,000	330	0	0	39	22	772(?)	Yes	3
Slope	1,098	1,061	34	3	30,500	5,000	35,500	125							5
an	37	15	21	1											
b 3	612	136	466	10		5,000	5,000		0	0	1	4	2		
	1,820	354	1,211	55					2	8	3	3	0		
y	235	11	217	7					0	0	0	0	0		
rys	108	108							0	0	0	109	0	Yes	
ka	133	61	68	4		2.400	2,400		0	0	0	0	0		

January 30, 1978

DEPARTMENT OF EDUCATION
BILINGUAL/BICULTURAL EDUCATION PROGRAM

FY Bilingual/Bicultural
Total Funding . . $683,500
A. Language Assessment Grants. $230,000
B. Operational Costs $453,500

s not include support staff as project rdinator, specialists, or clerical help.

OL DISTRICT	TOTALS	ALASKA NATIVE	CAUCASIAN	OTHER	FY 78 OPERATIONAL GRANT	FY 78 LANGUAGE ASSESSMENT GRANT	TOTAL GRANT AWARD	NO. SERVED BY FY 78 OPER. GRANT	FY 78 LANGUAGE ASSESSMENT SURVEY CATEGORY A	B	C	D	E	FY 78 TITLE VII GRANT	NO. OF TEACHERS FY 78*
ez	841	79	747	15		1,789	1,789		0	0	0	0	2		
gell	515	127	386	2		5,000	5,000		0	2	1	0	0		
at	167	95	72												
LS	90,093	18,825	65,714	5,554	453,500	128,109	578,824	3,094							103

1-24

25-49

50-74

+ each 24 –

cost

ALASKA HOUSE OF REPRESENTATIVES

SECOND SESSION

TENTH LEGISLATURE

adopt csh719(fin)

ROLL CALL

YEA	N-V	NAY	YEA	N-V	NAY	YEA	N-V	NAY	YEA	N-V	NAY
Akers			Cowper		●	Kelly		●	Osterback		
Anderson			Dankworth		●	Lethin		●	Parr		●
Beirne		●	Duncan			Lovseth		●	Phillips		●
Bennett		●	Eliason		●	McKinnon			Rhode		●
Bradley			Freeman	●		Malone			Rudd		
Brown		●	Gardiner			Meekins			Schaeffer		
Buchholdt			Gruening			Miles			Smith		●
Carpenter		●	Guy			Miller			Snider		
Chatterton		●	Haugen		●	Nakak			Swanson		
Colten		●	Hayes		●	Ose		●	Urion		●

Speaker

PROCEDURAL MOTIONS

Amended

Amended Senate

Amended House

Special

Effective Date

TITLES

Free Conf Comm Sub

House Comm Sub

Senate Comm Sub

Comm Sub

Sponsor Sub

TOTALS

YEAS		N-V		NAYS	
0	0	0	0	0	0
● 1	1	1	1	● 1	1
2	2	2	2 ●	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9 ○	9	9	9	9 ○

BILL NUMBER

HOUSE ●		● BILL	
SENATE		RESO.	
1000	100	● 10	1
2000	200	20	2
3000	300	30	3
4000	400	40	4
J't.	500	50	5
Conc.	600	60	6
Quo.	● 700	70	7
○ Mot.	800	80	8
2nd R	900	90	9 ○
3rd R	000	00	0

DATE

Jan.	1
Feb.	2
Mar.	3 ●
Apr.	1
● May	2
June	3
July	4
Aug.	5
Sept.	6
Oct.	7
Nov.	8
Dec.	9

Phone (804) 355-4572 International ROLL CALL © Corporation, Concord, Va. 24538

Yukon - Koyukuk School District
BOX 367
NENANA, ALASKA 99760
(907) 832-5594

March 17, 1978

JOE R. COOPER
Superintendent of Schools

Representative Thelma Buchholdt
Pouch V
Juneau, Alaska 99811

Dear Representative Buchholdt:

I would like to submit, for your consideration, a few thoughts on House Bill 851 - relating to Bilingual/Bicultural Education.

This bill is for the specific purpose of providing an educational remedy for non-English speaking students - who are failing to achieve to their potential in the current educational system.

The schools are required to provide compensatory programs or curricula to address the language needs of these students. While there are several types of Language Programs that schools may opt for, (please refer to Department of Education Bilingual/Bicultural regulations/handbook for types of programs which may be provided), I know of no substantial research that supports any one type of program or intervention as more effective as any other. By the same token it is, with the exception of totally non-English speaking early primary students, very questionable if any one type of Language program is necessarily more costly than the other type program. (Please refer to attached article, U.S. News and World Report - March 6, 1978.)

However, under the proposed weighed ADM in the above bill, the scale used by the Department of Education would arbitarily favor the category A and B students (by a factor of 10) over the category D and E students. (Also attached is the proposed schedule and a copy of the letter written to the Department pointing out the inequities of this type of schedule).

In view of the above, I would like to see a weighed schedule stipulated by the bill, which would provide a more equal educational program to all Language categories of students as follows:

ALLAKAKET
BETTLES FIELD
HUGHES
HUSLIA
KALTAG
KOYUKUK
MANLEY HOT SPRINGS
MINTO
NULATO
RUBY
TANANA

MICHAEL FLORA
Director
Federal Programs

COLIN BAXTER
Director
Basic Instruction

CHARLES CHANEY
Maintenance Supervisor

MARJORIE PUGH
Business Manager

Sec 3 AS 14.17.250 (19) weighted ADM for the purpose of this chapter is as follows:

Language Category		Weighted Factor
A Students	elementary	1.0
	secondary	.8
B Students		.75
C Students		.50
D Students		.35
E Students		.25

This type of scale would narrow the Bilingual/Bicultural fun ing discrepency between categories of students and school Districts, on a per pupil basis.

Thank you for your time and patience in this matter. It appears that without this change, the State money pump is primed and ready to deluge some school districts with funds which, when combined with already existing Federal Title VII funds, will amount to a virtual flood - while many other Districts with the same educational requirements will suffer a drought.

Sincerely,

Mike Flora, Director
Federal Programs

Attachments: 3

cc: John Sackett, Senator
Red Swanson, Representative
Joe Cooper, Superintendent

ATTACHMENT A

March 17, 1973

Judy Franklet
Bilingual/Bicultural Program Administrator
Department of Education
Pouch F - State Office Building
Juneau, Ak. 99811

Dear Ms. Franklet:

Subject: House Bill 851

In reference to House Bill 851, "An Act Relating to Bilingual Education and providing for an effective date". I feel that, while the bill has some merit for improving educational opportunities and program in general, the proposed weighing of students by factors of 1.0 for A and B students, .5 for C and .1 for D and E students for ADM computation (and funding) appear to be seriously flawed.

The main problem lies with the extreme range in the weighed scale - for the wide variation from 1.0 to .1 assumes significant difference in educational programming costs. The question then becomes - on what basis was it determined that an A and B student (1.0 factor) is far more costly educationally than a D or E student (.1 factor)? In reading the Bilingual regulations I find that the same manner of educational program may be offered for several categories of students: For example, an ESL curriculum may be offered for a C and D as well as underachieving E type of student. Also, there may well be little difference cost wise and program wise between an ESL program and a HILT program which is also an appropriate remedy for category A and B students at secondary level. Therefore, there may well be very little program difference between remedying language problems for any category of students. Yet there are gross inequities in the levels of funding provided for such remedies due to the weighed ADM schedul

To perhaps further belabor this point, I feel that a good solid program, such as an English skill and language concept, ESL or HILT remedial language lab, which requires specific assessment, inservice, material development, class room space and specialized personal, will have <u>virtually the same costs</u> as a transitional Bilingual/Bicultural Program: It is difficult to disagree with the fact that a C or D student requires, on a daily basis, minimally an hour or two of intervention in daily instruction to remedy the basic language problem. Does then the A or B student require 10 to 20 hours per day; are 10 to 20 times more staff required at a 10 times higher salary; are the materials 10 times more expensive for a B student than a D student?

Hopefully there will be some reanalysis of the weighed ADM, for I feel what is presently being considered is a classic example of some of the schools being required to provide programs to students without sufficient funding to do a reasonable job. While undoubtedly, there are myriads of opinions on this, below I have delineated one possible schedule to be considered:

A students	1.0 elementary .8 secondary
B students	.75
C students	.50
D students	.35
E students	.25

This weighting considerably narrows the funding spread between the remedial programs that are needed and required by State regulation. I realize that there are undoubtedly many divergent opinions on this subject; and as always, thank you for your consideration of this viewpoint.

Sincerely,

Mike Flora, Director
Federal Programs

cc: Joe Cooper, Superintendent
Marshall Lind, Commissioner of Education

MF/mb

counts of students requiring such instruction in each school district. The department proposes to weight students in the following fashion:

(1) for those students requiring the majority of instruction in a language other than English, a weighting factor of 1.; (A + B students)

(2) for those students requiring at least a portion of instruction in a language other than English, a weighting factor of .2; (C students)

(3) for those students requiring only special materials and language instruction, but no portion of instruction in a language other than English, a weighting factor of .1. (E + F students)

The bill also proposes to amend AS 14.30.410(a) by maintaining the bilingual-bicultural education fund as a separate account for the support of materials development. The need for this separate account is brought about by the excessive start-up costs associated with new programs -- costs which are not totally defrayed by the foundation support schedule. Maintaining the bilingual fund will

ATTACHMENT C

A Storm Brews Over Bilingual Teaching

Some educators fear that English has been de-emphasized too much among certain minorities. Now the administration has plans for big changes in the program.

The Carter administration is preparing to trim the most controversial segments from a school program in which children who speak little English are instructed in their native languages and cultures.

In what promises to be a highly emotional issue in many places, the administration plans to return the federal government's 10-year-old bilingual-education program to its original concept: preparing youngsters who are deficient in English to take part in an English-speaking society.

Currently, almost 260,000 children in 39 states are learning academic subjects in both English and their native tongues—any of more than 60 languages and dialects ranging from Cambodian to Yupik. More than 600 million dollars has been spent on the effort.

Different views. Under the present program, young people in some schools are taught primarily in non-English languages even after they become fluent in English. Backers of such efforts, especially the Spanish-speaking and the American Indians, say that prolonged education in a mother tongue and a native culture is essential to building ethnic pride. Critics charge that many bilingual programs are more social than educational and threaten the melting-pot concept that the English language should be a unifying force for all Americans.

The bilingual programs are widespread in the Southwest and other areas where there are large minority groups who do not speak English. It is likely that in such places, any major changes will be resisted.

The administration proposals, which are being prepared by the Department of Health, Education and Welfare, are subject to the President's approval. The basic goal—gearing children to use English—is described by one official as a target Carter "wants to hone in on."

The proposals require little new legislation and will be carried out by HEW's Office of Education, which can deny federal funds to noncomplying school districts. Changes are expected to be in effect by the start of the new school year in September, 1978.

The plan is described by an HEW official as "a middle-of-the-road course." He adds, "We aren't ruling out programs for cultural enrichment, but we consider the fundamental purpose should be that kids learn English. If culture is used as a tool to meet that goal, we support it."

Under scrutiny: How long is dual-language instruction necessary in U.S. schools?

Evidence that the administration backs t' 's goal is seen in its 150-million-dollar-budget proposal for the next fiscal year—15 million dollars more than the program's current budget.

The administration is considering limiting students to five years of bilingual instruction at the federal government's expense.

The cost factor. The plan also discourages use of federal money to train English-speaking children in the Spanish language and Hispanic traditions. That practice has caused bitter divisions in some areas of the Southwest.

Many school districts also are divided

A Babel of Tongues

In addition to English and Spanish, these languages are used for teaching in federally sponsored programs—

American Indian: Apache, Athabascan, Cahuilla, Cherokee, Choctaw, Cree, Crow, Eclaponkee, Havasupai, Hopi, Hualapai, Keresian, Kiowa, Lacota (Sioux), Mde wa kan pon, Mescalero-Apache, Miccosukee-Seminole, Mohawk, Navajo, Northern Cheyenne, Papago, Passamaquoddy, Piaute, Pima, Seminole-Creek, Tewa, Ute

Arabic

Armenian

Cambodian

Chinese

Eskimo: Aleut, Central Yupik, Gwich'in, Inupiaq, Siberian Yupik, Sugpiaq, Upper Kuskokwim, Upper Tanana, Yupik

Filipino-Ilocano: Tagalog

French: French Canadian, Haitian

German: Pennsylvania Dutch

Greek

Hebrew

Italian

Japanese

Korean

Micronesian: Carolinian, Chamorro, Kusaian, Marshallese, Palauan, Ponapean, Trukese, Ulithian, Woleian, Yapese

Polish

Vietnamese

costs involved in the program, particularly at a time of growing pressure to economize. Some bilingual programs were created because school districts wanted them and welcomed the federal money. But dozens more were the result of pressure by HEW's Office of Civil Rights, which holds that the presence of just one student with a dominant language other than English demands special attention. This requirement has created problems for educators trying to avoid cuts in aid.

The administration plan reflects spreading concern in Washington that the program went astray—without enough control over ways in which the money was spent. Realization of how far the effort veered from the intent of Congress was driven home by a government-sponsored study indicating that nearly 9 of every 10 directors of bilingual projects for Hispanic children keep students in their classes long after the youngsters have learned English.

Burden on individual. One supporter of bilingual education, Representative Albert H. Quie (R-Minn.), says: "There is nothing wrong with people trying to maintain their culture. But *they* should be in charge of doing it—not the federal government."

Some experts say that the revisions are needed to keep bilingual education from becoming a means of separating ethnic groups. Gary Orfield, a political scientist at the University of Illinois at Urbana, says that federal money often has financed "expensive, highly segregated programs of no proven educational value to children."

But ethnic studies as part of the bilingual program are staunchly defended by other experts. They argue that the government is not doing enough to build self-esteem among minority Americans. One Hispanic educator, Josue M. Gonzales, of Southern Methodist University, says that the emphasis on mastering English "helps maintain the outdated melting-pot syndrome which discourages cultural pluralism in American society."

The broader picture. A substantial number of educators are convinced that bilingual education is effective far beyond the bounds of learning a language. They believe that instruction in a mother tongue also is important in learning the whole range of subjects, from science to history.

"I can see the programs working," reports Yolanda Sepko, an elementary-school bilingual teacher in Dallas. "These kids would drop out by the sixth or seventh grade if they weren't being given a chance now."

Sepko contrasts her students' experience with her own as a Spanish-speaking child in the Rio Grande Valley of Texas. "When I went to school, we were not allowed to speak Spanish. The first two years were a nightmare."

Gilman Hébert, who heads a bilingual program in Madawaska, Maine's predominantly French St. John's Valley, remembers children being punished for using French on school grounds. Now, he says, "they no longer feel that it is un-American to speak French." They not only are achieving more in French, but also are doing better in English.

What study shows. A government-financed study by the American Institutes for Research found little difference between progress made by the Hispanic students in bilingual programs and that by Hispanics in regular classrooms. In math, those in bilingual programs did better; in English, they did worse.

There was, however, a wide difference in costs. The report showed an average of $1,398 spent on bilingual pupils—$376 more than on students in regular classrooms.

Yet backers of the program claim that advantages far outweigh disadvantages. Houston's bilingual-program director, Raul Muñoz, Jr., says that the program has improved attendance among Hispanic students and increased their parents' involvement in school activities.

"The dropout rate for Hispanics was 89 percent before bilingual programs," Muñoz says. "It has dropped significantly. The hard data is difficult to come by until these students complete their education, but the soft data—when the children smile with pride—says the programs are successful." ☐

Second Thoughts About Foreign-Language Ballots, Too

A federal program enabling non-English-speaking Americans to vote in their own languages is coming under increasing fire.

Indians and Spanish-speaking Americans widely hailed the decision by Congress in 1975 to amend the Voting Rights Act so that ballots would be provided in their own languages.

But some Americans covered by the act say that they would rather vote in English. In Hawaii, a federal-court suit has been filed to exclude Japanese and Chinese Americans from the law.

"Some people feel insulted by being singled out," explains Morris Takushi, election administrator in Hawaii. "Many have gone to night school and are proud to use English. They came to America by choice and are proud of their new country and new identity as Americans."

Senator Daniel K. Inouye (D-Hawaii) complains that $500,000 in state and local money was spent in Hawaii in 1976 implementing the program in Cantonese, Ilocano and Japanese. When the primary and general elections were held, only 191 persons chose foreign-language ballots.

"It's a very expensive process for no real purpose," contends Representative William M. Ketchum (R-Calif.), who proposes removal of all bilingual provisions from the Voting Rights Act.

More doubts about the effectiveness of the program are raised in a new study by Congress, which finds that only 6 of the 30 states covered by the language provisions of the law have developed plans for compliance.

But Representative Don Edwards (D-Calif.), whose House Subcommittee on Civil and Constitutional Rights ordered the study, warns against making early judgments against the bilingual program. "We've only had the experience of the 1976 election," Edwards says. "The program's impact, its costs, how many more persons voted than would have voted without it—we can't tell quite yet. In New York, where it has existed for years, it's working well."

ALASKA STATE DEPARTMENT OF EDUCATION
BILINGUAL-BICULTURAL EDUCATION
PROGRAMS

LANGUAGES USED BY STUDENTS ENROLLED
IN ALASKAN SCHOOLS

ALASKAN NATIVE LANGUAGES

AHTNA
ALEUT
HAIDA
HAN
HOLIKACHUCK
INGALIK
INUPIAQ
KOYUKON
KUTCHIN (GWICH'IN)
SHAGALUK
SIBERIAN YUP'IK
SUGPIAQ
TANACROSS
TANAINA (DENA'INA)
TANANA
TLINGIT
TSIMSHIAN
UPPER KUSKOKWIM
UPPER TANANA
YUP'IK

NATIVE AMERICAN LANGUAGES

COVILLE
NAVAJO
NEZPERCE

EUROPEAN LANGUAGES

ALBANIAN
BULGARIAN
CROATIAN
CZECH
DANISH
DUTCH
ENGLISH
FINNISH
FRENCH
GERMAN
GREEK
HUNGARIAN
ICELANDIC
ITALIAN
NORWEGIAN
POLISH
RUSSIAN
SPANISH
TURKISH
YUGOSLOVIAN
PORTUGESE

ASIAN LANGUAGES

ARABIC
CHAMARRO
CHINESE
JAPANESE
KANNADA
KOREAN
MALAYAN
MARATHAI
PAKISTANI
PHILIPPINO
SAMOAN
THAI
VIETNAMESE
ARABIC

AFRICAN LANGUAGES

AFRICANNS
KISWAHILI
SWAHILI

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF EDUCATION

DIVISION OF EDUCATIONAL PROGRAM SUPPORT

POUCH F – STATE OFFICE BUILDING
JUNEAU 99811

February 2, 1978

Michael Morin, Ad. Asst.
House HESS
Rm. 112 Capital Bldg.
Juneau, Ak. 99811

Dear Mr. Morin,

As per your request, please find enclosed the information regarding the Office for Civil Rights responses to the Bilingual/Bicultural Compliance Plans submitted on the following dates: November 4, 1976, December 16, 1976 and March 11, 1977. Specifically, these responses state the inadequacies of the plans.

I have included a complete analysis of the Bilingual/Bicultural hearings held throughout the state, August-October, 1977. Hopefully, this will provide you with a representative view regarding the issues involved with Bilingual/Bicultural education.

If additional information is necessary please do not hesitate to contact me.

Sincerely,

Judy Franklet

Judy Franklet
Program Manager
Bilingual/Bicultural Programs

JF:jn

(52)

DEPARTM. T OF HEALTH, EDUCATION, AI WELFARE

MS 508

18 NOV 1976

(206) 442-1930

Office for Civil Rights

Dr. Marshall L. Lind
Commissioner of Education
Alaska Department of Education
Pouch F. State Office Building
Juneau, Alaska 99801

Dear Commissioner Lind:

The purpose of this letter is to notify you that the plan submitted by the Department of Education, dated November 4, 1976, is not sufficient to meet the compliance requirements of Title VI of the Civil Rights Act of 1964. The document does not set forth what actions the Department will take to ensure that students receive a valid assessment of their linguistic ability nor does it specify what actions the Department will take to assist the local school districts to implement effective educational programs.

In order to review your response in more detail and to respond to any problems you may be having in your attempts to develop an acceptable plan, I would like to discuss the Plan with you at a meeting on Monday, November 29, 1976, at 1:30 PM in your office in Juneau. I realize, that during the past eight months my staff has provided your Department with extensive technical assistance and I hope that my visit will emphasize this Office's continued willingness to meet with State representatives and our desire to obtain an acceptable plan of voluntary compliance. I will look forward to meeting with you.

Sincerely,

Robert L. Brown
Acting Director
Office for Civil Rights
Region X

44 /

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
REGION X
ARCADE PLAZA BUILDING
MS/508 1321 SECOND AVENUE
SEATTLE WASHINGTON 98101

January 31, 1977

OFFICE OF THE REGIONAL DIRECTOR

(206) 442-1930

Office for Civil Rights

Dr. Marshall L. Lind
Commissioner of Education
Alaska State Department of Education
Pouch F, State Office Building
Juneau, Alaska 99811

Attention: Marilou Madden

Dear Commissioner Lind:

On November 4, 1976, your Department submitted a Lau plan in response to our March 26, 1976, Title VI Civil Rights Act letter of noncompliance to the Superintendent of the Alaska Unorganized Borough School District. On November 29, 1976, in a meeting in Juneau which you attended, and pursuant to a letter to you of that date, we determined the November 4 plan was unacceptable.

At the November 29 meeting, members of your staff indicated that they would attempt to develop an acceptable Lau plan, and that they might want to prepare a preliminary draft Lau plan for comment by OCR. Such a draft was sent from Marilou Madden of your staff to Virginia Calderrama of this Office on December 16, 1976. Steve Hole of your staff indicated to James Miles of our Office of General Counsel on January 6, 1977, that he preferred a meeting with OCR to discuss any necessary revisions in the December 16 draft, rather than another OCR letter specifically detailing inadequacies such as that sent to you on November 29.

As you are aware, we have received and analyzed a copy of the draft DOE Lau plan dated December 16, 1976. While we believe the draft represents, in some respects, a distinct improvement over the November 4 plan, it does not meet the minimum standards for acceptability as set forth by the Lau Remedies and previous correspondence and meetings with this Office. The plan does not describe in reasonable detail the

acceptable procedures by which DOE and the REAAs will determine the primary or home language of students, nor does it adequately describe the methodology for an assessment of linguistic function. In addition, the draft plan does not set forth clearly articulated, measureable, minimum State standards pursuant to which the REAAs will develop and implement appropriate educational programs. While the draft plan proposed an October 30, 1977, timeframe for completion of a comprehensive language assessment, it set no other timeframes for completing various components of the action steps contemplated nor dates for final submission of educational program plans to OCR.

Rather than set forth an in-depth analysis of the December 16 draft plan, members of my staff responded to your staff's requests for direct, prompt feedback and met with Ramona Suetopka-Duerre and Steve Hole in Seattle on January 20, 1977. During that meeting, Lynda K. Barii of my staff and James Miles of the Office of the General Counsel pointed out those sections which were clearly not acceptable, those which needed further clarification or specificity, those which must be accompanied by a reasonable demonstration or showing of educational justification, and those which seemed to be incomplete or inconsistent with other sections. Two sections of the November 4, 1976, plan--"Required and Elective Courses" and "Racial/Ethnic Isolation and/or Identifiability of Schools and Classes"--had already been determined to be acceptable as minimum State standards for the REAAs.

Both the November 4 plan and the December 16 draft plan lacked timelines for completion of action steps, and lacked timelines within which REAA educational service approaches (in response to the student identification and assessment) would be developed and submitted. Other serious deficiencies in the December 16 draft included the following:

1. Insufficient specificity in describing the language assessment processes, particularly with regard to the observational aspects of the State's proposed identification/assessment procedures.

2. No educational justification or showing which would demonstrate that the identification/assessment approach proposed by DOE will be reasonably valid in meeting the criteria in Part I of the OCR "Task Force Findings Specifying Remedies Available for Eliminating Past Educational Practices Unlawful Under Lau v. Nichols".

3. No description of the programmatic elements and characteristics of various educational program options acceptable for responding to the educational needs of limited English-speaking children. (Please see pages 4-6 (Part II-B) of our November 29, 1976, letter to you.)

4. No standards pursuant to which REAAs would develop programs to hire fully qualified staff needed to instruct students of limited English-speaking ability.

5. In addition, in connection with the area of diagnosis and prescription for underachieving students with a primary or home language other than English, we would reaffirm the point made by OCR representatives at the January 20 meeting: If each of the local school districts in the State defines, for students in that district, what is the normal achievement range (in subjects such as mathematics, reading, science, social science) and defines what will be deemed underachievement in such subject; and if the locally developed definitions differ significantly from district to district; and if such variations appear to correlate with the percentage of students in the District who have a primary or home language other than English, then such a pattern or procedure would have serious Constitutional (Fourteenth Amendment) and Title VI implications and would be highly suspect.

The above major concerns do not represent all the concerns, objections, and suggested revisions made by the two HEW representatives on January 20. However, they represent the most serious deficiencies. During the meeting we provided an opportunity to Ms. Suetopka-Duerre and Mr. Hole to ask any questions that they had or to present new materials in order to be certain that they understood the deficiencies we perceived in the December 16 draft. The Department of Education representatives expressed understanding of all the points made during the meeting.

I wish to personally assure you, Dr. Lind, that my staff will continue to be responsive to your requests for assistance and we will give immediate priority to reviewing and analyzing any further drafts or plans developed by DOE. I wish to encourage you to revise the plan pursuant to our January 20 meeting.

If you have any questions or concerns, please call me or Virginia Balderamma, Chief, Elementary and Secondary Education Branch at (206) 442-1930.

Sincerely,

Marlaina Kiner

Marlaina Kiner
Director
Office for Civil Rights
Region X

Madden (78)

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6440
JUNEAU, ALASKA 99801

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FONE 907 465-2800 0119

JUNEAU AK

THIS IS TO OFFICIALLY NOTIFY YOU THAT THE OFFICE FOR CIVIL RIGHTS HAS DETERMINED THAT THE LAU PLAN SUBMITTED BY THE ALASKA DEPT OF EDUCATION, MARCH 11, 1977, IS NOT ACCEPTABLE TO ASSURE COMPLIANCE WITH TITLE 6 OF THE CIVIL RIGHTS ACT OF 1964. IN AN ATTEMPT TO ASSIST YOU IN YOUR EFFORTS TO DEVELOP AN ACCEPTABLE PLAN, WE WILL BE FORWARDING TO YOU OUR DETAILED COMMENTS REGARDING THE PLAN AS SOON AS POSSIBLE, HOPEFULLY IN THE NEXT WEEK AND A HALF. UPON RECEIPT OF OUR WRITTEN COMMENTS, WE WOULD BE WILLING TO MEET WITH YOU AND YOUR STAFF TO DISCUSS THEM. I WISH TO ASSURE YOU OF THIS OFFICES COMMITMENT TO WORK WITH YOU IN MEETING COMPLIANCE BY EVALUATING OUR PLAN REVISIONS WHICH YOU MAY WISH TO SUBMIT.

MARLAI A KINER DIR OFC FOR CIVIL TRIGHTS REW REGION X

1321 2ND AVE SEATTLE WASH HWRC

(105)

PUBLIC COMMENT CONCERNING PROPOSED REGULATION

4 AAC 34.010-.080 UNDER CHAPTER 34,

BILINGUAL-BICULTURAL EDUCATION

INTRODUCTION

I. Hearing-by-hearing recommendations

II. Summary of revisions needed

III. Appendices: Hearing schedule,
list of participants

Revised draft of regulations attached

October 6, 1977
Alaska Department of Education

INTRODUCTION

The purpose of this report is to synthesize public comment concerning proposed regulation 4 AAC 34.010-.080 under Chapter 34, entitled Bilingual-Bicultural Education, in such manner as to assist the Alaska State Board of Education in making a decision on whether to adopt, modify, or reject the proposed regulation.

The regulation in question, more specifically, the "Minimum Guidelines" has been highly controversial for two reasons: 1) the regulation is a result of negotiations between the U.S. Office for Civil Rights-Region X and the Alaska Department of Education; and 2) the "guidelines" do not address non-indigenous language groups. In order to present as clear and objective a picture as possible, under these circumstances, the report has been organized into three sections.

The first section deals with major recommendations and concerns brought forth in each of the eleven public hearings. Section two includes a summary of areas needing revisions, cross-referenced to public testimony. Section three, the appendices, includes the schedule of public hearings, opening statements, and lists of participants. Also enclosed with this report is a new draft of revised regulations designed to meet both public concerns and federal and state guidelines.

It is important to note here that the proposed regulation was announced throughout the State. Several informational meetings were held in addition to the public hearings to discuss the regulation prior to the public hearings. It is clear from the response that there are varying views on what the general public expects the proposed regulation to do.

The eleven public hearings were attended by a cross section of concerned parents, bilingual education advocates, bilingual educators, school board members, administrators, elementary and secondary teachers, Alaska Native leaders, interested groups, organizations, and other observers.

It is clear from the testimony received that some people considered the process used in developing the proposed regulation, i.e., negotiations between the U.S. Office for Civil Rights and the Alaska Department of Education more important than the regulation itself while others felt it necessary to draw attention to definitional type issues, such as "Bilingual-Bicultural Education" or "Preservation of Language and Culture."

What follows is a composite narrative which collects the issues in broad subject areas and presents them as if they had been made in one continuous discussion.

BILINGUAL-BICULTURAL EDUCATION

The term "Bilingual-Bicultural Education" has not been adequately defined for general use by the public. Some view the term as an educational goal, others see it as a focus to the total educational offering; while others treat the term as an emotion-raising slogan. Some questioned the effectiveness of the bilingual-bicultural education approach to educating youngsters and have pointed out the lack of evidence that this approach to education is a positive one. The term "bilingual-bicultural education" as used by practitioners simply means the use of two languages and two cultures in instruction.

BILINGUAL EDUCATION

A number of participants in the public hearings pointed out that the "Handbook" emphasizes bilingual education more than it does bicultural education; and that the two could not be distinctly separated. The term "bilingual education" generally used by educators in the field means the use of two languages as a method of instruction.

BICULTURAL EDUCATION

Many participants pointed out the lack of emphasis on "bicultural" education in the "Handbook." Others raised the issue of all students needing multicultural education, not simply those enrolled in bilingual programs.

PRESERVATION OF LANGUAGE AND CULTURE

An overwhelming majority of the testimony offered from rural Alaska underscored the need to 'preserve the language and culture." A number of persons testifying stated that their school districts are doing just that without regulations by the State Department of Education.

LOCAL CONTROL OF EDUCATION

This issue was raised not only by Regional Educational Attendance Area (REAA) school board members and administrators but by independent school board members and administrators as well along with some representatives of interested organizations. Although testimony varied, with some feeling that the regulations strengthened local control through local advisory committees, the majority stated that the regulation, as proposed, would usurp local control of educational programs.

FUNDING

Stable and reliable funding for bilingual-bicultural programs is a major concern throughout the state. The concensus is that such funding needs to come under the state foundation formula.

STATEWIDE APPLICABILITY

Witnesses repeatedly raised the issue of regulations needing to possess statewide applicability and appropriateness.

EQUAL EDUCATIONAL OPPORTUNITY/NON COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

Testimony raised the issue that adoption of the regulations would possibly contribute to student segregation. In particular, the employment of teachers with little training to teach students appeared to witnesses to be a way of increasing inequitable educational opportunity. Districts also stated that the Office for Civil Rights had yet to demonstrate that they were in non-compliance with Title VI of the Civil Rights Act of 1964.

OTHER ISSUES

Other issues were raised, including the role and training of paraprofessionals, parental options about student participation, community and parental involvement in educational decision-making, federal encroachment in education, and regulatory format and flexibility. Comment on these issues was extensive and is covered in the hearing-by-hearing recommendations.

HEARING BY HEARING RECOMMENDATIONS:

JUNEAU, 8/24/77 –

1. Strong support of bilingual-bicultural education was given.
2. Funding: funding needs to be outside of foundation formula or in addition to current formula, but with state monies.
3. Paraprofessionals: 1. Paraprofessionals should be adequately paid, but not at par with certificated staff and should be under direction of ceritifcated teacher; 2. Extensive inservice and training for paraprofessionals should be provided; 3. Career ladders should be available to certificated teachers as well as bilingual aides.
4. Compulsory participation: parents should have a choice about whether their children participating in bilingual-bicultural programs.
5. Statewide conference of parents and educators concerning bilingual-bicultural programs should be held.
6. Handbook as regulation: No witness spoke in favor of adopting the handbook as regulation. John Coffee, Juneau superintendent, suggested adopting instead only the checkoff lists from the handbook. Besides the specific recommendations listed above, the witnesses said that the state regs would be more stringent than the federal law requires, are too long, and may prove more harmful than beneficial. Those speaking included Bob VanHoute, executive director for NEA/Alaska, and local teachers.

HEARING BY HEARING RECOMMENDATIONS:

ANCHORAGE, 8/24/77 –

1. Support of bilingual education was unanimous.
2. Paraprofessionals: 1. Aides should work closely with certificated teachers and all classrooms should have certificated teachers; 2. On-going service program should be provided to elevate paraprofessionals to teaching status and to get bilingual teachers; 3. On-going inservice needed for all teachers, both aides and certificated, to help them meet needs of bilingual students; 4. Any letters of authorization for paraprofessionals should be temporary only; 5. People with only letters of authorization should not be teaching total content in grades 1-3.
3. Compulsory participation: students should not be compelled to take the program(s).
4. Funding: state funding, apart from current foundation formula, is needed.
5. Statewide conference should be held of all interested groups including nonindigenous peoples, department and teachers.
6. Handbook should speak to nonindigenous groups and apply to urban districts.
7. Section B of the proposed regs should read: "A district may request authority from the department to create its own bilingual-bicultural program."
8. Lau remedies should be promulgated as federal regulations.
9. Handbook should not be adopted as state regulation according to NEA/Alaska, Anchorage Education Association, Anchorage School District, Roger Lang, and Bob Kemp (president of the Anchorage branch of NAACP). Speaking for the adoption of the handbook as regulation was Neil Thomas, Alaska Human Rights Commission, who said that the state will lose federal monies if it does not adopt regs acceptable to OCR and that the handbook provides equal ed vocational opportunity. He suggested, however, it be amended to take into consideration urban districts' multilingual situations.

Besides the specific recommendations listed above, those who spoke against the handbook as regulation said that it goes far beyond federal requirements, has anonymous authors, would cause more problems, includes philosophy which is out-of-place in regulation, contains contradictions,

was developed without local district or minority group input, includes a language assessment test which is unvalidated and not appropriate for Anchorage, causes unnecessary paperwork, gives OCR authority over matters not included in the Lau decision, encourages federal encroachment, is too long, would destroy local control, and would pit minority groups against one another, due to its rural focus.

HEARING BY HEARING RECOMMENDATIONS:

FAIRBANKS, 8/25/77

1. Support of bilingual-bicultural education was strong.
2. Paraprofessionals: 1. Minimum training of native language instructors would be to have a second language; 2. All teachers, both bilingual and English-speaking, need training in linguistics; 3. Certificated teachers need training in English as a second language or cross-cultural education (such tr[illegible]ould be a condition of hire by the school district, but not a condition of cer[illegible], the department); 4. Any emergency certificates should be only te[illegible] Training of paraprofessionals leading to certification should be available; and training in bilingual-bicultural should be available to certificated staff; 6. Aides should work under the supervision of certificated staff; 7. Credit should be geared to meeting native peoples' needs, not teachers' needs; 8. Certification should be to help meet needs of students, not teachers/aides; 9. Training bilingual should be part of the on-going certification process.
3. Handbook should be translated into those native languages which a majority of students speak upon entering school.
4. Community involvement: Boards should be trained in bilingual-bicultural education.
5. Assessment: Instrument needs to be analyzed.
6. Format: That which is state law and regulation should be separated from that material which is resources and management.
7. Funding: There is a need for state funding apart from the foundation formula.
8. Statewide conference of concerned parents and educators should be held before regs are adopted.
9. State should insure that some central body be consulted to evaluate current materials.
10. The BIA lingual effort should be integrated with what others are doing.
11. Two witnesses, Chad Thompson and Mike Kraus (of the Alaska Native Language Center), both speaking for themselves, spoke in favor of adopting the handbooks as regulation, if certain revisions were made. Thompson was concerned with the handbook's contradictions, its failure to address proper training of bilingual teachers, its listing of specific names on the

specialists' lists, its failure to define "linguist," and its failure to include native writers among the linguists listed. Kraus said that local control may not represent childrens' interests best, but that the handbook does so. The other witnesses did not endorse the handbook as regulation. Besides the specific recommendations listed above, the other witnesses said the handbook needs to be clearer, is inaccurate and incomplete, would promote expensive and time consuming procedures, focuses on native languages without leading to students' gaining English fluency, (as desired in federal guidelines), has an unteneable timeframe, was developed without local district input, and dilutes local control.

HEARING BY HEARING RECOMMENDATIONS:

KETCHIKAN, 8/25/77 –

1. Support for language and cultural preservation was expressed.
2. State should consider postponing adoption of regs and rejecting federal funds, and instead develop regs which allow for programs developed with local input.
3. Regs should deal with children who do not speak English as their primary language.
4. Programs should be structured so that children are prepared to work in English by the time they're in the 4th grade.
5. Funding: funding needs to be found other than the current foundation formula. The community needs, said one, to consider putting in local funds.
6. Handbook as regulation: No one spoke in favor of adoption of the handbook as regulation. Those speaking against adoption of the handbooks as regulation said that the regs would promote racial separation or discrimination, that villages without native speaking children would not benefit under the proposed regs, that adoption of the regs would signal a bad practice of letting feds dictate how local programs should function, that the regs go far beyond what the problem calls for, that the timeline for assessment is a concern and that six weeks preparation of non-English instructors is not adequate if that person is to have all responsibility for teaching all subjects to children.

BETHEL

HEARING BY HEARING RECOMMENDATIONS:

BETHEL, 9/19/77 –

1. Strong support for bilingual education was expressed, as was very strong support for language and cultural preservation and maintenance.
2. Programs for Native language and culture preservation and maintenance should be included in the handbook and given funding from the state.
3. Amendments should be made to meet the educational requirements of each district and region.
4. Nonnative children should be able to enter bilingual-bicultural programs.
5. Paraprofessionals/bilingual teachers: 1. Bilingual teachers should be natives, not outsiders, and from the specific villages of the students; 2. Village elders should be the teachers and should be certified; 3. Aides should receive appropriate wages, temporary certification and appropriate training programs; 4. Bilingual teachers should receive equal pay for equal work; 5. The proposal for bilingual instructors should follow the position cited in the Alaska certification task force report of April, 1977; 6. Nonnative teachers should learn of native language and culture, English as a second language methods and native learning styles, and the district should provide that training; 7. Paraprofessionals should receive a certificate similar to a vocational certificate, or letter of authorization, preferably with a stated salary scale, with staff training for a regular teaching certificate; 8. Regs should not require districts to provide bilingual teachers and materials that neither districts, state not the federal government can provide.
6. The Department of Education should better explain the implications of the handbook and provide a synopsis. Also the handbook should have been translated into Yupik.
7. Bilingual programs should be developed with the educator and local board.
8. Handbook should be completely rewritten with the cooperation of school districts. The revision should include accurate descriptions of legal responsibilities, greater information on varieties of acceptable models for inservice, and using the full participation of all effected

districts. Or each district should be allowed to write its own compliance plan, considering local circumstances and allowing latitude for application of numerous models for services.

9. Yupik should be recognized by institutions and agencies as a viable language in the Calista region, and required of schools in the area.
10. Native language should be part of the regular program, not an add-on.
11. English-speaking children with language interference should be in bilingual programs.
12. Bilingual-bicultural programs should continue at the high school level, not just be available for the first three or four years.
13. District should be given option to teach or not teach bilingual bicultural programs.
14. Nonstandard English speakers should not be included in bilingual program unless they are suffering language interference.
15. OCR or the state should establish that language interference exists and that it causes non-standard English in a specific location.
16. OCR or the state should establish that dropout rate, failure to achieve and indifference to education are all the result of teaching non-English or limited English speakers in English.
17. OCR or the state should prove that models I, II and III are workable, viable in terms of the lack of trained teachers, shortage of materials, and excessive demands of the proposed regs.
18. State and feds should provide funds for materials development.
19. Bilingual education and bicultural education should be separated and defined, and native people should be educated to distinguish between the two.
20. Bicultural programs should be voluntary and completely under local control, but state and feds should provide funds, resources and expertise to help regions in program development.
21. State board should go to court if necessary to resolve issues rather than compromise away more local and state control to federal agencies.
22. State board should question the need for the proposed regs.
23. Handbook as regulation. Support for adoption of the handbook as regulation was voiced by

Mark Roye, Alaska Legal Services; Rosemary Porter, self; Diane Carpenter, parent; and Katherine Collier, self. Those supportive of the handbook stated that it was written by Alaskans, not outsiders; that the problem of Village English needs to be addressed; that the handbook is flexible in that a district may try any program it likes, if DOE approves; that local control is insured by the handbook; that the state would pay the entire cost of programs under the handbook; that preservation of language is not required under the law, only equal educational opportunity is required; that the State Board has been prejudiced from the start; that community involvement is vital and required by the handbook, that the handbook is workable and much needed.

Walter Brown, St. Marys superintendent, indicated that district would support the handbook only if it is extended to provide for the continuance and expansion of the districts' current program. Other St. Marys testimony was similar indicating support of regs, only if they provide state foundation funding for language and cultural preservation and maintenance. The suggestion that the handbook be rewritten in its entirety came from Brad Raphel, Central Office administrator for Lower Yukon district, speaking for self and Laverne Etter, Lower Yukon district superintendent. Other speakers basically supported bilingual-bicultural education, often with the aim of cultural and language preservation and maintenance, but did not comment specifically on the handbook's regulation. Besides the specific recommendations listed above, the other concerns witnesses expressed about the handbook included the lack of local input in the handbook development; the need for Alaska's postsecondary institutions to commit themselves to providing needed training for bilingual staff; retention of local control; need for community involvement; the inadequacy of six weeks training for bilingual teachers who would be given full responsibility for a classroom; that the handbook is thick, inconsistent, rigid, confused learning theories and assumptions unsubstantiated by documentation; that the handbook reduces origins of student underachievement to only language interference, a conclusion which conflicts with other research; that the plans are geared to student transition

eventually to English, not native language retention; that local boards and administrators are better qualified to determine need, assess resources and develop programs than OCR or the state; that there is no legal basis for OCR's finding of noncompliance in the Lower Yukon; and that the Department of Education should be service-oriented, not regulatory.

HEARING BY HEARING RECOMMENDATIONS:

FAIRBANKS, 9/21/77 --

1. Support of bilingual-bicultural education was clear.
2. Regs should be simple, short and separated from resource material. Regs should be put in proper format, clear, concise, without contradictions, without philosophy and without lists of specific individuals and organizations.
3. Evaluation of instruction should be included in regs.
4. Multicultural programs should be promoted on their own as well as where bilingual situations exist. Cultural study should not be limited to just the local culture. Cultural education should be required of all districts, regardless of number of bilingual students.
5. The assessment test must be worked with further to make sure it is sound; also tests outside Alaska should be reviewed to see if any can be adapted for use in Alaska. Regs should allow various types of assessment instruments, not specify only the Dauenhauer test. Student assessment should be by May 31, 1978, with use of a district selected and validated instrument.
6. Paraprofessionals/aides should be paid on scale commensurate with training, education and experience; certified type A teachers should be in charge of programs with bilingual paraprofessionals assigned as needed; paraprofessionals should be paid on a salary scale separate from the certificated salary scale; training time for paraprofessionals should be increased; district plan of service should include staff training program; career ladder should be available for paraprofessionals.
7. Local educators should be involved in making revisions to the regs.
8. Handbook should allow maximum local control and local responsibility, and options for programs, and minimum federal control.
9. Compulsory participation: Parents should have the option of not enrolling their child in bilingual-bicultural programs.
10. Handbook should speak to rights to bilingual education for all children dominant in a language other than English. Regs must be applicable to non-English languages in urban as well as rural Alaska.
11. Funding: Funding should be on the basis of one instructional unit for each 8 students. Failure

to fund by the state would exempt a district from the regulations. Funding should be in addition to current foundation funding.

12. Parents should be involved in developing programs.
13. Goal of regs should be to make students functional in English, but not at the cost of making them monolingual English speakers.
14. Districts and parents should have options about teaching bilingual or English dominant students in non-English or English.
15. Districts with 8 or more limited English-speaking students, in categories A to E, or any combination, should file a bilingual-bicultural plan of service with the Department of Education. The plan should provide for parental involvement in program development, and should reflect students' lingual-cultural background.
16. Districts should make provisions to provide instruction and materials.
17. Districts with less than 8 students in categories should meet student needs by one-on-one tutoring.
18. The Department of Education should establish a language center for materials.

Besides the specific recommendations listed above, those who spoke against adoption of the handbook as state regulation expressed other concerns. Katherine Hecht, for example, noted that if program placement depends on student acores on a nationally normed test, a bright child could score average and not be placed in a bilingual program, although he or she would not be reaching full potential. Hecht also said that the regs, as proposed, are unsatisfactory as a basis for state funding because they are not applicable to multicultural, multilingual programs. Others expressed concerns that the regs were written without input from parents, administrators or classroom teachers; that the test instrument is not validated; that the regs go far beyond federal and state law and court decisions; that the regs take away local responsibility by demanding excessive record keeping and by mandating delegation of bilingual responsibilities to local advisory committees; that the regs are predicated on a false assumption, (i.e. that districts are not interested in providing bilingual-bicultural programs). Other comments centered on the regs inconsistencies which include a recognition of the need of bilingual teachers to have special training contrasted with the shortness of the training period for aides authorized in the regs. The manner in which the regs were developed and proposed for adoption was also a concern, as were the timelines, the lack of materials,

the length of the document, and the lack of flexibility. Another concern is that the regs would create a segregated group of students, taught by noncertified and inadequately trained teachers, thus creating unequal educational opportunity. Of those who testified, only one spoke in favor of adoption of the handbook as regulation – saying that the urban districts can still write alternate plans under the handbook as it is now written. The remainder of the testimony was against adoption of the handbook as regulation, with one speaker urging the state to challenge OCR on the issue and another stating that he would urge a legal injunction against the regulations if they were adopted.

HEARING BY HEARING RECOMMENDATIONS:

ANCHORAGE 9/22/77 –

1. Support for bilingual-bicultural education was clear in all testimony.
2. Correct page 51 as it indicates that the assessment test must be administered to all students. Test should be given only to students identified on questionnaires and checklist.
3. Regs should be concise and straightforward; philosophy is inappropriate.
4. Regs should provide variety of curriculum models.
5. Parents should have options about children's learning non-English languages, if the children are in categories C, D, E, and F.
6. Time for assessment should be lengthened to May 21, 1978
7. New assessments for new entering students should be upon their entering the district.
8. A validated assessment instrument should be used.
9. Each district should provide students familiarity with all cultures in the state, with a particular focus on the culture of the district.
10. There should be parental, rather than just community, involvement, particularly in program development.
11. There should be more program options for category A and B students than those listed in the handbook.
12. Districts should be able to choose between bilingual-bicultural education and transitional bilingual education curriculum.
13. It should not be mandated that secondary, category B students learn a non-English language.
14. For C and D category students, program options should include bilingual-bicultural education, English as a Second Language, and supplemental English skill and concept development.
15. Districts should implement plan to train or secure certified type A teachers who are bilingual. In the interim, certified type A teachers should have primary responsibility for student learning needs diagnosis, and instructional methodology, with paraprofessionals working under supervision.
16. Training should include linguistics and cultural inservice for teachers.
17. Districts should provide a career ladder for bilingual paraprofessionals which leads to certification.

18. The student-teacher ratio in bilingual-bicultural programs should be no greater than the student-teacher ratio for the district, and the bilingual paraprofessional-student ratio should be no greater than 8 to 1.
19. The Department of Education should establish a language center, including teacher-made as well as commercially produced materials.

Besides the specific recommendations given above, largely by Jean Ann Johnson, a representative from the Instructional and Technical Development Committee of NEA/Alaska, some other concerns were raised. They included the lack of parental and teacher input in the handbook, the difficulty for small districts to generate sufficient materials, the importance of certified type A teachers working with bilingual paraprofessionals in lesson preparation and classroom management, the handbook's failure to speak to bicultural or multicultural programs, and the difficulty of determining what substandard English is (a reference to category E).

Testifying in favor of the handbook, through a letter read at the hearing, was Iditarod superintendent Jim Zuelow who said that its adoption would correct program inadequacies and increase local control through local bilingual committees. The other two witnesses did not speak in favor of adoption of the handbook as regulation.

HEARING BY HEARING RECOMMENDATIONS:

KOTZEBUE 9/28/77 –

1. A new start in bilingual programming should be made with responsibilities given to local districts, and the Department monitoring and coordinating.
2. Guidelines should list minimum, with regions developing plans to be approved by the department. Local boards/districts should develop own plans as they know needs.
3. The district should submit a plan of service.
4. Do not adopt the handbook as state regulations, but let it be used as a guide as was originally intended.

The rest of the testimony from Kotzebue was directed at weaknesses in the handbook and comments about the district's interaction with the Office for Civil Rights. Witnesses testified that local control was not allowed for in the handbook, that it circumvents part of the educational system, that state agencies have ignored their responsibilities, that the handbook mandates services beyond what law requires, that the district had no input in drafting of the handbook, that the handbook is too confusing, that the handbook assumes that no local programs now exist, that the handbook would segregate students, that the handbook does not meet the needs of kids, that the handbook is a reminder of past paternalism and lack of local control,and the funding is uncertain.

More detailed testimony included th..t the handbook did not identify sources, that it does not separate information from requirements, that key words are not defined, that 90 pages of the handbook contain no regulatory material, that the language survey is not easy, that instruments have never been field tested, that no crosscheck of instruments is provided, that no definitions of the categories/words on the questionnaire are provided, and that the forms are confusing to the aides administering them.

Other issues raised included the following: that Northwest Aretic has never been found in noncompliance by OCR, that Northwest Aretic wishes to deal directly with OCR, desiring due process given to other districts in other states; that OCR is morally and legally wrong in carrying over the finding from SOS to the districts "arbitrarily and capriciously"; that grounds for noncomphance are not defined; that for the district to sign off would be to admit guilt which it does not accept; that the Lau remedies are not the only solution to language problems; that the Department and the Alaska Unorganized Borough School District should have tried harder earlier to re-

solve the matter.

All the witnesses testified against the adoption of the handbook as state regulation, with board member Evelyn Conwell saying that the handbook, if adopted, would be over the objections of an all-native board.

HEARING BY HEARING RECOMMENDATIONS:

NOME 9/21/77 –

1. Support of bilingual-bicultural programs was clear. In addition, witnesses testified to the need for cultural and linguistic maintenance and preservation.
2. Funding: there should be an absolute guarantee of financing. Foundation formula should be amended, so that noncompetitive state funding exists.
3. Compulsory participation: Students and/or parents should have options about participation in the programs.
4. Parent and community involvement: Handbook needs to be strengthened in area of parent participation. (One speaker mentioned that a "wants" assessment should be done with kids, to find out what they want).
5. Format: regs should be separated from other material. Only the compliance checklists and language assessment tests are necessary in regs. Handbook should be only a handbook, not formal regs, so program details are decided locally. Regs should be simple, concise and should not list experts or private organizations.
6. Source of studies cited in handbook should be listed and include list of schools with bilingual-bicultural programs.
7. Regs should not include schools' responsibility for materials development.
8. Statewide language cultural center should be established as a clearing house for materials and ideas
9. Handbook should have been summarized and distributed more widely.
10. State should develop policy whereby districts would develop their own needs assessments and bilingual programs implementation.
11. A career ladder for paraprofessionals is needed, with certification as the goal.
12. The definition of bilingual should include students who come from homes where the language is other than English, even if students speak English as a first language.
13. Programs are needed for "village English" students.
14. Checklist should include curriculum and evaluation.

Besides these recommendations, witnesses voiced several other concerns: A major concern expressed is that the handbook does not address bicultural education, only bilingual; that multiculturalism would be more meaningful that biculturalism; and that non-native children, as well as native children, should be involved in the programs.

Speaking to the staffing mandated in the handbook, Ron Gerton, NEA/Alaska representative, objected to the rapid certification of bilingual people, saying it would not benefit teacher or students. He also pointed out, as did Nome superintendent Darroll Hargraves, that the regs do not allow for making regular teachers bilingual. Other concerns included the mandated use of an unvalidated assessment instrument, the ambiguous responsibilities of local bilingual committees, the unavailability of training programs cited in the appendix of the handbook, the mixture of language transition philosophy with language maintenance philosophy, the lack of citations for sources, the misuse of information gathered from other sources, that the regs go far beyond the Lau remedies, the handbook's length, and that its adoption would take away local control. Also mentioned were that the handbook contains no definition of bilingual education, is emotionally pitched, and could lead to segregation.

Several speakers felt comfortable with the handbook as a resource tool, and some felt it could increase local control through local committees. Linguist David Shinen testified that the three models handle the range of bilingual education and that the materials development section is flexible. Testifying for Alaska Legal Services, Chris Pelky said that the regs do not go far enough.

HEARING BY HEARING RECOMMENDATIONS:

DILLINGHAM 10/3/77 --

1. Strong support given for bilingual-bicultural education, with comment on the importance of cultural and lingual preservation.
2. Bilingual programs should be developed by school boards and districts, with input from experienced teachers and citizens.
3. Parents or students should decide about students being placed in a bilingual program.
4. There should be a variety of program options.
5. Purpose of regs should be to guarantee non-English speaking students equal educational opportunity, not to teach students in non-English languages.
6. Funding should be through the state foundation formula.
7. Bilingual aides should be certified only if they meet the same standards as regularly certificated teachers.
8. Training programs in local language, customs and cultures should be implemented for regularly certificated teachers.
9. This state should undertake comprehensive program to develop and disseminate materials.
10. Authority for local direction should be with local school board.
11. Handbook needs to be completely redone, in Alaska and by Alaskans, so regs are more realistic, shorter and to the point.
12. Throw out the phrase "non-standard English" as it's undefinable.
13. Regs should include what is necessary to protect rights of individual students and no more, leaving the development of specific programs to local boards and people.
14. Regs should not include philosophy.

Besides the more specific recommendations given above, testimony at Dillingham was largely directed to the concern that the adoption of the handbook as regulation would usurp local control, much valued by the people of the region. Much comment was also directed to the lack of provision for funding of programs. Other concerns included that the regs were written without any input from classroom teachers, school boards community members or administrator; that learning a non-English language is mandated for some students; that aides would become certificated teachers

with very little training to the detriment of students; that parents should be involved in curriculum development for their children; that it is inequitable to pay the same salaries to people without certification as are paid to those certified; that the regs may go against the concept of Indian self-determination; that the handbook far exceeds Lau remedies; and that the handbook turns guidance of rural education over to linguists rather than parents, educators and boards. In addition, the Southwest Region district maintains that it is in compliance with Title VI and Lau, and that OCR has yet to make an on-site investigation of its programs.

Testimony aimed at handbook details included the following: that using tests normed in the Lower 48, not Alaska, is not a good measure of Alaskan students achievement; that the concept of dialect is confusing; that the handbook assumes that teaching children standard English will in itself raise academic achievement, a questionable claim; that the handbook does not accept ELNAS for language assessment, despite research showing its validity; and that the handbook subjects Alaska to different regulations than those presented by the Lau task force.

Opposition to adoption of the handbook as regulation was unanimous.

HEARING BY HEARING RECOMMENDATIONS:

SOLDOTNA 10/5/77 –

1. Support for bilingual education was consistently expressed.
2. Any bilingual program adopted by the state contain provisions for funding on foundation formula type basis.
3. Department of Education should provide resources to assist local districts developing bilingual and multilingual programs which meet state and federal requirements.
4. A bilingual referral system should be developed and implemented in all districts, for use in place of the assessment procedure outlined in the handbook.
5. Where the proposed regs are not applicable, districts should develop procedures consistent with the intent of the Lau remedies.
6. Regs should be developed in the spirit of the Civil Rights Act of 1964 and appropriate elements of the Lau decision, but involving a broad representation of people in the development.
7. OCR should not be involved in actual educational programs.

Six of the witnesses spoke in opposition to adoption of the regulations as proposed. Their concerns included that the regs do not provide the flexibility necessary for local control of programs, nor assured state funding; that the blanket assessment is unnecessary and wasteful; that the handbook does not speak to nonnative, nonrural problems; that districts are already active in providing bilingual programs; that the parent questionnaire asks questions which are "none of your business;" that parents have right to decide what is taught to children; that the handbook has inaccurate and inappropriate generalization, fails to cite sources, bases conclusions on opinions or interpretations, lacks objectivity and organization; and uses highly accusatory language. Other concerns were that the handbook exceeds Lau remedies, has no bibliography and no resource list and contains erroneous information. The lack of parental input into developing the regs, the use of an unstandardized assessment test and the mandatory participation of children regardless of parental wishes were other areas of concern.

The witness testifying for adoption of the handbook as regulation spoke of the necessity for regulation, the presence of students who speak English but with native grammatical patterns, and of the need for bilingual education.

WRITTEN TESTIMONY:

Copies of much of the written testimony have already been provided to the members of the State Board of Education for their review. Included with this report are additional pieces of written testimony which were not also presented orally and which give specific recommendations about further action. All written testimony was considered by the Department of Education staff as they analyzed public comment before the redrafting of the proposed regulations.

SUMMARY OF REVISIONS NEEDED:

The existing handbook needs to be revised to:

1. Include, as a program option, the learning of skills pertinent to the culture as well as the language. JUNEAU, FAIRBANKS, BETHEL, DILLINGHAM, ANCHORAGE, SOLDOTNA, AND NOME testimony.

2. Include more program options. JUNEAU, FAIRBANKS, BETHEL, ANCHORAGE, DILLINGHAM, SOLDOTNA, NOME, AND KOTZEBUE testimony.

3. A. Increase the amount of direct parent involvement in program planning.

   B. Allow parents and/or secondary students the privilege of opting-out from the bilingual program. NOME, JUNEAU, FAIRBANKS, BETHEL, ANCHORAGE, DILLINGHAM, AND SOLDOTNA testimony.

4. Reflect the needs of both indigenous and non-indigenous language groups. JUNEAU, FAIRBANKS, SOLDOTNA, ANCHORAGE testimony.

5. Reflect more closely the HEW Task Force findings on practices ruled unlawful under Lau vs. Nichols. BETHEL, ANCHORAGE, JUNEAU, FAIRBANKS, DILLINGHAM, SOLDOTNA, AND KOTZEBUE testimony.

6. Reflect a greater emphasis on both materials and curriculum development. NOME, JUNEAU, FAIRBANKS, AND ANCHORAGE testimony.

7. Delete philosophy and advisory language from the content of actual regulation. ALL SITES testimony.

8. Include a requirement for an evaluation component which speaks to student performance. FAIRBANKS, NOME, KOTZEBUE testimony.

9. Eliminate from the assessment process, on the basis of prior knowledge, those students who are not in categories A through E. JUNEAU, FAIRBANKS, SOLDOTNA, AND ANCHORAGE testimony.

10. Clarify category E. JUNEAU, FAIRBANKS, DILLINGHAM, BETHEL, AND NORTH SLOPE testimony.

11. Reflect the traditional and legal roles and responsibilities of school boards. JUNEAU, FAIRBANKS, BETHEL, NOME, AND KOTZEBUE testimony.

12. Allow options in language assessment instrumentation. Eliminate contradictory language in reference to non-traditional norm-referenced and standardized tests. FAIRBANKS, KOTZEBUE, ANCHORAGE, DILLINGHAM, AND SOLDOTNA testimony.

13. Insure that staff skills are commensurate with program requirements. JUNEAU, FAIRBANKS, BETHEL, DOTZEBUE, ANCHORAGE, DILLINGHAM, AND SOLDOTNA testimony.

14. Describe acceptable procedures for identifying Category E students. NOME, FAIRBANKS, AND ANCHORAGE testimony.

15. Clarify the acceptability of language maintenance program. BETHEL AND SOLDOTNA testimony.

16. Speak to "equal work, equal pay" issue. FAIRBANKS, BETHEL, AND ANCHORAGE testimony.

17. Reduce the level of restriction on variety in district plans. NOME, BETHEL, AND KOTZEBUE testimony.

18. Strengthen that section of the regulations which speaks to staff training and development. NOME, JUNEAU, FAIRBANKS, BETHEL, ANCHORAGE, DILLINGHAM, AND SOLDOTNA testimony.

19. Require local plans to include provisions for the integration of A through E students in the regular program. FAIRBANKS, KOTZEBUE, AND BETHEL testimony.

HEARINGS SCHEDULE:

A. ANCHORAGE – AUGUST 24, 1977

B. JUNEAU – AUGUST 24, 1977

C. FAIRBANKS – AUGUST 25, 1977

D. KETCHIKAN – AUGUST 25, 1977

E. BETHEL – SEPTEMBER 19, 1977

F. FAIRBANKS – SEPTEMBER 21, 1977

G. NOME – SEPTEMBER 21, 1977

H. ANCHORAGE – SEPTEMBER 22, 1977

I. KOTZEBUE – SEPTEMBER 28, 1977

J. DILLINGHAM – OCTOBER 3, 1977

K. SOLDOTNA – OCTOBER 5, 1977

TESTIMONY WAS GIVEN BY THE FOLLOWING:

Anchorage, August 24, 1977

1. Carolyn Doggett, president, NEA/Alaska

2. Lori Sears, president, Anchorage Education Association

3. Gene Davis, Anchorage School District

4. Luis Gonzalez, president, Hispanic American Society of Anchorage

5. Pat Pletnikoff, Aleutian/Pribilof Islands Association

6. Roger Lang

7. Bob Kemp, president, NAACP, Anchorage branch

8. Bill Bankston, attorney for Southwest Region, Lake & Peninsula, Pribilof Islands, and Aleutian School Districts, of Anchorage

9. Neil Thomas, director, Alaska State Commission for Human Rights

Juneau, August 24, 1977

1. Mary Borthwick, Box 857, Juneau; Juneau teacher

2. John Coffee, president, Alaska Association of School Administrators; Box 803, Juneau School District, Douglas, Ak. 99824

3. Bob Van Houte, NEA/Alaska

4. Mary Becker, Box 522, Douglas; Juneau schools

Fairbanks, August 25, 1977

1. Michael Travis

2. Dermot Collis

3. Mike Flora, federal programs director, Yukon Flats School District, speaking for self

4. Gayle Pierce, Fairbanks Education Association, Ryan Jr. High teacher and member State Executive Board of NEA/Alaska, speaking for self

5. Chad Thompson

6. Georgianna Lincoln, Athabascan, speaking for self and also speaking for Doyon, Ltd.

Fairbanks, August 25, 1977 - continued

7. Leland Clune, Fairbanks North Star Borough School District
8. Mike Krauss, Alaska Native Language Center, speaking for self
9. Virginia Wilson

Ketchikan, August 25, 1977

1. Elvie Brinson
2. Robert Peratrovich, Klawok District board president and retired teacher
3. Bob Weinstein, Southeast Island School District
4. R.W. Stekl, superintendent, Ketchikan Gateway School District
5. Elbie Gann, superintendent, Hydaburg School District
6. Sarajustine Black, president, Ketchikan Education Association
7. Vesta Johnson, vicepresident, Haida Society, Hydaburg
8. Elnore Corbett, member of native parent committee
9. Marjorie Nix, bilingual assistant

Bethel, September 19, 1977

1. Anna Angaiak, St. Marys student, and student body president
2. Peter Angaiak, St. Marys student
3. Paul Jumbo, St. Marys student
4. Timothy Stanislaus, St. Marys student
5. James Murran, St. Marys student
6. Thelma Beans, St. Marys student
7. Nancy Lake, St. Marys student
8. Andy Paukan, St. Marys bilingual teacher
9. Maggie Paukan, St. Marys, district employee

TESTIMONY GIVEN - 3

Bethel, September 19, 1977, continued -

10. John Thompson,Sr., St. Marys, parent committee member

11. Mary Paukan, St. Marys

12. Sophie Beans, St. Marys, president of bilingual-bicultural programs parent comm.

13. Mrs. Margaret Andrews, St. Marys

14. Larry Beans, St. Marys school district, administrative assistant

15. Walter Brown, superintendent, St. Marys School District

16. Chuck Hunt, Bethel, Kuskokwim Community College student

17. John T. Jones, Bethel, parent

18. Ivan Ivan, Bethel, parent

19. Mark Roye, Alaska Legal Services attorney, Bethel

20. Rosemary Porter, Bethel

21. Ray Virgin, Marshall, educator and president of Lower Yukon Education Association, and parent

22. Alvin Owletuck, Marshall, Community School Committee member

23. Brad Raphel, Mt. Village, Central office administrator, speaking for self

24. Peter Atchak, village liason for Yupiktak Bista

25. Anthony Vaska, Upper Kalskag, Kuskokwim Community College village teacher

26. Esther Green, Bethel, bilingual teacher at elementary school

27. Diane Carpenter, parent

28. Natasia Markham, Bethel

29. Katherine Collier, Bethel

TESTIMONY GIVEN - 4

Fairbanks, September 21, 1977

1. Katherine Hecht, Center for Northern Educational Research, University of Alaska, speaking for self
2. Ken Smith, elementary teacher, speaking for Fairbanks Education Association
3. Cayle Barbo, teacher, speaking for Fairbanks Education Association
4. John Mitchael, administrative assistant, Alaska Gateway School District
5. Paul Milanowski, Summer Institute of Linguistics, speaking for Alaska Gateway School District
6. Carolyn Gray, Fairbanks Education Association
7. Larry Nyland, superintendent, Alaska Central Railbelt School District
8. Dave Lannigan, assistant superintendent, Fairbanks North Star Borough School District
9. Jess Holloway, assistant superintendent, North Slope Borough School District
10. Patsy Aamodt, North Slope Borough School District
11. Nolan Soloman, North Slope Borough School District board
12. Gayle Pierce, teacher, NEA/Alaska executive board
13. Dick Mueller, president, Yukon Flats School Board
14. Doris Ray, NEA Council on Instructional and Professional Development, speaking for NEA/Alaska
15. Ron Nicholin, counselor, Fairbanks Education Association

Nome, September 21, 1977

1. Jim Engwall, Nome District School Board, Box 131, Nome
2. Darlene Francis, Nome District, bilingual-bicultural resource teacher, Box 364, Nome
3. Enid Lincoln, Bering Strait School District Board, White Mountain, Ak. 99784
4. Ron Gerton, NEA/Alaska, Box 449, Nome 99762
5. Chris Pelkey, Alaska Legal Services, Box 397, Nome
6. Darroll Hargraves, superintendent, Nome School District, box 131, Nome

7. Dan Levinson, Nome-Beltz teacher, general delivery, Nome
8. Perry Mendenhall, Nome, native, Box 1141, Nome
9. Nancy Mendenhall, educator, Box 1141, Nome
10. Jenny Alowa, former bilingual teacher and bilingual Eskimo, Box 1007, Nome
11. Teresa Sockpealuk, Nome
12. Edna Apatika, bilingual teacher.
13. Tom Ellama, native,former boarding home director, Nome
14. Cheryl Richardson, former bilingual program worker, Nome
15. Joe Murphy, Nome Elementary School principal, Nome
16. Carolyn Schubert, Council
17. David Shinen, language specialist with Summer Institute of Linguistics, Box 629, Nome

Anchorage, September 22, 1977

1. Francis Mitchell, speaking for Jim Zuelow, supt., Iditarod Area School District, Box 105, McGrath, Ak. 99627
2. Jean Ann Johnson, NEA/Alaska IPD, 1526 K St., Anchorage 99501
3. Lori Sears, Anchorage Education Association, 1515 Tudor Road, Anchorage 99507

Kotzebue, September 28, 1977

1. Dennis J. Tiepelman, Mauneluk Association, Box 256, Kotzebue 99752
2. Jan Cardwell, Northwest Arctic School District, Box 51, Kotzebue 99752
3. Frank Ferguson, state senator and parent, Box 131, Kotzebue, Ak. 99752
4. Evelyn Conwell, Northwest Arctic school board member, Box 125, Kotzebue 99752
5. June Nelson, Northwest Arctic school board member, Box 158, Kotzebue 99752
6. Mary Schaeffer, Northwest Arctic board member and parent, Box 106, Kotzebue 99752
7. Rachael Craig, Box 131, Kotzebue 99752

Kotzebue, September 28, 1977 - continued

8. Linda Harris, program administrator, Northwest Arctic School District
9. Hannah Loon, Selawick
10. Violet Pungalik, Noorvik, bilingual instructor
11. Judith Allen, Kotzebue, bilingual instructor
12. Tom McKenna, Maneluk Association, Box 256, Kotzebue 99752

Dillingham, October 3, 1977

1. Ted Eastwood, Southwest Region schools
2. Lena Andre, Box 77, Dillingham 99576
3. Carolyn Gustafson, Dillingham Education Association, reading letter from DEA president Jerry Adkinson
4. Roy Warner, Dillingham district employee
5. Jeri Nelson, Dillingham school board member, speaking for self; Box 199, Dillingham
6. Joan Nelson, Box 85, Dillingham
7. Robert Clark, Box 233, Dillingham; Southwest Region board president
8. Dennis Andrew, New Stuyahok
9. Joe Hiratsuka, Box 10053, Dillingham; Southwest Region board
10. Stanley Active, Box 81,Togiak; Southwest Region board
11. Frank Wood, New Stuyahok 99636; parent
12. Wassillie Petla, Jr.; Portage Creek 99576
13. Jerry Arthur, New Stuyahok, teacher, speaking for self
14. Thomas Tild, Dillingham
15. Keefa Moxie, Aleknagik; Southwest Region board
16. Petla Apalayak, Manokotak
17. Gust Barthman, Dillingham
18. Dora Gauthier, bilingual teacher, Dillingham

TESTIMONY GIVEN - 7

Dillingham, October 3, 1977 - continued

19. Mike Gloko, Manokotak; Southwest Region board

20. Rich Dine, Southwest Region, speaking for district

21. Herb Oba, Dillingham school superintendent

22. Dave Dickerson, Southwest Region superintendent

Soldotna, October 5, 1977

1. Dale Lunsford, speaking for Alaska Association of School Administrators

2. Charles Craig, Kenai School District

3. Stan Long, parent

4. Dick Bower, Aleutian Islands district superintendent

5. Charles White, Lake and Peninsula district superintendent

6. Sara Hornberger, Lake and Peninsula district board president

7. Will Riggen, Yukon Flats district superintendent

WRITTEN TESTIMONY INCLUDES:

Anchorage, 8/24/77 -

1. Testimony of Niel Thomas, Alaska State Commission for Human Rights (also testified orally)

Juneau, 8/24/77 -

No written testimony

Ketchikan, 8/25/77 -

No written testimony

Fairbanks, 8/25/77 -

No written testimony

Bethel, 9/19/77 -

1. Letters from St. Marys students, parents, and teachers who also testified orally:
   Anna Angaiak, student
   Peter Angaiak, student
   Paul Jumbo, student
   Timothy Stanislaus, student
   James Murran, student
   Thelma Beans, student
   Nancy Luke, student
   Larry Beans, administrative assistant for school district
   Walter Brown, district superintendent

2. Letters from St. Marys community members, board members who did not testify in person:
   Lena Long, parent
   Flora Paukan, president school board
   Stan Paukan, parent and city council member
   Mary Andrews, secretary, school board
   Martha Paukan, parent committee member for bilingual-bicultural
   Sr. Francis X. Porter, OSU, St. Marys High school principal
   Cammie Okitkun, student
   Carolyn Patsy, student
   Henry Moses, student
   Lillian Beans, student
   Moses Paukan Jr., student
   Morris Teeluk, student
   Bernadette Kilongak, student
   Francis Mike, student
   Laura Vaska, student
   Elizabeth Joe, student
   Pauline Charlie, student
   Joan Johnson, student

Gordon Sallison, student

3. Tape recording from St. Marys' community members:
   1. Yupik speaker (needs to be translated and transcribed)
   2. Yupik speaker (needs to be translated and transcribed)
   3. Peter Andrews, parent
   4. Yupik speaker (needs to be translated and transcribed)

4. Charles Hunt, lands coordinator for Nunam Kitlutsisti and college student at Kuskokwim Community College (also testified orally)

5. Resolution of the State Board of Education, submitted by Alaska Legal Services, Bethel

6. Laverne Etter, Superintendent of Lower Yukon School District
7. Position paper by Alaska Legal Services (also testified orally)

Fairbanks, 9/21/77 -

1. NEA/Alaska Position Paper on Proposed Bilingual/Bicultural Regulations (also testified orally)
2. Kathryn Hecht, speaking for self (also testified orally)

3. Tok Area Teachers' Association

Nome, 9/21/77 -

1. Nome City School District board positions (also testified orally)

2. Bering Strait School District Position Paper (also testified orally)

3. Darlene Francis, Nome district employee (also testified orally)

4. Cheryl Richardson, speaking for self (also testified orally)

Anchorage, 9/22/77 -

1. NEA/Alaska Position Paper on Proposed Bilingual/Bicultural Regulations (also testified orally)
2. Anchorage Education Association position paper (also testified orally)

Kotzebue, 9/28/77 -

1. A Brief Critique of A Handbook for Bilingual/Bicultural Education Programs in Alaska, submitted by Jan Cardwell, Northwest Arctic Asst. Superintendent for Instruction

2. Position of administration and board of Northwest Arctic School District (also testified orally)
3. Dennis Tiepelman, president, Mauneluk Association (also testified orally)
4. Linda Harris, Northwest Arctic School District program administrator (also oral)
5. Rachael Craig, self (also testified orally)

Dillingham, 10/3/77 -

1. Jerry Arthur (also testified orally)
2. Joanne Nelson (also testified orally)
3. Jeri Nelson (also testified orally)
4. Perry Adkison (testimony read orally also)
5. NEA/Alaska position paper
6. Anna Maria Cenaro
7. Resolution of Southwest Region Schools (also presented orally)
8. Richard Dine, Asst. Supt., Southwest Region Schools (also testified orally)
9. Southwest REAA memo, with analysis and critique of CEOS/DCE handbook

OTHER WRITTEN TESTIMONY RECEIVED:

1. North Slope Borough School District letter, submitted by Don Renfroe, Supt.
2. Alaska Gateway School District position paper
3. Alaska Central Railbelt School District position, submitted by Larry Nyland, supt
4. B.A. Weinberg, Lower Kuskokwim superintendent
5. Russell Tabbert, Associate Professor of English, University of Alaska
6. Roberta Dowell, chief educatinnal standards, Department of Education
7. A Brief Critique, submitted by Brad Raphel, Lower Yukon administrator
8. Cynde Grubis, Dillingham
9. Kenai Peninsula Borough School District administration position paper
10. Alaska Association of School Administrators resolution 10-77
11. Bristol Bay Borough School District 78-1
12. Marshall Elementary School Staff
13. Lake and Peninsula School District
14. Yup'ik Language Workshop and Cultural Studies Center, Bethel
15. Charles Gustafson
16. State Executive Board of Alaska Community College Federation of Teachers
17. Kuskokwim Community College faculty members
18. Copper River School District letter and resolution77-25
19. Don Sagmoln, Dillingham
20. Norma Adkison, Dillingham
21. William M. Darling, Dillingham
22. B. Hexum, Dillingham
23. Jackie Wren, Dillingham
24. Betty Oia, Dillingham
25. Annie Liu Calderera, Bethel
26. Lower Yukon Education Association
27. Professional Teaching Practices Commission
28. James Hall, Kenai Peninsula Borough School District

29. Kuskokwim Community College faculty members (received October 13, 1977)

20. Alaska Community College Federation of Teachers (received October 13, 1977)

news
ALASKA DEPARTMENT OF EDUCATION
August 3, 1977

493.6.28 Chronological Events re State Org. Plan

BACKGROUND INFORMATION

CHRONOLOGY OF EVENTS RELATING TO THE CURRENT NEGOTIATIONS BETWEEN THE ALASKAN SCHOOL DISTRICTS AND ALASKA DEPARTMENT OF EDUCATION, AND THE FEDERAL OFFICE FOR CIVIL RIGHTS

1964: Title VI, Civil Rights Act enacted on federal level

1968: Bilingual Education Act, enacted on federal level

1972: Alaska state legislature passed law calling for the establishment of bilingual education programs in those schools of the State-Operated-Schools-System with 15 or more students of limited English-speaking ability.

1974: The U.S. Supreme Court ruled in Lau v. Nichols that schools must provide equal educational opportunity for those students with language difficulties.

January, 1975: The U.S. Department of Health, Education and Welfare Office for Civil Rights (OCR) sent forms (OS/CR 101) to three school systems in Alaska: Alaska State-Operated-Schools System, Anchorage School District and North Star Borough School district (Fairbanks). The three districts were selected at random by OCR, apparently on the basis of their enrollment size.

The forms were to determine whether there were any compliance problems with the Civil Rights Act of 1964 in any of the districts; more specifically, the forms required the districts to show how many students with language difficulty problems were being served in each district and how those students were being served.

March, 1975: Alaska State-Operated-Schools submitted data to OCR, Washington, D.C. office.

June, 1975: Alaska Senate Bill 35, decentralizing the Alaska-State-Operated-School System, was signed into law. The ASOSS was abolished and in its place was created a one-year interim school district known as the Alaska Unorganized Borough School District (AUBSD). The district was to function only until July 1, 1976, when the new districts were to take over.

The legislation also changed the state's bilingual education law, calling for bilingual-bicultural education programs in those schools with eight or more students of limited English-speaking ability.

August, 1975: OCR-Region X, in Seattle, requested additional information regarding data submitted by ASOSS on the form. At this point, however, ASOSS was no longer existing and had been replaced by a new governing body, a new administration and the new organization known as AUBSD. That administration submitted information about the transition being caused by Alaska Senate Bill 35 and, in particular, about the interim function of AUBSD.

Summer, 1975: The OCR convened a national task force to specify remedies to eliminate educational practices ruled unlawful under the Lau decision. The result was a set of minimum guidelines labeled the "Lau remedies."

November, 1975: AUBSD was notified by OCR-Region X that it had been found in "presumptive noncompliance" with Title VI of the Civil Rights Act of 1964. More specifically, according to OCR, ASOSS/AUBSD had failed to serve its students who had language problems. The finding by OCR was based on an analysis of the data submitted by the now defunct organization ASOSS.

For more information, contact Mary Halloran, Public Information, Pouch F, Juneau 99811 or 465-2821

news

AUBSD was also informed that it would have 30 days in which to rebut the evidence and was put on notice that resolution of the finding would require them to (1) assess the number of students with language problems; (2) develop a comprehensive educational plan specifically detailing how children with language problems would be served, with approval of the plan to be made by OCR; and (3) impose on the districts then forming under Senate Bill 35, the comprehensive educational plan developed by AUBSD and approved by OCR.

January, 1976: AUBSD submitted arguments to OCR-Region X that it did not have the authority, resources, personnel, funding or time left, given its six remaining months of existence, to answer the charges as outlined in the finding of presumptive noncompliance. AUBSD also argued that the new districts, scheduled to begin operation July 1, 1976, should be given the opportunity to assess their students, develop and implement educational plans within their own districts and, thus, exercise local control of education.

March, 1976: AUBSD was notified that it had been found in noncompliance with Title VI of the Civil Rights Act of 1964; that it must take action to remedy the earlier-stated problems – more specifically, it must assess students, develop educational plans, obtain approval from OCR of plans and impose plans upon the new districts taking over on July 1. OCR stated that failure to comply would result in a withdrawal of federal funds from AUBSD and the new districts. AUBSD had less than four months of legal existence left.

April, 1976: At the request of AUBSD, representatives from AUBSD, the Alaska Department of Education (DOE), University of Alaska and OCR met in Juneau. DOE agreed to assume a leadership role in resolving the issue, if that action met with the approval of the State Board of Education.

May, 1976: The State Board of Education approved a resolution stating that DOE would enter into negotiations with OCR in behalf of all school districts in the states, in the matters pertaining to compliance with Title VI of the Civil Rights Act of 1964. In particular, the board directed the department to:

(1) identify and assess the primary or home language of the state's students;
(2) develop minimal guidelines for use by all school districts;
(3) prepare a time schedule of events for the assessment, development and implementation of a plan

July 1, 1976: AUBSD was ended and 21 new school districts formed in its place, each guided by a locally elected district school board.

September, 1976: OCR notified DOE that it was being held in noncompliance with Title VI of the Civil Rights Act of 1964; that it would have to submit a comprehensive educational plan detailing (1) assessment of students; (2) programs to remedy needs of children with linguistic problems; (3) staffing; (4) funding resources. In effect, the plan on which DOE was working shifted from being a set of guidelines for bilingual education programs to being a compliance document.

November, 1976: DOE submitted its first plan to OCR. It was rejected by OCR. With its rejection of the first plan, OCR also put into action the mechanism for deferring federal funds and notified the 21 districts of that action.

December, 1976: DOE's second plan was submitted to OCR.

January, 1977: OCR found the second plan unacceptable.

February, 1977: OCR notified the districts that a deferral on application for federal funds was being placed on them.

March, 1977: DOE submitted another plan to OCR.

March 6, 1977: The General Counsel of the U.S. Department of Health, Education and Welfare notified the districts of the official deferral of federal funds, under Title VI of the Civil Rights Act.

March 22, 1977: The deferral of federal funds led to the initiation of a federal administrative hearing process. The process began with a prehearing conference on March 22. It was attended by attorneys for the districts still involved in litigation, the DOE attorney and legal representatives for OCR.

April 26, 1977: DOE was notified that its third plan was unacceptable.

Late April, 1977: DOE requested the assistance of the Center for Equal Opportunity in Education to develop the next version of the plan. Negotiations between DOE, the Center and OCR resulted in the development of the handbook entitled "A Handbook for Bilingual-Bicultural Education Programs in Alaska."

The administrative hearing was rescheduled for July 20, 1977.

June, 1977: OCR and DOE reached agreement on a plan for compliance. The plan contains three parts: 1) the handbook, to be adopted by the State Board of Education as regulation and used by the state's 51 school districts in resolving noncompliance issues; 2) the DOE management plan spelling out how the handbook will be implemented; 3) a memorandum of agreement between DOE and OCR on the handbook and the management portion of the process. All three parts of the plan have to be ratified by the State Board of Education.

Contents of both the management plan and the memorandum of agreement are still not set. The handbook, however, is being promulgated through the public hearing process.

June 13-14; 1977: The proposed handbook was presented to a meeting of district administrators from the new districts.

June 27, 1977: The State Board of Education directed the Department to ask for public input on the plan by promulgating a regulation calling for the adoption of the handbook as state regulation. The Board also directed the Department to go ahead with language assessment activities and a cost analysis of full implementation of the plan.

The Board also requested from OCR a postponement of the administrative hearing then scheduled for July 20, asking that the hearing be postponed until no earlier than October 31.

In June, 1977, the OCR also made public that the Anchorage school district has been found in presumptive noncompliance with the Lau remedies. At stake are approximately $3.5 million in federal funds. (At stake in the other regional districts are some $15 to $16 million in federal funds for the coming year.)

Also, in June, 1977, the OCR found the North Star Borough School District (Fairbanks) in presumptive noncompliance with the Lau remedies. At stake are some $400,000 in federal funds.

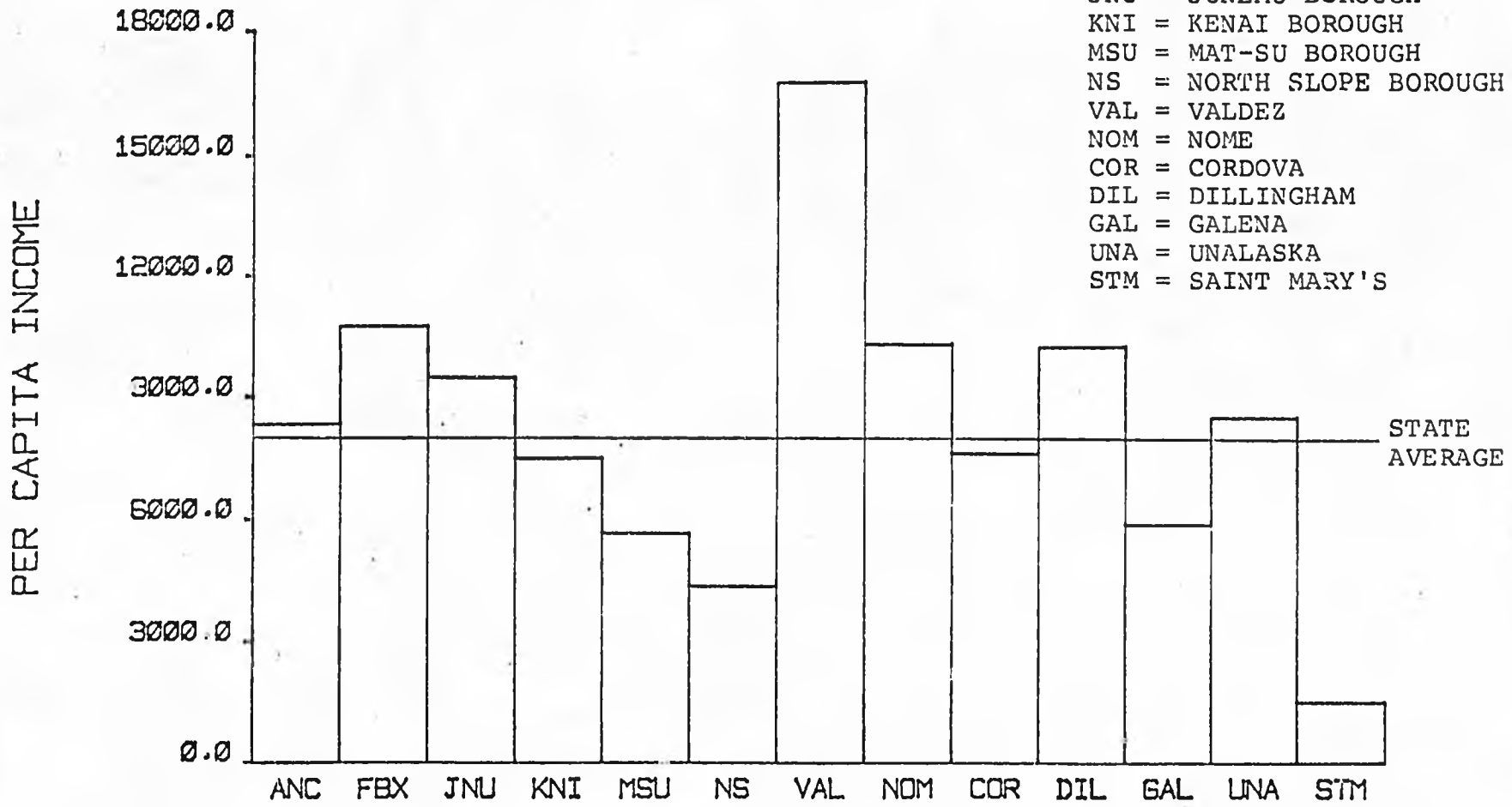
The administrative hearing is now set for October 31, 1977.

Public hearings on the handbook begin August 24 and continue through October 5. (Schedule attached).

During the lengthy negotiations, five of the 21 districts originally involved have been released, at least temporarily, by OCR. The sixteen districts still affected are Northwest Arctic, Bering Straits, Lower Yukon, Lower Kuskokwim, Kuspuk, Southwest Region, Lake and Peninsula, Aleutian Chain, Pribilofs, Iditarod Area, Yukon Koyukuk, Yukon Flats, Alaska Central Railbelt, Delta-Greely, Alaska Gateway and Copper River.

HB
853

PER CAPITA INCOME
1976



ANC = ANCHORAGE BOROUGH
FBX = FAIRBANKS BOROUGH
JNU = JUNEAU BOROUGH
KNI = KENAI BOROUGH
MSU = MAT-SU BOROUGH
NS = NORTH SLOPE BOROUGH
VAL = VALDEZ
NOM = NOME
COR = CORDOVA
DIL = DILLINGHAM
GAL = GALENA
UNA = UNALASKA
STM = SAINT MARY'S

prepared by
Legislative Affairs
Agency
see attached memorandum

STATE OF ALASKA

Inter-Department Route Slip

TO:
MAIL STATION NUMBER 3100

DEPARTMENT Legislature

ATTENTION Rules Committee

☐ Approval	☐ Note & Return
☐ Signature	☐ Initial & Return
☐ Comment	☐ Return As Requested
☐ Contact Me	☐ Return For Approval
☐ Prepare Reply	☐ Necessary Action
☐ For Your File	☐ Your Information

Remarks:

FROM:
MAIL STATION NUMBER 0500

DEPARTMENT Educat.

BY [signature] DATE 2/22

02-002 (REV.10/73)

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

REVISED

I. REQUEST
Bill/Resolution No. HB 853
Title An Act relating to public school construction
Requested by The Rules Committee at request of Governor Date 2-17-78

II. FISCAL DETAIL
Agency Affected Education
Program Category Affected Elementary and Secondary Education
Budget Request Unit(s) Affected Financial Support Programs

EXPENDITURES (Thousands of Dollars)

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES			20,000.0	22,000.0	24,200.0	26,620.0
700 GRANTS, CLAIMS, ETC.						
TOTAL			20,000.0	22,000.0	24,200.0	26,620.0

FUNDING (Thousands of Dollars)

GENERAL FUND			20,000.0	22,000.0	24,200.0	26,620.0
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME			-0-	-0-	-0-	-0-
PART TIME			-0-	-0-	-0-	-0-
TEMPORARY			-0-	-0-	-0-	-0-

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

We anticipate city and boroughs which are school districts to expend approximately $70 million per year for the purpose of school construction for the next three to four years. However, the eligibility requirements of this legislation focuses on the most critical needs of districts. Information we presently have indicates that the most pressing school district facility needs can be accomodated with an annual appropriation of $20,000,000 over several years.

Inflation at 10% for construction.

IV. DATE February 21, 1978 PREPARED BY Nathaniel Cole, Deputy Commissioner
AGENCY Department of Education
PHONE 465-2800

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

33-001 (Rev. 12/77)

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HOUSE BILL NO. 853

Title An Act Relating to School Construction

Requested by Governor Date 2-16-77

II. FISCAL DETAIL

Agency Affected Education

Program Category Affected Elementary and Secondary Education

Budget Request Unit(s) Affected Financial Support Programs

EXPENDITURES (Thousands of Dollars)

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES		20,000	22,000	24,200	26,620	29,282
700 GRANTS, CLAIMS, ETC.						
TOTAL		20,000	22,000	24,200	26,620	29,282

FUNDING (Thousands of Dollars)

GENERAL FUND		20,000	22,000	24,200	26,620	29,282
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME		0	0	0	0	0
PART TIME		0	0	0	0	0
TEMPORARY		0	0	0	0	0

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

We anticipate city and boroughs which are school districts to expend approximately $70 million per year for the purpose of school construction for the next three to four years. However, the eligibility requirements of this legislation focus on the most critical needs of districts. Information we presently have indicates that the most pressing school district facility needs can be accommodated with an annual appropriation of $20,000.

IV. DATE 2-16-78 PREPARED BY Art Cole

AGENCY Education

PHONE 465-2800

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

33-001 (Rev. 12/77)

853

sec 1 - out

Pg. 2 -12) 80%

14 - insert Approved

C + D - out

Pg 3
17 of .20 x Act. cost of cost.
Approved in sec 30A of
this chap

B → C, C → D ck
new B - Costs ~~of~~ the const of
any portion of fac. approved
ud - sec B of this
chapt in excess of approved
ud - C must be born by
dist.

Soldotna - 26 mil - 17/30 (DOE App.)

HB
859

Charlie, RSP

Pub. Safety wants this bill, DOE doesn't feel its much of a problem - Pub. Safety admits this won't entirely clear up the situation since school buses are used for other purposes during the summer months - My recommendation is no action -

Michael

Michael –
Ask Leg Affairs to make
comm bell – we'll get
it in too. look at
it in.
C

What ABOUT the
Attached Bill proposal?
We could just
draft this as is.
Do so, pls
C. M

Copies to Minutes 3/17 file, pb

ASTA Alaska School Transportation Association

Box 175
Nenilchik, Alaska
99639

March 15,1978

Health, Education and Social Services Committee
Alaska House of Representatives
Pouch V
Juneau, Alaska 99811

Gentlemen: HB 759 & HB 859

Thank you for your consideration of problems facing the school bus industry in the State of Alaska.

HB 759 seems to take care of the situation nicely to prevent convicted felons, particularly rapists and child molesters, from obtaining a school bus driver's permit. It had been brought to our attention that the fingerprinting of new school bus driver permit applicants had turned up some persons with felony records who would be undesirable school bus drivers, but there was no legal way to deny them a permit, or to even identify them to the school authorities or their employers. With this legislation, Department of Public Safety can deny or revoke a permit for more than just a poor driving record.

HB 859 needs ammendment or change, please, to reflect the intent of the Alaska School Transportation Association:"school buses not used primarily for pupil transportation shall be painted any other color except national school bus yellow". Some school bus contractors are licensed with ATC for charter work and use their school buses during the off season or ocassionally during the school year for more than pupil transportation. This has been permitted by covering the 'school bus' signs and not using the traffic controling equipment on the bus. All school buses used primarily for pupil transportation are listed by license and serial numbers with the local school districts, and this could be the criteria for determining which buses are 'legal school buses' with reason for use of the nationally identifying school bus glossy yellow. In the case of church school buses, if they are used for pupil transportation, they could use the yellow color and be identified as school buses, but they should also be required to pass the semi-annual safety inspections and be driven by licensed drivers having valid school bus driver permits. This is not now true, and is presenting problems.

To start at the beginning with this school bus problem: Department of Education has long had a regulation on their books: from DOE Minimum Standards for Alaska School Buses, 1971 Revised Edition, page 14, Miscellaneous, Regulations for Resold School Buses:

> "Owners haceiving used school buses are responsible for removing the district's name and number, all lettering, markings or characteristics that identify it as a school bus. An owner selling used buses to other than another operator shall be responsible for removing the operator's name and number, all

ASTA Alaska School Transportation Association

lettering, markings or characteristics that identify it as a school bus. The new owner is responsible for repainting from school bus yellow to another color within 90 days from date of purchase."

And I enclose a copy of the National Highway Traffic Safety Administration Implementation Table for Standard 17, Pupil Transportation Safety, which shows the State of Alaska as being in conformance with the national standard, Section B 3 "Vehicles permanently converted for use other than transporting pupils to and from school shall be pain ed a color other than national school bus glossy yellow". This is obviously based on our State Department of Education regulation.

However---Department of Public Safety, which now has the responsibility for enforcement of everything pertaining to vehicles and licensing, does not currently have this regulation. And their regulation revisions have been bouncing back and forth between the DPS and the AG's office for at least four years that I know of. The school bus industry in Alaska would like to have action on at least that portion of the regulation pertaining to school buses.

That would take care of part of the problem. There are new federal regulations regarding school buses in NHTSA Standard 17 that Alaska has not caught up with. Department of Education is aware of them with their Memo #78-39 referring to NHTSA Notice 900, dated June 1, 1977,. But again, unless there is coordination with Department of Public Safety for enforcement, Alaska is missing the boat!

Sincerely,
Barbara Banta

Barbara Banta, Sec-Treas
Alaska School Transportation
Association

IMPLEMENTATION TABLE

17 - PUPIL TRANSPORTATION SAFETY	ALABAMA	ALASKA	ARIZONA	ARKANSAS	CALIFORNIA	COLORADO	CONNECTICUT	DELAWARE	DIST. OF COLUMBIA	FLORIDA	GEORGIA	HAWAII	IDAHO	ILLINOIS	INDIANA	IOWA	KANSAS	KENTUCKY	LOUISIANA	MAINE	MARYLAND	MASSACHUSETTS	MICHIGAN	MINNESOTA	MISSISSIPPI	MISSOURI	MONTANA	NEBRASKA	NEVADA	NEW HAMPSHIRE	NEW JERSEY	NEW MEXICO	NEW YORK	NORTH CAROLINA	NORTH DAKOTA	OHIO	OKLAHOMA	OREGON	PENNSYLVANIA	PUERTO RICO	RHODE ISLAND	SOUTH CAROLINA	SOUTH DAKOTA	TENNESSEE	TEXAS	UTAH	VERMONT	VIRGINIA	WASHINGTON	WEST VIRGINIA	WISCONSIN	WYOMING
A. ADMINISTRATION																													●											●							●			
1. A SINGLE STATE AGENCY HAVING PRIMARY ADMINISTRATIVE RESPONSIBILITY FOR PUPIL TRANSPORTATION		●																											●								●			●							●		
2. THE AGENCY SHALL DEVELOP AN OPERATING SYSTEM FOR COLLECTING AND REPORTING INFORMATION NEEDED TO IMPROVE THE SAFETY OF SCHOOL VEHICLE OPERATIONS		●										●								●																														
B. IDENTIFICATION AND EQUIPMENT OF SCHOOL VEHICLES																																																			
ESTABLISH AND MAINTAIN COMPLIANCE FOR IDENTIFICATION AND EQUIPMENT OF SCHOOL VEHICLES																																																			
1. TYPE I SCHOOL VEHICLES SHALL:																																																		
a. BE IDENTIFIED WITH THE WORDS, "SCHOOL BUS."					●		●					●																										●			●	●				●	●				
b. BE PAINTED NATIONAL SCHOOL BUS GLOSSY YELLOW																																	●							●					●	●				
c. HAVE BUMPERS OF GLOSSY BLACK					●																												●	●						●					●	●				
d. BE EQUIPPED WITH A SYSTEM OF SIGNAL LAMPS	●								●															●															●											
e. SYSTEM OF MIRRORS THAT WILL GIVE DRIVER A VIEW OF THE ROADWAY TO EACH SIDE AND IN FRONT OF THE FRONT BUMPER																						●	●					●											●			●	●	●	●						
2. SCHOOL VEHICLES OPERATED BY A PRIVATELY OR PUBLICLY OWNED TRANSIT SYSTEM:																																																		
a. NEED NOT BE PAINTED YELLOW AND BLACK AS REQUIRED		●						●	●			●										●																●	●	●			●					●			
b. EQUIPPED WITH TEMPORARY SIGNS, LOCATED CONSPICUOUSLY ON THE FRONT AND BACK OF THE VEHICLE		●						●	●			●										●																●	●	●			●					●			
c. WHERE USE OF WARNING SIGNAL LAMPS IS PROHIBITED, THEY NEED NOT BE EQUIPPED WITH THE SIGNAL LAMPS		●						●	●			●										●																	●	●			●					●			
3. VEHICLE PERMANENTLY CONVERTED FOR USE OTHER THAN TRANSPORTING PUPILS TO AND FROM SCHOOL SHALL BE PAINTED A COLOR OTHER THAN NATIONAL SCHOOL BUS GLOSSY YELLOW								●	●			●				●						●					●						●			●			●	●	●				●	●	●				
4. TRANSPORTING PRIMARILY PASSENGERS OTHER THAN SCHOOL PUPILS SHALL HAVE THE WORDS "SCHOOL BUS," COVERED, REMOVED, OR OTHERWISE CANCELED									●													●										●			●				●	●	●						●				
5. a. TYPE II SCHOOL VEHICLES SHALL EITHER:																																																		
(1) COMPLY WITH ALL THE REQUIREMENTS FOR TYPE I SCHOOL VEHICLES, OR									●																																●									
(2) BE OF A COLOR OTHER THAN NATIONAL SCHOOL BUS GLOSSY YELLOW									●																																●									
b. ESTABLISH CONDITIONS UNDER WHICH ONE OR THE OTHER OF THE ABOVE TWO SPECIFICATIONS FOR TYPE II VEHICLES SHALL APPLY						●																●			●	●		●											●	●		●				●	●				

● State is not implementing this requirement in Standard 17 as of December 1974

HB

866

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 820
Title An Act Relating to the Teachers Retirement System
Requested by _____ Date _____

II. FISCAL DETAIL
Agency Affected Administration - Division of Retirement and Benefits
Program Category Affected Retirement and Benefits (TRS)
Budget Request Unit(s) Affected Teachers' Retirement System

EXPENDITURES (Thousands of Dollars)

		FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100	PERSONAL SERVICES		10.2				
200	TRAVEL						
300	CONTRACTUAL		17.5				
400	COMMODITIES						
500	EQUIPMENT		0.8				
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.		192.6	211.9	233.1	256.4	282.0
100	BENEFITS		44.4	48.8	53.7	59.1	65.0
	TOTAL	-0-	265.5	260.7	286.8	315.5	347.0

FUNDING (Thousands of Dollars)

GENERAL FUND		237.0	260.7	286.8	315.5	347.0	
FEDERAL FUNDS							
OTHER (Specify)							
TRS		28.5					

POSITIONS

FULL TIME							
PART TIME							
TEMPORARY		6 mos.					

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

1. Estimate FY 79 covered TRS payroll to be $214,000,000, with estimated annual increase of 10%.

2. Combined employer contribution rate and State Match now at 13.82% of payroll based on new actuarial assumption adopted by TRS Board.

3. Increase in combined TRS State Match and employer contribution rate would be .18%.

4. Administrative costs as attached.

Paul B. Arnoldt

IV. DATE 4/04/78 PREPARED BY Paul B. Arnoldt
AGENCY Division of Retirement & Benefits
PHONE 465-4460

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named) Representative Cowper
Office of the Governor (Keith Specking)

33-001 (Rev. 12/77)

ATTACHMENT

Bill/Resolution No. HB 820

ASSUMPTIONS:

1. Estimated FY79 Payroll (Total System) = $214,000,000
2. State Contribution Rate to Fund Bill = .09 %
3. State TRS Matching Rate to Fund Bill = .09 %
4. School District Rate to Fund Bill = .09 %

COST ANALYSIS:

	Employer	Payroll		Rate	Cost	Appropriation
1.	Department of Education	$ 5,800,000	X	.09 %	$ 5,220	To Their Budget
2.	University of Alaska	$ 43,500,000	X	.09 %	$ 39,150	To Their Budget
					$ 44,370	
3.	State TRS Matching	$214,000,000	X	.09 %	$192,600	To TRS Match
4.	State TRS Regular Budget:					
	Personal Services				$ 10,190	To Personal Services
	Travel				$	To Travel
	Contractual				$ 17,500	To Contractual
	Commodities				$	To Commodities
	Equipment				$ 800	To Equipment
	COST TO STATE IN FY79				$265,460	
5.	All School Districts	$164,700,000	X	.09 %	$148,230	
	TOTAL COST IN FY79				$413,690	

REMARKS:

1. Personal Services - one temporary Retirement & Benefits Specialist - 6 man months.

   Monthly Salary - $1,551 x 6 = $ 9,306
   Benefits at 9.5% = $ 884
   $10,190

2. Contractual Services - $17,500 for initial EDP systems design and development of PRPA analysis and calculation programs.

3. Equipment - Desk, chair, calculator, etc. = $ 800

HB 866
Proposed Changes

Page 5 Line 20 delete (by a school district.)
Page 7 Line 8 after for add "that"
Line 29 change by adding after in (a 1), (a 2),(or a 3) of this
Page 9 Line 21-24 delete all of (b)
Page 11 line 17 (1) the members mandatory contribution account;
(2) $100 times the years of membership service;
(3) $1,000
(4) $500 if the deceased member is survived by one or more dependent children at the time of death.
Page 12 Line 29 (pension) to benefits
Page 13 Line 13 after "children" add under this section will be paid
after "paid" add to those beneficaries described in Sec.
delete (in accordance with sec.)

Page 14 Line 22-23 add (d) However benefits under sections 162 and 164 shall be paid to a surviving spouse in addition to those benefits the member is entitled to receive as a result of membership in the retirement system

Page 15 Line 27 after system; add or a member who is on leave of absence and is making contributions as provided under A.S. 14.20.345.

Page 16 Line 25 (8) add after Alaska, (BIA teachers under this section may claim partial years service credit under (40) of this section).

Page 18 Line 2 add NEA of Alaska
Line 13-14 delete (without pay)
Line 24 add after "city", R.E.A.A.

Page 20 Line 4 delete (certificated)
Line 5 after teacher delete (balance of li)
Line 6 delete all language up to) in on approved
Line 16 new language for section 26 "part-time teacher" means a teacher occupying a position requiring teaching on a regular basis for at least 60 percent of the normal work week at a higher eduction teaching assignment or in grades K thru 12 on a regular basis for part of the normal and customary work period per day or week or month at a particular teaching assignment, excluding teaching as an assistant or graduate assistant, or teaching on a substitute, temporary or per diem basis;

Page 22 Line 9 add certificated school nurse

Page 23 Line 20 delete (14.20.205

STATE OF ALASKA

JAY S. HAMMOND, Governor

DEPARTMENT OF ADMINISTRATION

DIVISION OF RETIREMENT & BENEFITS

POUCH CR
JUNEAU, ALASKA 99811

April 24, 1978

The Honorable Charles H. Parr
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

The attached proposed amendments to House Bill No. 866 have been reviewed and mutually agreed upon by members of the National Education Association of Alaska and the Division of Retirement and Benefits, and reviewed by the Legislative Affairs Agency.

Both you and Representative Rudd have also expressed the need to add necessary language which will include part-time teachers at the University of Alaska and its branches under the Teachers' Retirement System. In order to facilitate this change, the following additional amendments are suggested:

Page 18, line 25, subsection (B) amended to read:

"(B) full-time or part-time teaching or full-time administrative positions which require academic standing at the University of Alaska; or"

Page 20, line 17, amended to read:

"tion requiring teaching on a regular basis for at least 50 [60] per cent of"

Page 22, commencing on line 15, subsection (C) amended to read:

"(C) [RESIDENT PERSONNEL IN] Any full-time or part-time teacher [TEACHING POSITIONS] under the University of Alaska and those full-time administrative positions which require academic standing; all administrative positions placed under the system must be approved by the administrator;"

Page 25, line 28, add a new section to read:

AS 14.25.220(20)(B) and (38)(C) contained in sec. 22 of this Act take effect immediately in accordance with AS 01.10.070(c) and are retroactive to January 1, 1955 only to the extent that they apply to part-time teaching positions at the University of Alaska.

If you or any member of your committee have any questions regarding the proposed amendments. I will be glad to assist you in any way.

Sincerely,

Paul B. Arnoldt

Paul B. Arnoldt
Director

PBA/ms
Attachment
cc: Representative Rudd
Jim Baldwin
Bob Van Houte

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 866

Page 2, line 21, amended to read:

"reemployed as an [A FULL-TIME OR PART-TIME] active teacher for a period"

Page 5, line 20, amended to read:

"will be transmitted [BY A SCHOOL DISTRICT] to the administrator at the"

Page 7, line 8, amended to read:

"of service in the armed forces under this section if credit for that"

line 29, amended to read:

"completing either of the service requirements in (a)(1), (2) or (3) of this section"

Page 9, delete lines 21, 22, 23 and 24.

line 25, change (c) to (b)

Page 10, line 5, change (d) to (c)

line 10, change (e) to (d)

Page 11, commencing on line 13, Section (b) amended to read:

"(b) Upon the death of an active member who [HAS NOT RECEIVED A RETIREMENT BENEFIT AND] meets the conditions specified in (a) of this section, the amount of the death benefit is the sum of the following offset by any retirement benefit previously received by the member:"

line 18, subsection (3) amended to read:

"(3) $1,000; and [PLUS]"

Then, new subsection (4) added, to read:

"(4) $500 if the deceased member is survived by one or more dependent children at the time of death."

Page 12, line 29, amended to read:

"four and the benefits [PENSION] will be decreased accordingly; if a dependent"

Page 13, lines 13 and 14, amended to read:

"guardian or dependent children under this section will be paid to those beneficiaries described in [ACCORDANCE WITH] sec. 160(a) of this chapter;"

Page 14, line 7, amended to read:

"equal to 50 per cent of the amount the member would have received, based on the"

line 15, amended to read:

"paid to those beneficiaries described in [ACCORDANCE WITH] sec. 160(a) of this chapter;"

Page 15, line 27, amended to read:

"is making contributions to the system,[;] or a member making contributions under AS 14.20.345;"

Page 18, line 2, amended to read:

"the National Education Association of Alaska, or the Regional Resource Centers;"

line 7, amended to read:

"(17) 'full-time teacher' means a person [TEACHER] occupying a posi-"

line 14, amended to read:

"member who is on leave of absence and not making contributions under AS 14.20.345 [WITHOUT PAY];"

line 24, amended to read:

"any city, regional educational attendance area or borough school district;"

line 25, sub-section (B) amended to read:

"(B) full time or part-time teaching or full time administrative positions which require academic standing at the University of Alaska; or"

Page 19, line 29, amended to read:

"teacher or a certificated full-time person in a position requiring a teach-"

Page 20, line 5, amended to read:

"teacher or certificated full-time person in a position requiring a teach-"

lines 9 and 10, amended to read:

"(C) a full-time teacher [PERSON OCCUPYING A FULL-TIME POSITION REQUIRING ACADEMIC STANDING] in an out-of-state institution of higher learn-"

line 17, amended to read:

"tion requiring teaching on a regular basis for at least 50 [60] per cent of"

Page 22, line 9, amended to read:

"or secondary teacher, a certificated school nurse or a certificated person in a position"

line 15, subsection (C) amended to read:

"(C) [RESIDENT PERSONNEL IN] Any full-time or part-time teacher [TEACHING POSITIONS] under the University of Alaska and those full-time administrative positions which require academic standing; all administrative positions placed under the system must be approved by the administrator;"

Page 23, line 22, amended to read:

"and 14.25.140 [, 14.25.169, AND 14.25.205] are repealed."

Page 25, line 23, add a new section which amends AS 39.35.680(4) to read:

"(4) "average monthly compensation" means the result obtained by dividing the compensation earned by an employee during a considered period by the number of months, including fractional months, for which compensation was earned; the considered period consists of the three consecutive calendar years during the period of credited service which yields the highest average, or if the employee does not have three consecutive calendar years, his period of credited service; an employee must have at least 115 [120] days of credited service in the last calendar year in order to be used as part of the three consecutive calendar years;"

line 28, add a new section to read:

"AS 14.25.220(20)(B) and (38)(C) contained in sec. 22 of this Act take effect immediately in accordance with AS 01.10.070(c) and are retroactive to January 1, 1955 only to the extent that they apply to part-time teaching positions at the University of Alaska."

Box 1813
Anchorage, Ak 99510

April 25, 1978

The Honorable Charles H. Parr
Chairman - House HESS Committee
Alaska State Legislature

Dear Representative Parr:

Enclosed are two letters of information which state the position of the Alaska State Retired Teachers Association RE:

1. HB 820 ASRTA Supports

2. HB 866 ASRTA Opposes

Our intent is to provide these positions and information for the HESS Committee Members' consideration in connection with the Committee's Hearing, scheduled for April 27, 1978.

Respectfully,

Stan Knedlik

Stanley M. Knedlik, Chairman
Legislative Committee
Alaska State Retired Teachers Association

April 25, 1978

House HESS Committee Members
Alaska State Legislature

RE: ASRTA Opposition
to HB 866

Dear Mr. Parr, Chairman:

Our membership's immediate concern and opposition to HB 866 stems from the objectionable features or sections which appear to alter and/or change the original, existing statutes related to the following areas:

1. The "scheduled time" when all 4 categories of Retirement Benefits are to be payable--inclusive of (1) retirement benefit, (2) disability benefit, (3) survivors' allowance, and (4) spouse's pension.

2. The nature and essence of the retirement benefit as an annuity.

3. The basis for calculating the normal retirement benefit following a period of disability (membership) service.

RE: #1: HB 866 alters the established schedule, whereby each and all (4) such benefit payments would now become payable on the last day of the (a) initial month and (b) each succeeding month of eligibility--noting that in the case of each retiree, the monthly benefit was and now is scheduled by the existing statutes to be payable on the 1st day of the month; this preferred schedule and procedure was originally intended and ordered for good and sufficient reasons--in keeping with the circumstances which should continue to prevail. No fundamentally acceptable reason has been given to justify altering this schedule.

See HB 866 Page # 9 Line 4

To the contrary, there are reasons why the original schedule of payments should be met and continued.

Only by assuring every retiree that the retirement benefit will be payable on the 1st day of the month can every retiree be assured of a proper civil and social right to have received during the month of his eventual demise his final benefit check which he could (personally) actually receive, endorse, and disburse--rather than given to an estate.

RE: (#2,)(#3,) & (#4) above: (disability benefit/survivors' allowance/spouse's pension)

HB 866 Page # 10 Lines 13 & 14
Page # 13 Lines 17 & 18
Page # 14 Lines 19 & 20

...it also seems equally clear that the original and existing statutes (provisions), which provide that all such benefit payments are to be payable on the 1st day of the month, best and most properly meet the needs of those persons (beneficiaries) eligible for those benefits. Eg.,..the proper entitlement of the disabled teacher to the disability benefit payable on the 1st day of the month is already established and acknowledged by the State in the case of a Fairbanks TRS retiree (Orval Holmes)--but even more importantly, the immediate economic needs of all such beneficiaries and especially the surviving spouse/wife and dependent children are best met only by assuring that the initial benefit payment (and with succeeding payments) is scheduled to be made on the 1st day of the month.

We are convinced that this was and should be the continued intent of the original and existing statutes.

RE: #2: In addition, HB 866 alters to some degree the nature and essence of the "retirement benefit" concept--i.e., it tends to disregard the retirement benefit as a form of annuity already earned and entitled, automatically geared and scheduled to be payable (in a disconnected series of separate, discrete, consecutive monthly intervals of time) on the 1st day of the initial month of entitlement and the 1st day of each succeeding month thereafter, "ad infinitum" subject only to the demise of the retiree.

HB 866 Page # 8 Line 27 & 28
Page # 10 Lines 10 & 11
Page # 13 Lines 17 & 18
Page # 14 Lines 18

In contrast with this original intent and purpose, HB 866 interposes the term "accrue"--which in this altered context suggests/indicates that the consideration involved (benefit) may be in a state of being or becoming earned--i.e., increasingly, accumulatingly, or possibly even prorated; it surely implies that that which was already earned is payable only after and at the end of an interval of time--which when coupled with the economic needs of retirees and beneficiaries is detrimental!

RE: #3(above): Our attention is being drawn to an increasing number of Fairbanks-area TRS retirees who believe that their normal retirement benefit calculations were adversely and unfairly affected by prior periods of disability--thru what may be termed "contested" or "specious" interpretations rendered

by the Division of Retirement & Benefits. In addition to the Orval Holmes Case there tentatively appear to be as many as five (5) other similar cases (names available on request), involving disability periods prior to normal retirement eligibility in which the retirees' eventual normal retirement benefit calculations were adversely affected by the Division's/Administration's specious rulings which were rendered in disregard of logical and literal interpretations of the original TRS statutes, as well as the clearly-related and supportive TRS Handbook explanations--all of which lent credence to the retirees' contention that such disability periods need not and should not adversely affect the eventual calculations of normal retirement benefits.

The crux of the retirees' concern for this objectionable feature rests with two sections in HB 866's content--namely (1) page # 8, line 4 in which the existing statute's 10 years' framework (within which the 3 highest salary years are to be selected and averaged) is deleted--to become any 3 years--and (2) HB 866's page #16, lines 11, 12, & 13 by which a year of disability is to be disqualified from the calculations for determining the eventual normal retirement benefit amount.

See HB 866 Page #8 Line 4

Page #16 Lines 11, 12, & 13

Overall, this change of existing statute provisions is unduly restrictive to the detriment of a number of unfortunately disabled members--noting in particular that by statute definition, a year of disability does qualify as a bona fide "membership year"! It would seem prudent and thoughtful to heed to the expressed retiree opposition to this alteration which so clearly coincides with a contested area of benefit concern.

For these particular statute provisions (1) to have stood in effect for 18 or 20 years, (2) to have been supported by seemingly literal and logical interpretations, and (3) with the clearly supportive TRS Handbook (over time thru 1974) paragraphs of description and explanation--all of these circumstances seem to prompt an objective awareness that there is actually a benefit problem needing further attention and evaluation--pror to change!

Adequate investigation and study of the noted, persisting concerns have not run their course. And it seems inappropriate and unwise, meanwhile, to suggest that clarifying, clean-up, and/or housekeeping needs will justify such alterations as proposed in the midst of this unsettled situation.

In conclusion, while noting there are some commendable areas of change in HB 866, because of the sensitive areas which are objectionable as noted herein, our position is one of opposition to HB 866 in its original form. I respectfully suggest that approval of HB 866 in its original form is not warranted unless the Committee is fully satisfied that the retirees' objections are either (1) baseless or (2) satisfied and/or dispelled.

I also suggest that unless these sections which cause valid concerns among TRS retirees can be satisfactorily resolved, then possibly this measure might well be postponed for future consideration, perhaps in 1979, when further and better conclusions can be achieved. Meanwhile, I thank you for having given your attention and consideration to these expressions which represent the ASRTA Membership's position on the issues related to HB 866.

Respectfully,

Stan Knedlik

Stanley M. Knedlik, Chairman - Legislative Committees

Alaska State Retired Teachers Association
Central Alaska Retired Teachers Association

cc Mary Carle, President
ASRTA
Catherine Larson, President
CARTA

HB 866
Proposed Changes

Page 5 Line 20 delete (by a school district.)
Page 7 Line 8 after for add "that"
Line 29 change by adding after in (a 1), (a 2),(or a 3) of this
Page 9 Line 21-24 delete all of (b)
Page 11 line 17 (1) the members mandatory contribution account;
(2) $100 times the years of membership service;
(3) $1,000
(4) $500 if the deceased member is survived by one or more dependent children at the time of death.
Page 12 Line 29 (pension) to benefits
Page 13 Line 13 after "children" add under this section will be paid
after "paid" add to those beneficaries described in Sec.
delete (in accordance with sec.)

Page 14 Line 22-23 add (d) However benefits under sections 162 and 164 shall be paid to a surviving spouse in addition to those benefits the member is entitled to receive as a result of membership in the retirement system

Page 15 Line 27 after system; add or a member who is on leave of absence and is making contributions as provided under A.S. 14.20.345.

Page 16 Line 25 (8) add after Alaska, (BIA teachers under this section may claim partial years service credit under (40) of this section).

Page 18 Line 2 add NEA of Alaska
Line 13-14 delete (without pay)
Line 24 add after "city", R.E.A.A.

Page 20 Line 4 delete (certificated)
Line 5 after teacher delete (balance of line).
Line 6 delete all language up to) in on approved
Line 16 new language for section 26 "part-time teacher" means a teacher occupying a position requiring teaching on a regular basis for at least 60 percent of the normal work week at a higher eduction teaching assignment or in grades K thru 12 on a regular basis for part of the normal and customary work period per day or week or month at a particular teaching assignment, excluding teaching as an assistant or graduate assistant, or teaching on a substitute, temporary or per diem basis;

Page 22 Line 9 add certificated school nurse

Page 23 Line 20 delete (14.20.205

Copies to members

ALASKA STATE RETIRED TEACHERS ASSOCIATION

1038 Beech Lane
Anchorage, Alaska, 99501
April 14, 1978

Commissioner B. B. Allen
Department of Administration
Pouch C
Juneau, Alaska 99811

Dear Commissioner Allen:

Legislation has been introduced (HB 866) which would change the current TRS statute with respect to the accrual and payment of teacher pensions, disability benefits, survivor's benefits, and spouse's pensions.

Current law states that these payments are PAYABLE the first day of the month commencing with the month that the person is appointed (becomes eligible) for the payment. As you probably are aware, this practice has not been followed at any time (to my knowledge) in the past. One person sued the state and was upheld in his contention that he had been behind in a payment of a disability benefit, and the state was forced to make up one payment with interest.

We believe it is in the best interests of all retirees, disabled teachers, survivors and spouses of deceased members that the law NOT be changed, but that instead the practice of paying at the end of the month be discontinued.

In order to accomplish this, we respectfully propose that the initial payment which should have been received on the first day of the first month of retirement (or as soon as was practicable after the eligibility was established) be paid to all persons eligible. Then each person would be brought up to date, and the payroll method with the warrants dated for the first of the month could be continued as in the past.

The question has arisen as to interest on the obligation which the state had in delaying the initial payment for its own convenience. A good case might be argued that one month interest only is the maximum amount that any retiree (or other eligible person) is entitled to. No one wants to advocate a policy which would place an undue burden on the TRS system.

The members of this organization urge that you consider this change in administration of the TRS to bring practice into conformity with the law. It is our belief that the lawful method is one which relieves possible hardships (in the case of disability and survivor's benefits) and also makes possible the disposal of one's last pension check before his death, instead of by the administrator of the estate of the deceased member.

Very truly yours,

Mary E. Castle

Mary E. Castle
President

CC:B.Van Houte
Charles Parr,
Charles Jones

Copies to members files

NATIONAL RETIRED TEACHERS ASSOCIATION

AMERICAN ASSOCIATION OF RETIRED PERSONS

ALASKA JOINT STATE LEGISLATIVE COMMITTEE

CHAIRMAN
Mr. Charles H. Jones
P.O. Box 668
Douglas, AK 99824
(907) 364-2335

VICE CHAIRMAN
Mrs. Mary Carle
1038 Beach Lane
Anchorage, AK 99501
(907) 272-9667

SECRETARY
Mr. John Poling
Box 578
Nome, AK 99762
(907) 443-2459

April 10, 1978

Rep. Charlie Parr, Chairman
HESS Committee
c/o House of Representatives, Pouch V
Juneau, Alaska, 99811

Dear Representative Parr:

It is my understanding that hearings on HB 660,636, 723, 820, 828, 831, and 866 are being scheduled for April 11 and 13. I would like to testify in the deliberations on those bills, and because I cannot be physically present in Juneau, would you please consider these remarks as part of the record in those hearings?

We support both HB 660 and 636.

Two other bills in particular demand comment. HB 820 we would hope would be a means to provide the necessary amounts to assist the system to provide post retirement pension adjustments when the cost of living warrants it . In lieu of any better plan, and because of the repeated problems for funding this necessary adjustment, we support HB 820 and we urge your committee to do so.

HB 866 contains 23 sections in as many pages which apply to the Teachers Retirement System. While some of it may be clarification, there is a great deal of material in this bill which we feel needs further study and review before it is enacted into law.

In particular we take issue with Section 13(h)(Page 7-9), in which the apparent purpose of the change in the law is to cause it to conform to current practices. The law under which we currently operate states that the pension payments are payable on the first day of the month, and we take that to mean due at that time. This practice has not been followed by the administration and we believe it is time that we request that the department conform to the law already on the books and pay our pensions in that manner. No doubt the original intent of the law as written was to make it possible for the pensioner to survive economically for another month and to receive his final payment before his demise. Remarks about pension payments also apply to provisions for disability benefits, survivors benefits and spouses' pension. The current law states that they are payable on the first of the month in which the person becomes eligible.

NATIONAL RETIRED TEACHERS ASSOCIATION

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(cont) Subject HB 866

We intend to request the department of administration to modify their current practice and adopt the lawful one. The problems noted in the preceding paragraph are of importance to most of the retirees, but other problems we find in this law relate to "survivor's allowances" to be payable only after a 5 years required contribution (previously one year) and the method of computing the normal retirement when a person reaches the required age for it after he or she has been on a disability pension. The purpose of this bill is to codify the existing practice, which we believe unfairly penalizes the person who has been forced into disability retirement.

Unless the sections which refer to these problems are omitted or changed substantially we would oppose the passage of HB 866.

I am writing as a member of the Teachers Retirement System, a member of the Joint State NRTA-AARP Legislative Board and as the President of the Alaska State Retired Teachers Association.

Respectfully yours,

Mary E. Carle

Mary E. Carle
Vice-Chairman
Alaska Joint State Legislative Committee

Dr. J. Cloyd Miller
President, NRTA

Alice VanLandingham
President, AARP

Cyril F. Brickfield
Executive Director

National Headquarters: 1909 K Street, N.W., Washington, D.C. 20049 (202) 872-4700

April 6, 1978

Legislative Board of Retirement Benefits analysis and recommendations on:

House Bill No. 866

The board endorses the attached fiscal note as its fiscal analysis of HB 866.

Three members of the board recommend that HB 866 do pass; two members recommend that it do not pass; and two members were absent.

The two members who recommended "do not pass" did so because of their concern with what they perceived as substantive changes in the areas of payment dates and survivors allowance eligibility requirements.

Omnibus retirements
bill - member file

Route 6, Box 6147
Juneau, Alaska
March 29, 1978

Mr. Paul Arnoldt
Director, Teachers Retirement System
Juneau, Alaska
Dear Sir:

As you perhaps know, Orvel Holmes and I are old friends and teaching associates. I have seen the letter, March 16, he received from you in reply to his letter to Commissioner Allen, February 27.

Are you now saying that "since the results of the Holmes vs State case have become so well known by word of mouth as was feared, we'll now come out into the open with the whole thing"?

What excuse do you have for not paying me and others for the extra month? Circumstances of retiring were the same for me as for Holmes. That part of the above mentioned court case you

last.

I certainly agree with the Judge that disability compensation precludes the use of a base the teacher might have earned except for his disability.

Regardless of your department's insistence on calling it a "calculated base", an "extrapolated base", a "future salary", etc. to cloud the issue, you only quoted a small part of the court order. The Judge ruled on a point that wasn't sued for, and that judgment is not proper for you to use as a cover.

You say very openly now that this paragraph "the base salary used in computing the service retirement will be the same salary used in computing the disability benefit" is misleading if not totally incorrect. This is a new excuse and has legal ramifications of its own.

If rules and regulations

are now contained in the actual text of the law, do they not become law and cease to be so-called rules and regulations?

Do Teachers Retirement System spokesmen have the authority to say that the rules and regulations set forth by the Commissioners of Administration are misleading and totally incorrect?

I hope I get a reply from you to make clear the state's position on the points I've mentioned.

Sincerely,
Lois B. Whitlock

c.c. to:
Hon. B.B. Allen, Comm. of Administration
Reps. Charles Parr
Steve Cowper
Sally Smith
Senators Glen Hackney
John Huber
Mike Colletta
Jalmar Kertula
Chancy Croft
Orval W. Holmes
Frank Flavin, Ombudsman

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 866
Title AN ACT RELATING TO TEACHERS' AND PUBLIC EMPLOYEES' RETIREMENT
Requested by _____ Date _____

II. FISCAL DETAIL
Agency Affected Administration - Division of Retirement and Benefits
Program Category Affected Retirement and Benefits (TRS)
Budget Request Unit(s) Affected Teachers' Retirement System

EXPENDITURES (Thousands of Dollars)

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.		21.4	23.5	25.9	28.5	31.3
100 BENEFITS		4.9	5.4	5.9	6.5	7.2
TOTAL	-0-	26.3	28.9	31.8	35.0	38.5

FUNDING (Thousands of Dollars)

GENERAL FUND		26.3	28.9	31.8	35.0	38.5
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS NONE

FULL TIME						
PART TIME						
TEMPORARY						

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

1. Fiscal impact on the Teachers' Retirement System due to the following:

   a. Removes the "55 years old" age requirement before a spouse's pension can be paid. 14.25.164(b).

   b. Provides a benefit for a surviving spouse with minor children whose spouse was on deferred vested status. 14.25.162(a).

   c. Increases from 75% to 100% the benefit for the beneficiary of a teacher receiving a disability benefit who dies. 14.25.162(d).

2. Increase in combined TRS State match and district contribution rate would be .02% of covered payroll each year based on an estimated FY79 covered TRS payroll of $214,000,000 increasing at 10% annually.

3. Administrative costs as attached.

Paul B. Arnoldt

IV. DATE March 30, 1978 PREPARED BY Paul B. Arnoldt
AGENCY Division of Retirement and Benefits
PHONE 465-4460

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named) Rules Committee by Request of the Governor
Office of the Governor (Keith Specking)

33-001 (Rev. 12/77)

ATTACHMENT

Bill/Resolution No. HB 866

ASSUMPTIONS:

1. Estimated FY79 Payroll (Total System) = $214,000,000
2. State Contribution Rate to Fund Bill = .01%
3. State TRS Matching Rate to Fund Bill = .01%
4. School District Rate to Fund Bill = .01%

COST ANALYSIS:

	Employer	Payroll		Rate	Cost	Appropriation
1.	Department of Education	$ 5,800,000	X	.01%	$ 580	To Their Budget
2.	University of Alaska	$ 43,500,000	X	.01%	$ 4,350	To Their Budget
					$ 4,930	
3.	State TRS Matching	$214,000,000	X	.01%	$ 21,400	To TRS Match
4.	State TRS Regular Budget:					
	Personal Services				$ -0-	To Personal Services
	Travel				$ -0-	To Travel
	Contractual				$ -0-	To Contractual
	Equipment				$ -0-	To Equipment
	COST TO STATE IN FY79				$ 26,330	
5.	All School Districts	$164,700,000	X	.01%	$ 16,470	
	TOTAL COST IN FY79				$ 42,800	

REMARKS:

SECTION-BY-SECTION ANALYSIS - HB 866

Section 1. PURPOSE AND EFFECTIVE DATE. - (New section added)

Section 2. ADMINISTRATOR. (New section added) Designates the director of retirement and benefits as eligible to serve as administrator of TRS.

Section 3. DUTIES OF THE ADMINISTRATOR. (Existing section amended) Inserts the term "benefits" in place of the term "salary." Adds the duty to serve as secretary to the Teacher's Retirement Board (but does not specify whether the administrator is a voting member).

Section 4. TEACHER'S RETIREMENT BOARD. (Existing section amended) Provides that an employer, member, or annuitant (retired person) may request hearings to appeal decisions of the administrator.

Section 5. REEMPLOYMENT OF RETIRED MEMBERS. (New section added) A retired teacher who becomes reemployed as a teacher is ineligible to receive retirement payments during that period of reemployment. The ineligibility continues throughout the entire school year even though the previously retired teacher worked part-time.

Section 6. AS 14.25.060(a) is amended by inserting the term "credited" in place of "creditable."

Section 7. AS 14.25.060(b) same amendment as in section 6 above.

Section 8. AS 14.25.061(a) is amended by inserting the word "retroactive" in place of the word "creditable." The bill does not contain a definition of the resulting new term, "retroactive service." It would be clearer if the word "creditable" appearing on p. 4, lines 13, 17 and 18 was changed to read "credited" instead of deleted. Now, it could possibly be argued that retroactive service includes noncredited service.

Section 9. AS 14.25.061(b) is amended by deleting the term "creditable" and inserting the term "retroactive." This amendment seems inappropriate. The proper amendment would be to insert the term "credited" in place of the term "creditable."

Section 10. PAYMENT OF INDEBTEDNESS. (New section added) (a) Provides that a member may repay an indebtedness due to the system for past service for which contributions were not made only if he has a balance in his retirement account or if he is reemployed by a covered employer. His payments are first credited against interest due and upon repayment of interest, then upon principal due.

(b) If a member has an indebtedness to the system at the time he applies for retirement, he must select an optional plan to pay back the indebtedness.

Option 1. (This option is revocable.) Withhold retirement benefits until the amount of indebtedness equals the amount of withheld benefits. (HB 866 unclear whether the withheld benefits are to

be computed on the basis of credited service for which an indebtedness is owing or only on "paid-up" credited service.); or

Option 2. (This option is irrevocable.) Cancel the indebtedness and accept a monthly retirement benefit reduced by an amount necessary to repay the benefit over the expected life of the retired member.

Section 11. TRANSMITTAL OF CONTRIBUTIONS. (Existing section amended) Adds a penalty for an employer's (school district) failure to send its contribution to the system within 15 days after pay day. Under existing law, delinquent employer contributions are deducted from funds under the control of the Department of Education and allocated for payment to the employer. This set-off against public funds would still be available after enactment of HB 866 but as an alternate remedy only. The penalty apparently does not apply to delinquent employer contributions owed by the University of Alaska but the Department of Administration may withhold appropriated funds designated for allocation to the University and disburse them to the administrator for payment into the system. Under existing law, this set-off remedy against the University is mandatory; however, after enactment of HB 866, the remedy may be used at the discretion of the Commissioner of Administration.

Section 12. CREDIT FOR SERVICE. (Existing section amended) Provides that credit may not be given under TRS for military service already credited under PERS. Limits the total amount of military service that may become credited service for a retiree who is entitled to benefits under PERS and TRS to five years. (To achieve clarity, I recommend the insertion of the word "that" on P. 7, line 8 after the word "for.")

Section 13. RETIREMENT BENEFITS. (Existing section repealed and re-enacted) (a) Normal retirement vesting. Existing law is restated without a change in substance.

(b) Early retirement vesting. Either a broadening of the situations which permit early retirement is intended or the drafters of HB 866 have committed a typographical error appearing on p. 7, line 29. Under HB 866, as drafted, early retirement may occur when the member attains 50 years of age and has:

(1) at least 15 years of credited service, the last five of which have been membership service, for a member first hired before July 1, 1975, and has attained the age of 55 years;

(2) at least eight years of membership service and has attained the age of 55 years;

(3) at least five years of membership service and at least three years of Alaska BIA service and has attained the age of 55;

(4) at least 25 years of credited service, the last five of which have been membership service;

(5) at least 20 years of membership service; or

(6) at least 20 years of combined membership service and Alaska BIA service, the last five of which have been membership service.

Under existing law, early retirement may occur when the member attains 50 years of age and has met the requirements stated in either (1), (2) or (3) above. (See AS 14.25.220(24)). In addition, the definition of "early retirement" contained in the bill (see p. 17, line 19 - HB 866) restates existing law. A conflict exists in HB 866 and should be resolved by the committee.

(c) Sets the rate of accrual of benefits for retired members (2 per cent of average base salary per year of credited service) but includes two changes in existing law:

(1) Under existing law the average base salary is computed by taking the highest 3 of the last 10 years of membership service. Under HB 866, a member may average the highest of any three years of membership service to arrive at his average base salary.

(2) For early retirement at age 50, under existing law the amount of normal retirement benefits are reduced by a formula (½% x months younger than 55 x amount of benefits due at age 55). Under HB 866, benefits payable at early retirement are "actuarily adjusted" rather than reduced by application of the above-mentioned formula.

The intent is to adjust the benefits to equal the difference in pay-out caused by a member electing to retire 5 years earlier. Contributions, benefits, income of the system, and age of retirees are all considered by actuaries in determining what benefits should be payable upon early retirement.

(d) Inserts new language which purports to limit the computation of benefits to the accrual rate set by law at the time of a member's retirement. This subsection should have crossreferences to sec. 177 which would permit an increase in accrual rates enacted by a later legislature if the law enacted is made specifically applicable to persons who have retired before the effective date of the legislation.

(e) - (h) Existing law is restated.

Section 14. DISABILITY BENEFITS. (Existing section amended) Restates and consolidates existing law using new terms proposed in HB 866. The requirement that a member seeking disability benefits submit an application is added. (See p. 9, line 15 of HB 866) This application requirement may delay the initial receipt of disability benefits if the disabled member is legally incompetent to execute an application, in which case guardianship proceedings may be necessary before an application can be submitted on behalf of an incompetent.

Section 15. POST RETIREMENT PENSION ADJUSTMENT. (Existing section amended) Restates existing law using new terms proposed in HB 866. The term "survivor's benefits" is created as a result of the amendment of this section and should be defined. A failure to define this term creates uncertainty in my mind as to whether both survivor's allowances and spouse's pension are covered by this section.

Section 16. DEATH BENEFITS. (Existing section repealed and reenacted) Restates existing law except that the amount of death benefit for a disabled member who has not made supplemental contributions or made those contributions for at least one year is computed differently. Upon the death of that disabled member, the death benefit would be an amount equal to the sum of:

> (1) his accumulated contributions, and (2) $1,000, plus $100 multiplied by the number of completed school years of membership service, plus an additional sum of $500 if the deceased teacher is survived by one or more minor children at the time of his death. (The amount payable under (2) may not exceed $3,000).

Under existing law, the aforementioned sum must be reduced by the amount of any retirement salary previously paid to him. (Usually this amount is "zero" since disabled teachers usually have not been earlier retired.)

Section 17. SURVIVOR'S ALLOWANCE. (Existing section repealed and reenacted) (a) Adds a requirement that retired or deferred vested members pay supplemental contributions for 5 years before qualifying for coverage under survivor's allowance provisions while active or disabled members must pay those contributions for at least one year. Under existing law, active members, retired members and disabled members are required to pay supplemental contributions for at least one year. (Deferred vested members are not mentioned under existing law and presumably a beneficiary of that person would not be an eligible recipient.)

(b) In this subsection, existing law is restated. The use of the word "pension" on p. 12, line 29 confuses the directions given there for reduction of allowances; the word used is inconsistent with other terms used in the section. I feel that (b)(3) appearing on p. 13, lines 10 - 14 of HB 866 is poorly drafted and needs the following revisions:

> Page 13, line 13: after "children" insert "under this section" and after "paid" insert "to those beneficiaries described in sec. 160(a) of this chapter." Delete the remainder of the sentence.

Adds language which prohibits payment of survivor's allowances if a spouse's pension is being paid.

Section 18. SPOUSE'S PENSION. (Existing section repealed and reenacted) (a) Existing law is restated without a change in substance.

(b)(1) The amount of spouse's pension is increased. Under existing law a spouse is entitled to 50 per cent of the retirement salary that the deceased spouse was receiving or would have received at the time of death. Under HB 866 the spouse of a retiree receives 50 per cent of the deceased's retirement salary but if the spouse dies before retirement and is eligible for normal retirement benefits at the date of death, the surviving spouse would receive 100 per cent of the amount of retirement salary that the deceased spouse would have been eligible to receive had he retired on the date of his death.

(b)(2) Restates existing law -- but that paragraph could be redrafted to permit easier comprehension by deleting at page 14, line 15 (HB 866) the words "in accordance with" and inserting after the word "paid" the following: "to a beneficiary or beneficiaries described in."

(c) Restates existing law.

*This section as reenacted does not include a reference to AS 14.-25.142 - Cost of Living Allowance. Under existing law, AS 14.25.164(c) specifically provides that a spouse's pension may be increased when the cost of living increases. It is also unclear whether a post-retirement pension adjustment under AS 14.25.143 would apply to a spouse's pension. (See comment to section 15 above.)

Section 19. EFFECT OF AMENDMENTS. (Existing section repealed and reenacted) (a) Provides that all amendments enacted apply only to future retirees unless the amendatory legislation specifically states that it has retroactive effect.

(b) Designates the law applicable at the date of retirement for determining monthly benefits payable. Similar language also appears in AS 14.25.110(d) contained in section 13 of HB 866. The intent of this section is difficult to determine since (a) of this section permits retroactive amendments but (b) seems to prohibit retroactive amendments which would affect the amount of monthly retirement benefits payable.

Section 20. EXEMPTION FROM TAXATION AND PROCESS. Existing law is restated using new terms proposed in HB 866.

Section 21. TIME LIMIT FOR APPLICATION. Inactive members must apply by July 1, following age 75 or within 50 years after the person was last an active member or lose contributions or benefits payable under the system.

Section 22. DEFINITIONS. (Existing section repealed and reenacted)

(1) "active member" (new definition added) defined as

(a) a "member";
(b) receives compensation on a full or part-time basis; and
(c) makes contributions.

(2) "actuarial adjustment" (new definition added) This definition attempts to explain what factors are considered when early retirement

benefits are recomputed according to actuarial tables designed to account for the increased life expectancy and interest payable upon an early retirement as differentiated from a normal retirement (age 50 vice age 55). The definition presented in HB 866 is confusing and should be redrafted. A definition should be drafted so that the words used can be substituted for the term wherever it is used in the sections enacted.

(3) "administrator" (existing definition amended) Under the existing definition, the administrator is the Commissioner of Administration. Under HB 866, the administrator will be an appointee of the Commissioner who may be the director of the division of retirement.

(4) "annuitant" (new definition added) Means a retired or disabled member who is receiving benefits.

(5) "average base salary" (existing definition amended) Restates the existing definition of that term but allows a retiree to take any three of his highest paid years of service instead of any three out of the last ten years as currently required.

(6) "base salary" (existing definition amended) Existing definition restated to only include remuneration paid for a full year of service.

(7) "beneficiary" (new definition added).

(8) "BIA service" (existing definition reenacted).

(9) "compensation" (new definition added) This definition and the definition for "base salary" in (6) above are combined under the definition of "base salary" in existing law (see AS 14.35.330(2)).

(10) "credited service" (existing definition redesignated and expanded) This definition limits credit granted for outside service (discussed below), military and BIA service to 15 years with military and outside services limited to 10 years.

(11) "deferred vested member" (new definition added) A deferred vested member is an inactive member who has served long enough to become entitled to receive benefits from the system.

(12) "dependent child" (new definition added) The definition restates existing law.

(13) "disabled member" (new definition added) Restates existing law.

(14) "early retirement" (existing definition reenacted) Please refer back to comments concerning section 13 contained in this analysis.

(15) "employer" (existing definition amended) Adds two entities as participating employers in the system. These are the National Education

Association and the Regional Resource Centers. Under existing law, service credit could be obtained for employment with NEA-Alaska.

(16) "former member" (new definition added) A former member is a person who has resigned or been terminated and who has withdrawn his contributions.

(17) "full-time teacher" (new definition added) A full-time teacher is defined as a teacher who works full days and is a regular, permanent member of the teaching staff.

(18) "inactive teacher or member" (new definition added) A member who is terminated and has not received a refund of his contributions.

(19) "mandatory contribution account" (new definition added) An account that contains member contributions and interest on those contributions.

(20) "membership service" (existing definition amended) Under existing law, service as a teacher who is employed by the University of Alaska on a full or part-time basis is membership service. Under HB 866, only full-time teaching for the University of Alaska qualifies as membership service.

(21) "military service" (existing definition amended) U.S. military service rendered at any time can be used as credited service in TRS if the requirements of AS 14.25.100 are met.

(22) "non-public school" (existing definition amended) Under the definition contained in HB 866, a teacher who serves at a non-public school that does not offer grades "K" through 12 may receive credited service for that employment. Under the existing definition, service can only be credited when the non-public school offers instructions in grades "K" through 12.

(23) "non-vested member" A member who has not served long enough to become entitled to receive benefits from the system.

(24) "normal retirement" (existing definition restated) No change in substance from existing law.

(25) "outside service" (existing definition amended) The following new types of service are included in this definition:

(a) service by certificated persons who are not teaching but must be certificated as a condition of employment. (It is not clear whether these persons can claim credit for part-time employment.)

(b) service as a teacher at a federally supported public or non-public school located outside the U.S.

(c) full-time positions with out-of-state colleges and universities if that position requires "academic standing" (an undefined term). Under existing law, a full-time teacher at an out-of-state college or university could receive outside service credit.

(26) "part-time teacher" (existing definition amended) This definition specifies the percentage of time necessary to qualify as a part-time teacher (at least 60 per cent of the normal work week). Under existing law, regularity of service is required (i.e., a permanent position) but no minimum amount of service per week or month is specified.

(27) "permanent disability" (existing definition reenacted) No change in substance from existing law.

(28) "prescribed rate of interest" (new definition added) No change in substantive law is effected.

(29) "public school" (existing definition reenacted).

(30) "retired teacher or member"*

(31) "retirement"*

(32) "retirement benefit"*

(33) "retirement fund"*

(34) "retirement system of 1945"*

(35) "school year"*

(36) "supplemental contribution account"*

(37) "system"*

*Paragraphs 30 - 37 are all new definitions added by HB 866 which do not alter existing law.

(38) "teacher or member" (existing definition amended) The amendment of this definition has the following effect:

(a) Certified school nurses can no longer be members of the system.

(b) Principals, supervisors and superintendents who are not certificated would not be members of the system; and

(c) Administrative positions with the University of Alaska that do not require academic standing would not be covered under the TRS.

(39) "vested member or teacher" (new definition added) This definition sets out the length and type of service required before a member is irrevocably entitled to receive benefits from the system.

(40) "year of service" (existing definition amended) This definition remains the same as existing law except that the system will now function on a July through June year for purposes of computing years of service. Under existing law, a year of service is a school year as that period is determined by each school district thereby making the task of accounting for service more complicated.

Section 23. Sections repealed:

(a) AS 14.25.120 Manner of computing service retirement salary. Reenacted in sec. 13 of HB 866.

(b) AS 14.25.130(b) Eligibility for disability retirement. This repealer is in error since on page 9 at lines 21 - 25 of HB 866, sec. 130(b) is amended.

(c) AS 14.25.135 Deferred retirement benefit repealed and not re-enacted. It appears that the essential terms of sec. 135 are incorporated in sec. 13 of HB 866.

(d) AS 14.25.137 Deferred vested retirement benefit -- reenacted in Sec. 22 (definitions) of HB 866.

(e) AS 14.25.138 Notification of intent to retire -- not reenacted in HB 866.

(f) AS 14.25.140 Manner of computing disability retirement salary -- reenacted in sec. 14 of HB 866.

(g) AS 14.25.169 Duplicate benefits -- not reenacted in HB 866.

(h) AS 14.25.205 Time limit for application -- reenacted in sec. 21 of HB 866.

Amendments to PERS

Section 24. PURPOSE CLAUSE. (Existing section amended) No substantial change in existing law.

Section 25. ADMINISTRATOR. (Existing section amended) An appointed administrator shall be in charge of the detailed affairs of the system; that person may be the director of the division of retirement.

Section 26. POWERS AND DUTIES OF THE ADMINISTRATOR. (Existing section amended) The administrator is empowered to act as the secretary of the retirement board.

Section 27. EMPLOYMENT WITH THE STATE. Inserts language designed to make it clear that employment with the University of Alaska is not credited service under PERS. Also provides that there is no portability of service credit between TRS and PERS.

Section 28. MILITARY SERVICE. (Existing section amended) Housekeeping amendments only.

Section 29. MILITARY SERVICE. Limits to five years the amount of service credit for military service that can be claimed by one person under both PERS and TRS.

Section 30. OCCUPATIONAL DISABILITY PENSIONS. (Existing section amended) Housekeeping amendment.

Section 31. OCCUPATIONAL DEATH BENEFITS. (Existing section repealed and reenacted) This section restates existing law and corrects minor drafting errors contained in existing law.

Section 32. TIME LIMIT FOR APPLICATION. Same comment as contained in sec. 21 of this analysis.

Section 33. EFFECT OF AMENDMENTS. Same comment as contained in sec. 19 of this analysis.

Section 34. REPEALER. AS 39.55.050(b) -- This section specified that the administrator serves as secretary to the PERS retirement board. The section was repealed due to redundancy.

HB 866

Proposed Changes

Page 7 line 8 after for add "that"

line 29 change by adding after "in" (a 1) (a 2, or a 3) of this

Page 9 line 21-24 delete all of (b)

Page 11 line 17 (1) the members's mandatory contribution account;

(2) $100 times the years of membership service;

(3) $1000;

(4) $500 if the deceased member is survived by one or more dependent children at the time of death.

Page 12 line 29 (pension) to benefits

Page 13 line 13 after "children" add under this section will be paid

after "paid" add to those beneficaries described in Sec.

delete (in accordance with sec.)

Page 14 line 22-23 add (d) However benefits under sections 162 and 164 shall be paid to a surviving spouse in addition to those benefits the member is entitled to receive as a result of membership in the retirement system

Page 18 line 2 add NEA of Alaska

line 13-14 delete (without pay)

line 24 add after "city", R.E.A.A.

Page 20 line 4 delete (certificated)

line 5 after teacher delete (balance of line)

line 6 delete all language up to) in an approved

line 18 new language for section 26 "part-time teacher" means a teacher occupying a position requiring teaching on a regular basis for at least 60 per cent of the normal work week at a higher education teaching assignment, or in grades K thru 12 on a regular basis for part of the normal and customary work period per day or week or month at a particular teaching assignment, excluding teaching as an assistant or graduate assistant, or teaching on a substitute, temporary or per diem basis;

Page 22 line 9 add certificated school nurse

Page 16 line 25 (8) add after Alaska, BIA teachers under this section may claim partial year service credit under (40) of this section

Hess

March 8, 1978

Legislative Board of Retirement Benefits analysis and recommendations on:

House Bill No. 441

The board endorses the attached fiscal note as its fiscal analysis of HB 441.

The board unanimously recommends that HB 441 do pass; one member was absent.

SUMMARY OF HOUSE BILL NO. 441

Retirement system affected: Teacher's Retirement System

Permits a teacher who obtained benefits under previous law allowing credit for military service which delayed entry into teaching profession to have cost of the credit computed under that law or under present law. Entitles such a teacher to a refund of any excess paid over what would have been due under the method elected.

650/940

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 441
Title An Act Relating to Teachers' Retirement
Requested by _____ Date _____

II. FISCAL DETAIL
Agency Affected Administration - Division of Retirement and Benefits
Program Category Affected Retirement and Benefits (TRS)
Budget Request Unit(s) Affected Teachers' Retirement System

EXPENDITURES (Thousands of Dollars)

		FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100	PERSONAL SERVICES			4.5			
200	TRAVEL						
300	CONTRACTUAL						
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.						
800	BENEFITS						
	TOTAL	-0-	-0-	4.5	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify)						
TRS			4.5			

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY			3-mos.			

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

1. Assume all teachers retiring with military service under AS 14.25.100(d) prior to 6/30/76 would be entitled to refunds by claiming such service under AS 14.25.100(a) as amended.

2. Benefit costs are onetime only for approximately $20,000 in refunds.

3. Personal services - one temporary Accountant I (range 12) for 3 mos. - to compute and coordinate refunds - salary and benefits at 6% above FY 78.

FY 79 monthly salary	$1,371 X 3	=	$4,113
Plus benefits at 9.5%		=	$ 391
			$4,504

Paul B. Arnoldt

IV. DATE 1/24/78 PREPARED BY Paul B. Arnoldt
AGENCY Division of Retirement and Benefits
PHONE 465-4460

OK BY

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named) Representative Malone
Office of the Governor (Keith Soecking)

03-001 (Rev. 10/76)

Hess

March 8, 1978

Legislative Board of Retirement Benefits analysis and recommendations on:

House Bill No. 820

It is not possible to accurately assess the fiscal impact of this bill on the basis of data currently available. The impact would be felt when, under favorable conditions, the state's contribution rate would not be allowed to fall below 7 percent as it would otherwise. In addition, at some point in the not-too-distant future, funds in the account which is created will no longer be available, and either another source of funding will have to be found or the cost-of-living increases will have to be rolled back.

A majority of the board recommends that HB 820 do pass; two members recommend that it do not pass; and one member was absent.

The board recognizes that this bill is an interim measure which does not take the place of a permanent, funded, automatic post-retirement pension adjustment. The board considers this to be a top priority and recommends that the administration and the legislature act upon it in the near future. It is recognized that the costs are considerable but that the benefit warrants the expenditure.

SUMMARY OF HOUSE BILL NO. 820

Retirement system affected: TRS

Designates a floor for the state and employer contributions to the fund. The floor amount for employer and state contributions is seven per cent of teacher salaries for each. Any surplus generated when the amount of employee, employer and state contributions exceed the amount necessary to provide TRS benefits is reserved in a bonus payment account. The Teacher's Retirement Board is given authority to declare the payment of bonuses to retired teachers when the cost of living index increases. A bonus may not exceed four per cent of the recipient's retirement salary. The amount of the bonuses is to be paid from the account and the administrator of the system is required to maintain a reasonable amount of money available for payment of bonuses. A formula is provided for the payment of bonuses in a year when the account is not funded adequately to pay all bonuses.

The Act would be effective July 1, 1978.

Retirement system affected: TRS

This bill is identical to SB 73 introduced January 27, 1977 in the first session of the Tenth Legislature (summary attached), except that no more than 180 days of unused sick leave may be converted to creditable service under TRS.

The Act takes effect July 1, 1978.

March 8, 1978

Legislative Board of Retirement Benefits analysis and recommendations on:

House Bill No. 828

The board endorses the attached fiscal note prepared for SB 73 as its fiscal analysis of HB 828, given the assumptions in the analysis section and noting that the costs might be slightly reduced by the 180 day limit. The assumption that sick leave balances will increase by 20 percent is speculative and none of the possible cost offsets have been taken into account; however, the fiscal impact will be substantial in any case.

Two members of the board recommend that SB 73 do pass; two members recommend that it do not pass; two members have no recommendation; and one member was absent.

Hess

March 8, 1978

Legislative Board of Retirement Benefits analysis and recommendations on:

House Bill No. 831

The fiscal impact of this measure would be minimal. No detailed analysis is possible at this time.

A majority of the board recommends that HB 831 do not pass; one member recommends that it do pass; and one member was absent.

A majority of the board is persuaded that this information function, which is important, is already being adequately performed.

SUMMARY OF HOUSE BILL NO. 831

Retirement systems affected: TRS and PERS

This bill requires that in the Teachers' Retirement System and the Public Employees' Retirement System when a person becomes entitled to a refund of his contribution on leaving service that division of retirement and benefits shall provide the person a written explanation of his options. The options must be clearly and simply stated to provide the person with sufficient information to intelligently decide whether to remain in the system or withdraw from it and receive the refund.

Hess

March 8, 1978

Legislative Board of Retirement Benefits analysis and recommendations on:

House Bill No. 866

The fiscal impact of HB 866 will be minimal.

A majority of the board recommends that HB 866 do pass; one member recommends that it do not pass; and one member was absent.

The board recommends that HB 866 do pass pending further review. Time has not permitted the thorough review that such a long and complex bill deserves. The board supports the continuity and clarification which this bill appears to lend to the chapter.

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

POUCH Y · STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

MEMORANDUM

March 29, 1978

SUBJECT: Sectional Analysis of HB 866

TO: Representative Charles H. Parr
Chairman, House HESS Committee

FROM: James L. Baldwin
Legislative Counsel

James L. Baldwin

You will find attached a section-by-section analysis of HB 866. The analysis contains specific discussion of changes in existing law effected by HB 866.

I hope that the attached analysis presents the substantive changes in easy-to-understand terminology. Please call me if I can further assist the committee.

JLB:jpd

Attachment

SECTION-BY-SECTION ANALYSIS - HB 866

Section 1. PURPOSE AND EFFECTIVE DATE. - (New section added)

Section 2. ADMINISTRATOR. (New section added) Designates the director of retirement and benefits as eligible to serve as administrator of TRS.

Section 3. DUTIES OF THE ADMINISTRATOR. (Existing section amended) Inserts the term "benefits" in place of the term "salary." Adds the duty to serve as secretary to the Teacher's Retirement Board (but does not specify whether the administrator is a voting member).

Section 4. TEACHER'S RETIREMENT BOARD. (Existing section amended) Provides that an employer, member, or annuitant (retired person) may request hearings to appeal decisions of the administrator.

Section 5. REEMPLOYMENT OF RETIRED MEMBERS. (New section added) A retired teacher who becomes reemployed as a teacher is ineligible to receive retirement payments during that period of reemployment. The ineligibility continues throughout the entire school year even though the previously retired teacher worked part-time.

Section 6. AS 14.25.060(a) is amended by inserting the term "credited" in place of "creditable."

Section 7. AS 14.25.060(b) same amendment as in section 6 above.

Section 8. AS 14.25.061(a) is amended by inserting the word "retroactive" in place of the word "creditable." The bill does not contain a definition of the resulting new term, "retroactive service." It would be clearer if the word "creditable" appearing on p. 4, lines 13, 17 and 18 was changed to read "credited" instead of deleted. Now, it could possibly be argued that retroactive service includes noncredited service.

Section 9. AS 14.25.061(b) is amended by deleting the term "creditable" and inserting the term "retroactive." This amendment seems inappropriate. The proper amendment would be to insert the term "credited" in place of the term "creditable."

Section 10. PAYMENT OF INDEBTEDNESS. (New section added) (a) Provides that a member may repay an indebtedness due to the system for past service for which contributions were not made only if he has a balance in his retirement account or if he is reemployed by a covered employer. His payments are first credited against interest due and upon repayment of interest, then upon principal due.

(b) If a member has an indebtedness to the system at the time he applies for retirement, he must select an optional plan to pay back the indebtedness.

Option 1. (This option is revocable.) Withhold retirement benefits until the amount of indebtedness equals the amount of withheld benefits. (HB 866 is unclear whether the withheld benefits are to

be computed on the basis of credited service for which an indebtedness is owing or only on "paid-up" credited service.); or

Option 2. (This option is irrevocable.) Cancel the indebtedness and accept a monthly retirement benefit reduced by an amount necessary to repay the benefit over the expected life of the retired member.

Section 11. TRANSMITTAL OF CONTRIBUTIONS. (Existing section amended) Adds a penalty for an employer's (school district) failure to send its contribution to the system within 15 days after pay day. Under existing law, delinquent employer contributions are deducted from funds under the control of the Department of Education and allocated for payment to the employer. This set-off against public funds would still be available after enactment of HB 866 but as an alternate remedy only. The penalty apparently does not apply to delinquent employer contributions owed by the University of Alaska but the Department of Administration may withhold appropriated funds designated for allocation to the University and disburse them to the administrator for payment into the system. Under existing law, this set-off remedy against the University is mandatory; however, after enactment of HB 866, the remedy may be used at the discretion of the Commissioner of Administration.

Section 12. CREDIT FOR SERVICE. (Existing section amended) Provides that credit may not be given under TRS for military service already credited under PERS. Limits the total amount of military service that may become credited service for a retiree who is entitled to benefits under PERS and TRS to five years. (To achieve clarity, I recommend the insertion of the word "that" on P. 7, line 8 after the word "for.")

Section 13. RETIREMENT BENEFITS. (Existing section repealed and re-enacted) (a) Normal retirement vesting. Existing law is restated without a change in substance.

(b) Early retirement vesting. Either a broadening of the situations which permit early retirement is intended or the drafters of HB 866 have committed a typographical error appearing on p. 7, line 29. Under HB 866, as drafted, early retirement may occur when the member attains 50 years of age and has:

(1) at least 15 years of credited service, the last five of which have been membership service, for a member first hired before July 1, 1975, and has attained the age of 55 years;

(2) at least eight years of membership service and has attained the age of 55 years;

(3) at least five years of membership service and at least three years of Alaska BIA service and has attained the age of 55;

(4) at least 25 years of credited service, the last five of which have been membership service;

(5) at least 20 years of membership service; or

(6) at least 20 years of combined membership service and Alaska BIA service, the last five of which have been membership service.

Under existing law, early retirement may occur when the member attains 50 years of age and has met the requirements stated in either (1), (2) or (3) above. (See AS 14.25.220(24)). In addition, the definition of "early retirement" contained in the bill (see p. 17, line 19 - HB 866) restates existing law. A conflict exists in HB 866 and should be resolved by the committee.

(c) Sets the rate of accrual of benefits for retired members (2 per cent of average base salary per year of credited service) but includes two changes in existing law:

(1) Under existing law the average base salary is computed by taking the highest 3 of the last 10 years of membership service. Under HB 866, a member may average the highest of any three years of membership service to arrive at his average base salary.

(2) For early retirement at age 50, under existing law the amount of normal retirement benefits are reduced by a formula (½% x months younger than 55 x amount of benefits due at age 55). Under HB 866, benefits payable at early retirement are "actuarily adjusted" rather than reduced by application of the above-mentioned formula.

The intent is to adjust the benefits to equal the difference in pay-out caused by a member electing to retire 5 years earlier. Contributions, benefits, income of the system, and age of retirees are all considered by actuaries in determining what benefits should be payable upon early retirement.

(d) Inserts new language which purports to limit the computation of benefits to the accrual rate set by law at the time of a member's retirement. This subsection should have crossreferences to sec. 177 which would permit an increase in accrual rates enacted by a later legislature if the law enacted is made specifically applicable to persons who have retired before the effective date of the legislation.

(e) - (h) Existing law is restated.

Section 14. DISABILITY BENEFITS. (Existing section amended) Restates and consolidates existing law using new terms proposed in HB 866. The requirement that a member seeking disability benefits submit an application is added. (See p. 9, line 15 of HB 866) This application requirement may delay the initial receipt of disability benefits if the disabled member is legally incompetent to execute an application, in which case guardianship proceedings may be necessary before an application can be submitted on behalf of an incompetent.

Section 15. POST RETIREMENT PENSION ADJUSTMENT. (Existing section amended) Restates existing law using new terms proposed in HB 866. The term "survivor's benefits" is created as a result of the amendment of this section and should be defined. A failure to define this term creates uncertainty in my mind as to whether both survivor's allowances and spouse's pension are covered by this section.

Section 16. DEATH BENEFITS. (Existing section repealed and reenacted) Restates existing law except that the amount of death benefit for a disabled member who has not made supplemental contributions or made those contributions for at least one year is computed differently. Upon the death of that disabled member, the death benefit would be an amount equal to the sum of:

> (1) his accumulated contributions, and (2) $1,000, plus $100 multiplied by the number of completed school years of membership service, plus an additional sum of $500 if the deceased teacher is survived by one or more minor children at the time of his death. (The amount payable under (2) may not exceed $3,000).

Under existing law, the aforementioned sum must be reduced by the amount of any retirement salary previously paid to him. (Usually this amount is "zero" since disabled teachers usually have not been earlier retired.)

Section 17. SURVIVOR'S ALLOWANCE. (Existing section repealed and reenacted) (a) Adds a requirement that retired or deferred vested members pay supplemental contributions for 5 years before qualifying for coverage under survivor's allowance provisions while active or disabled members must pay those contributions for at least one year. Under existing law, active members, retired members and disabled members are required to pay supplemental contributions for at least one year. (Deferred vested members are not mentioned under existing law and presumably a beneficiary of that person would not be an eligible recipient.)

(b) In this subsection, existing law is restated. The use of the word "pension" on p. 12, line 29 confuses the directions given there for reduction of allowances; the word used is inconsistent with other terms used in the section. I feel that (b)(3) appearing on p. 13, lines 10 - 14 of HB 866 is poorly drafted and needs the following revisions:

> Page 13, line 13: after "children" insert "under this section" and after "paid" insert "to those beneficiaries described in sec. 160(a) of this chapter." Delete the remainder of the sentence.

Adds language which prohibits payment of survivor's allowances if a spouse's pension is being paid.

Section 18. SPOUSE'S PENSION. (Existing section repealed and reenacted) (a) Existing law is restated without a change in substance.

(b)(1) The amount of spouse's pension is increased. Under existing law a spouse is entitled to 50 per cent of the retirement salary that the deceased spouse was receiving or would have received at the time of death. Under HB 866 the spouse of a retiree receives 50 per cent of the deceased's retirement salary but if the spouse dies before retirement and is eligible for normal retirement benefits at the date of death, the surviving spouse would receive 100 per cent of the amount of retirement salary that the deceased spouse would have been eligible to receive had he retired on the date of his death.

(b)(2) Restates existing law -- but that paragraph could be redrafted to permit easier comprehension by deleting at page 14, line 15 (HB 866) the words "in accordance with" and inserting after the word "paid" the following: "to a beneficiary or beneficiaries described in."

(c) Restates existing law.

*This section as reenacted does not include a reference to AS 14.-25.142 - Cost of Living Allowance. Under existing law, AS 14.25.164(c) specifically provides that a spouse's pension may be increased when the cost of living increases. It is also unclear whether a post-retirement pension adjustment under AS 14.25.143 would apply to a spouse's pension. (See comment to section 15 above.)

Section 19. EFFECT OF AMENDMENTS. (Existing section repealed and reenacted) (a) Provides that all amendments enacted apply only to future retirees unless the amendatory legislation specifically states that it has retroactive effect.

(b) Designates the law applicable at the date of retirement for determining monthly benefits payable. Similar language also appears in AS 14.25.110(d) contained in section 13 of HB 866. The intent of this section is difficult to determine since (a) of this section permits retroactive amendments but (b) seems to prohibit retroactive amendments which would affect the amount of monthly retirement benefits payable.

Section 20. EXEMPTION FROM TAXATION AND PROCESS. Existing law is restated using new terms proposed in HB 866.

Section 21. TIME LIMIT FOR APPLICATION. Inactive members must apply by July 1, following age 75 or within 50 years after the person was last an active member or lose contributions or benefits payable under the system.

Section 22. DEFINITIONS. (Existing section repealed and reenacted)

(1) "active member" (new definition added) defined as

(a) a "member";
(b) receives compensation on a full or part-time basis; and
(c) makes contributions.

(2) "actuarial adjustment" (new definition added) This definition attempts to explain what factors are considered when early retirement

benefits are recomputed according to actuarial tables designed to account for the increased life expectancy and interest payable upon an early retirement as differentiated from a normal retirement (age 50 vice age 55). The definition presented in HB 866 is confusing and should be redrafted. A definition should be drafted so that the words used can be substituted for the term wherever it is used in the sections enacted.

(3) "administrator" (existing definition amended) Under the existing definition, the administrator is the Commissioner of Administration. Under HB 866, the administrator will be an appointee of the Commissioner who may be the director of the division of retirement.

(4) "annuitant" (new definition added) Means a retired or disabled member who is receiving benefits.

(5) "average base salary" (existing definition amended) Restates the existing definition of that term but allows a retiree to take any three of his highest paid years of service instead of any three out of the last ten years as currently required.

(6) "base salary" (existing definition amended) Existing definition restated to only include remuneration paid for a full year of service.

(7) "beneficiary" (new definition added).

(8) "BIA service" (existing definition reenacted).

(9) "compensation" (new definition added) This definition and the definition for "base salary" in (6) above are combined under the definition of "base salary" in existing law (see AS 14.35.330(2)).

(10) "credited service" (existing definition redesignated and expanded) This definition limits credit granted for outside service (discussed below), military and BIA service to 15 years with military and outside services limited to 10 years.

(11) "deferred vested member" (new definition added) A deferred vested member is an inactive member who has served long enough to become entitled to receive benefits from the system.

(12) "dependent child" (new definition added) The definition restates existing law.

(13) "disabled member" (new definition added) Restates existing law.

(14) "early retirement" (existing definition reenacted) Please refer back to comments concerning section 13 contained in this analysis.

(15) "employer" (existing definition amended) Adds two entities as participating employers in the system. These are the National Education

Association and the Regional Resource Centers. Under existing law, service credit could be obtained for employment with NEA-Alaska.

(16) "former member" (new definition added) A former member is a person who has resigned or been terminated and who has withdrawn his contributions.

(17) "full-time teacher" (new definition added) A full-time teacher is defined as a teacher who works full days and is a regular, permanent member of the teaching staff.

(18) "inactive teacher or member" (new definition added) A member who is terminated and has not received a refund of his contributions.

(19) "mandatory contribution account" (new definition added) An account that contains member contributions and interest on those contributions.

(20) "membership service" (existing definition amended) Under existing law, service as a teacher who is employed by the University of Alaska on a full or part-time basis is membership service. Under HB 866, only full-time teaching for the University of Alaska qualifies as membership service.

(21) "military service" (existing definition amended) U.S. military service rendered at any time can be used as credited service in TRS if the requirements of AS 14.25.100 are met.

(22) "non-public school" (existing definition amended) Under the definition contained in HB 866, a teacher who serves at a non-public school that does not offer grades "K" through 12 may receive credited service for that employment. Under the existing definition, service can only be credited when the non-public school offers instructions in grades "K" through 12

(23) "non-vested member" A member who has not served long enough to become entitled to receive benefits from the system.

(24) "normal retirement" (existing definition restated) No change in substance from existing law.

(25) "outside service" (existing definition amended) The following new types of service are included in this definition:

(a) service by certificated persons who are not teaching but must be certificated as a condition of employment. (It is not clear whether these persons can claim credit for part-time employment.)

(b) service as a teacher at a federally supported public or non-public school located outside the U.S.

(c) full-time positions with out-of-state colleges and universities if that position requires "academic standing" (an undefined term). Under existing law, a full-time teacher at an out-of-state college or university could receive outside service credit.

(26) "part-time teacher" (existing definition amended) This definition specifies the percentage of time necessary to qualify as a part-time teacher (at least 60 per cent of the normal work week). Under existing law, regularity of service is required (i.e., a permanent position) but no minimum amount of service per week or month is specified.

(27) "permanent disability" (existing definition reenacted) No change in substance from existing law.

(28) "prescribed rate of interest" (new definition added) No change in substantive law is effected.

(29) "public school" (existing definition reenacted).

(30) "retired teacher or member"*

(31) "retirement"*

(32) "retirement benefit"*

(33) "retirement fund"*

(34) "retirement system of 1945"*

(35) "school year"*

(36) "supplemental contribution account"*

(37) "system"*

*Paragraphs 30 - 37 are all new definitions added by HB 866 which do not alter existing law.

(38) "teacher or member" (existing definition amended) The amendment of this definition has the following effect:

(a) Certified school nurses can no longer be members of the system.

(b) Principals, supervisors and superintendents who are not certificated would not be members of the system; and

(c) Administrative positions with the University of Alaska that do not require academic standing would not be covered under the TRS.

(39) "vested member or teacher" (new definition added) This definition sets out the length and type of service required before a member is irrevocably entitled to receive benefits from the system.

(40) "year of service" (existing definition amended) This definition remains the same as existing law except that the system will now function on a July through June year for purposes of computing years of service. Under existing law, a year of service is a school year as that period is determined by each school district thereby making the task of accounting for service more complicated.

Section 23. Sections repealed:

(a) AS 14.25.120 Manner of computing service retirement salary. Reenacted in sec. 13 of HB 866.

(b) AS 14.25.130(b) Eligibility for disability retirement. This repealer is in error since on page 9 at lines 21 - 25 of HB 866, sec. 130(b) is amended.

(c) AS 14.25.135 Deferred retirement benefit repealed and not reenacted. It appears that the essential terms of sec. 135 are incorporated in sec. 13 of HB 866.

(d) AS 14.25.137 Deferred vested retirement benefit -- reenacted in Sec. 22 (definitions) of HB 866.

(e) AS 14.25.138 Notification of intent to retire -- not reenacted in HB 866.

(f) AS 14.25.140 Manner of computing disability retirement salary -- reenacted in sec. 14 of HB 866.

(g) AS 14.25.169 Duplicate benefits -- not reenacted in HB 866.

(h) AS 14.25.205 Time limit for application -- reneacted in sec. 21 of HB 866.

Amendments to PERS

Section 24. PURPOSE CLAUSE. (Existing section amended) No substantial change in existing law.

Section 25. ADMINISTRATOR. (Existing section amended) An appointed administrator shall be in charge of the detailed affairs of the system; that person may be the director of the division of retirement.

Section 26. POWERS AND DUTIES OF THE ADMINISTRATOR. (Existing section amended) The administrator is empowered to act as the secretary of the retirement board.

Section 27. EMPLOYMENT WITH THE STATE. Inserts language designed to make it clear that employment with the University of Alaska is not credited service under PERS. Also provides that there is no portability of service credit between TRS and PERS.

Section 28. MILITARY SERVICE. (Existing section amended) Housekeeping amendments only.

Section 29. MILITARY SERVICE. Limits to five years the amount of service credit for military service that can be claimed by one person under both PERS and TRS.

Section 30. OCCUPATIONAL DISABILITY PENSIONS. (Existing section amended) Housekeeping amendment.

Section 31. OCCUPATIONAL DEATH BENEFITS. (Existing section repealed and reenacted) This section restates existing law and corrects minor drafting errors contained in existing law.

Section 32. TIME LIMIT FOR APPLICATION. Same comment as contained in sec. 21 of this analysis.

Section 33. EFFECT OF AMENDMENTS. Same comment as contained in sec. 19 of this analysis.

Section 34. REPEALER. AS 39.55.050(b) -- This section specified that the administrator serves as secretary to the PERS retirement board. The section was repealed due to redundancy.

Note to Rep Parr 3/26/78

Enclosed is additional material on my IRS hassle. Please note that the State prevailed on an issue ~~for~~ not sued for. Incorrect statutory law made. Senate Bill 175 is no good unless its content is already an established Rule and Regulation of the IRS. It would dump too many cases.

Kindest regards,

Conrad McHolmes

P.S. How long can investing and negotiating go on before disciplinary action takes?

ORVAL HOLMES
252 E. Tropicana Ave.
Las Vegas - Nevada 89109

March 22, 1978

The Honorable B. B. Allen
Commissioner of Administration
Juneau, Alaska 99801

Dear Commissioner Allen:

Enclosed herein is a cassette tape recording of the case Holmes vs. State of Alaska as you requested in our telephone conversation on March 18, 1978. Also enclosed is a notarized typewritten copy of the trial as taken from the tape. This copy has my initialled remarks in the margin. The letter you read to me has not yet been received.

Discerning readers of Sec.14.25.220 will note that the definitions of terms have a restriction when the context requires otherwise as in my case. Section 14.25.120 (c)1 and (c)8(f) did not say active years of membership service had to be used in the computation of the average. Sec.14.20.345(d) Leave of Absence without pay very definitely supports the idea that a base salary exists without accrued remuneration. Sec. 14.25.220(22) supports a total base salary for the year when only partially earned, and the current meaning of "base salary" which the Department seems to lean heavily on, 14.25.220(2), if it prevailed would seem to deny me rights I already had established before 1966 when base salary simply meant by statute the salary authorized by law. Can you take this away from me? TRS may say some of the above can't be used in the computation. That is their opinion. Some can't be used for attaining tenure or retirement rights only.

Please note the fact that my contracted base salary for the year I was on disability (1972-1973) before I was arbitrarily forced to resign by the TRS, was exactly the same as my last active year (1971-1972) is inconsequental, other than it is used to cause confusion. It does, however, answer the immaterial point mentioned in the trial that one is not then under contract and consequently loses his tenure, accumulated sick leave, right to return to any job in the district upon recovery, and his health insurance plan, just when needed most.

Please note I did not sue to have a base salary used which a teacher may have earned, but for his disability, I did not sue for an estimated base salary and certainly I agree with Judge Taylor that these amounts cannot be used as stated in the Court Order. (A copy of the original Court Order as prepared for the Judge's signature by the Attorney General's office is enclosed. Plaintiff's counsel had to correct Order No. 2

therein before Judge Taylor signed a new copy). I also agree with what the Judge voiced in part that "...the year of disability is not a salary year for the purposes of calculating a retirement" as this would be using future undetermined salaries as TRS points out. This doesn't mean, however, that this service year can't have a base as pointed out above.

Herein, then, lies the point, the key issue. I'm not asking for a future salary, a salary year, an extrapolated amount, or any of the above, but I am asking that the last active year's base salary be carried forward for each succeeding year one is on disability. Amen! This is a huge difference in what the Department's "razzle dazzle" would have one believe and that ruled on in the Court; and it is in total agreement with the above quoted paragraph, which, in necessity, must have been issued by a Commissioner of Administration as a Rule and Regulation, namely, "The base salary used in computing the service retirement will be the same salary used in computing the disability benefit". Doesn't this prove the base for the year? The same paragraph was paraphrased and touted as late as July 1, 1974 edition, or maybe even later, in the TRS handbook.

There is no reason for assuming the meaning and intent of the paragraph is other than stated, unless the State wishes to "dump" those handicapped retirees who have been on disability ten or more years as the TRS method of computation would do. Can this be denied?

They, the retirees who have been disabled for ten or more continuous years would, however, have to be given the bare minimum rather than zero if the TRS then interpreted the statutes correctly.

Is there no estoppel?

Respectfully yours,

Orval W. Holmes

ORVAL W. HOLMES

OWH:lh.t

Enclosures

cc: Mrs. Carle
Senator Colletta
Senator Hackney
Rep. Parr
Rep. Cowper

- indiscernible phrase

JUDGE TAYLOR - Time set for arguments. 75-879. HOLMES v. STATE. Mr. Downes for the Plaintiff and Mr. Johnson "Yes, Sir", for the State. These are Cross-Motions for Summary Judgment. The State filed first so I'll hear from the State first.

MR. JOHNSON - Thanks your Honor. The State at this time, I believe I stipulated from counsel, would like you to put these figures on the board.* If it please the Court, now the pertinent facts which are not in dispute in this case are these. Plaintiff, ORVAL HOLMES was placed on disability retirement July 1, 1972. On May 1, 1973, ORVAL HOLMES turned 60 years of age. The law provides that Plaintiff would get disability retirement benefits calculated at 50% of his gross of the last service year in which h worked until the month in which he turned 60; in other words, from July 1, 1972, until that month in which he turned 60 years of age, ORVAL HOLMES was entitled to receive a payment calculated at 50% of the gross earnings he was getting in his last previous year which would have been the years '71, '72, Your Honor. At the point where MR. HOLMES turned 60 he would start getting normal retirement benefits; rather than getting disability retirement benefits. The issue before this Court are then how much ought ORVAL HOLMES normal disability retirement benefits be. Those benefits which he is entitled to get after age 60 after his disability was terminate and after his normal retirement benefits began? The second issue is how many disability checks during the period of disability ought the Plaintiff ought to get?

Let's talk first about the normal retirement benefits problem. That proble is the question of primary importance to the Division of Retirements and Benefits and it is the issue which in this case certainly involves the greatest amount of liability and money. Normal retirement benefits are calculated at a monthly payment equal to 2% x the credible years x the average based salary. Now that is shown on the bottom line of the attached figure and we know of course that 2% is the constant figure, the "credible years" which is a defined term in the Alaska Statutes represents 28 years in this case. That is the number of years in which MR. HOLMES both was on active service - active membership servi:e - and also includes a period of time in which MR. HOLMES was receiving disability benefits. Credible years in this calculation include a period in which MR. HOLMES is receiving disability benefits, that must be emphasized. It is the last factor of this equasion which is at issue and that factor involves the average base salary. Now how do we calculate that? The Law provides that that average base salary shall be comprised of an average of three of the last eight years. Eight years was the number of years which was in force at the time that ORVAL HOLMES entered into retirement benefits contract with the State; rather than the 10 years which the State inadvertently included in its Brief; but anyway we're talking about an average of three of any of the last eight years; now which of those years may be included in this calculation? The State has estimated it has taken the last three years of which ORVAL HOLMES was on active service with the State, in which those three years in which he received the highest amount of pay during any of his service time with the State or with the sub-division which was eligible for retirement benefits with the State. Those three years as set forth are '69, '70, '70 and '71 and '71 to '72. The last period - that period represented by '70 to '72 to '73 is the question which is before the Court. How ought we to calculate that period? [That is the period when ORVAL HOLMES was on disability. Plaintiff contends that that, that that year ought to be estimated as an extrapolation of the last year in which ORVAL HOLMES was receiving his actual salary as a teacher - $16,880.00 The Law provides that a person receiving disability retirement is entitled to an amount equal to 50% of the previous amount. That based on

these calculations, ORVAL HOLMES would be eligible during '72 to '73 to receive $8,440.00, plus additional amounts for children and so forth. But we're talking about a base amount of approximately $8,440.00 which ORVAL HOLMES could have received - and possibly did receive - in an amount in this range during the years '72 to '73, that period representing the time he was on disability. Now if we were to use Plaintiff's logic and suggest that we should assume that this amount of money is the one to be calculated in determining disability or normal retirement benefits, then it seems that $8,440.00 still is not as high as the three other years which are presented. Plaintiff would contend, however, that we should not even use the $8,440.00 - that we should instead assume that ORVAL HOLMES would have earned the same amount of money during that year in which he was disabled that he would have received during the previous year. Of course, that presumes an extrapolation which is not provided by Statute and is certainly something which is not provided for under Contract Law we have a whole theory of case law coming down from _____?_____ vs. Battenville where we cannot presume what somebody is going to make in the future. ORVAL HOLMES may have been fired - he may have decided to resign sometime during '72, '73, he may in fact have decided to go on a deferred retirement compensation plan. The fact remains we don't know what ORVAL HOLMES would have done during that year and there is no reason how we - there is no rationale - for calculating for extrapolating the amount he would have received in the last year. Now in the State's Motion for Summary Judgment, the State set out four figures in its Brief. These four figures are the figures which were set up on the Board there for the years '69 through '72. The last year was set up as a zero base year. Now there seems to be some problem with exactly what is meant by "zero base" year. On the one hand the State could argue - indeed it can argue - that for purposes of calculating normal retirement benefits, that we do have zero dollars for that year in which he was getting disability benefits. On the other hand what we are talking about in this situation is how we are going to treat that amount of money. We know here that ORVAL HOLMES made approximately $8,440.00 in disability retirement benefits during '72, '73. Is that the amount of money that we are going to include in the average of the three highest years? Well, it's obviously not, so let us treat that for purposes of calculation as zero. I mean it's just not a figure that goes into a determination of wh the normal retirement benefits ought to be. The State has taken the highest amoung which ORVAL HOLMES did in fact earn - it gave him the benefit of the highest salary which the whole 28 years of membership service of the three years which were averaged together to come up with the normal benefits which ORVAL HOLMES in fact received.

Now it could be in fact be argued that we're talking about a zero base year, in this amount, simply because there would never be a period in a retireee's salary scheme where we could not find three years in which to calculate benefits. For example, it could be argued that the Membership Service which goes into a calculation for normal retirement benefits, have to include a period prior to the last eight or ten years which is provided for in Statutes here. Well, the argument would be that those eight or ten years which we would use in selecting the three highest, all include those years in which the perison is actually working and is actually receiving a salary - a contractual salary. Moreover, it is provided by Statute that a person must serve at least five years before he is even eligible for disability retirement. However, that is, those are not the argument that the State is relying upon in this situation, the State is relying upon the fact that the amount of money which ORVAL HOLMES did in fact receive in dollars, we see for purposes of calculating his normal benefits for the year '72 to '73 simply do not provide him with the highest three. If ORVAL HOLMES wishes to

take that year in the amount of money that he makes during that period, it would be to his disadvantage, simply because it was not enough to the highe three years. The other argument which, which, which suggests - which would give us reason for selecting only the three years which we're talking about and would preclude an extrapolation of what ORVAL HOLMES may have received in the last year, is the Statutory provision which we are talking about - the last, the amount of money that received during the years - the last years is called the term in which ORVAL HOLMES actually provided service and which he was under contract with the State. During the period in which ORVAL HOLMES was disabled and this is not meant as in any means a hard-nose interpretation of how people on disability are to be treated, are to be treated, we know that during - that that year - that during '72, '73, he was not under contract any more as a teacher and he did not teach any more. The fact remains that he was instead receiving disability retirements and there is no bite (?) by this difference - there is further statutory authority for not extrapolating the figure of $16,880.00 for the period '72 to '73 as the Plaintiff would contend. The Plaintiff would contend that thi $16,880.00 figure must be extrapolated because it would give him obviously a higher three years in which to choose in which to make up his average salary for purposes of normal retirement. However, that requires an extra-polation which is simply not provided for by Statute nor is it something to assumed under common law principles.

The second argument that we have before us today, Your Honor, concerns the number of disability retirement payments which ORVAL HOLMES did in fact receive. The State paid him ten. The Plaintiff, ORVAL HOLMES contends that he was entitled to eleven. Any premises to the claim for that last check upon an interpretation of what constitutes the last month of the last period - the last time period - in which he was to receive the check. The law provides that a person's pay check which arrives on the 1st of the month in which that person reaches the age of 60, it is to be con-sidered the last disability payment. Now ORVAL HOLMES retired May 1st - reached the age of 60 - on May 1st. The State sent him a check which arrived right around May 1st - first of all that's the check that he received on May 1st, and during the month in which, in which he retired. Secondly, we note that the State when it sends out a check sends out for purposes of payment for either prior services rendered or for a period of ti in which it is rendered, so a check which is received on the 1st of a month represents payment for the previous month. For example the check which ORVAL HOLMES received on or about May 1st as set out in the Affidavit of ROBERT GATES in the State's Motion for Summary Judgment and the warrant numbers noted there also, that check was mailed on about April 25 and it represented the disability payments for April. ORVAL HOLMES received his first normal retirement benefit checks shortly after the beginning of June - that represented May. There wasn't a period in which ORVAL HOLMES was not getting paid. So we're talking about when was that last little check to come in. The State contends that it piad the last check that he was due. He reached the age of 60 on May 1st - he had a check right around May 1st. That check represented April and it represented like all other checks which were sent to ORVAL HOLMES, a previous month. He was placed on disability on or about July 1st. He received checks for July, he received checks for each of the months up through May 1st and it is to tha amount that Plaintiff, ORVAL HOLMES is entitled. He is statutorily entitled to that amount and no more.

The only other point which must be noted in argument before the Court is that the third major issue presented by the Plaintiff, was in their own motion for summary judgment, dismissed and your Honor what we're talking about is the two issues which was presented to the Court, today - that is, how do we calculate ORVAL HOLMES' normal retirement benefits, and how do we calculate the number of disability retirement payments which he was to get? The State contends that the normal benefits - the normal retirement benefits - which Mr. Holmes was entitled should be premised upon the highest three years of service and those three years are the years "69 to '70 and '71 to '72. 71-71-72. It is not to be based upon extrapolation of the period '72 to '73; moreover, the State contends that it was timely paid and Mr. Holmes was paid all the amounts he was due in disability retirement. Thank you, Your Honor.

JUDGE TAYLOR - Thank you, Mr. Johnson. Mr. Downes.

MR. DOWNES - Thank you, Your Honor. Your Honor, I just wanted to, for the Court's information, wanted to argue on, as quoted by memorandum (actually indistinct) ... the information ... I would just like to present it as part of the record on page 11 and referred only to a certain paragraph which I refer to in my arguments above in the Teacher's Retirement Handbook which is the ... retirement system's own publication. Then I'll mention the section I'm looking to - it's already been referred to. (Secretary - says "marking plaintiff's identification 1".)

JUDGE TAYLOR - Mr. Downes?

MR. DOWNES - Thank you, Your Honor. Your Honor, I think there is something - I think the order that Mr. Johnson took these matters in makes a differenc I have examined the third point and my examination of the third point which we are arguing reveals that I felt Mr. HOLMES did not have a case and I concede that point in ... the government's favor. The government is, I believe, arguing that their own inefficiency should benefit. Their own inefficiency in getting out pay checks and disability retirement checks should benefit. MR. HOLMES gecame disabled the month of June 1972 and there is a letter attached to Exhibit A buttressing that he was declared disabled in June of '72. He was entitled to a disability retirement salary that was starting on the 1st of July 1972. Now, our argument is based on what the law is regarding that payment. Alaska Statute 14.25.140(a) says "a teacher who becomes disabled shall receive a disability retirement salary payable on the 1st day of each month beginning the month following the disability." The disability was in June of 1972. The check was payable the 1st day of July 1972. In other words, receives a check, the disability retirement check, the 1st day of each month beginning the month following the disability. MR. HOLMES was due a check July 1. It says the payment paid on the 1st day of the month in which the teacher became 60 constitutes the last payment. That's Alaska Statute 14.25.140(b). So the last payment is the payment made on the 1st day of the month in which the teacher attains age 60. The (indistinct) buttress one another and they indicate that payments are made on the first of the month. When is the first one - the month following disability - the 1st of July 1972. When is the last one - the first payment is made on the 1st day of the month in the month that Mr. HOLMES reached the age of 60 was May 1973. Those facts aren't in dispute. Why it is clear, he is entitled to July 1, August, September, October, November, December, January, February, March, April and May. The last payment was that check that was payable on May 1st, 1973. MR. HOLMES received ten checks - he was entitled to eleven. There is no question

what Mr. Johnson is saying is fine, there was no interruption of the payments to MR. HOLMES - I think I concede that point. There is no interruption because what the government is doing is they owe MR. HOLMES a check on July 1. By the time they processed the paper work they paid for that check on August 1. They processed and paid for it on September 1 and on and on and on. MR. JOHNSON said that we are objecting to the last payment date - we're actually objecting to the first payment date; that the government was always behind in a check. They are always behind. So that when they made the payment on May 1 that was actually April's payment, and May 1 payment never got to Mr. HOLMES. Certainly they picked up on June 1 - they picked up with a retirement check - but this is the normal retirement, not a disability check. Remember, we're are talking about two things; disability, retirement and normal retirement. I think the law is clear and I think the Plaintiff's case is clear in respect to that. That is the essence of the argument. I think it is clear (*), I think that controls.

As to the retirement salary, again I would refer to law and first of all I would like to indicate that the exhibit and I would like to have that marke for purposes of this argument and introduced. In the Brief filed by the Government on page 3 of that memorandum, they show 1972-1973 figure as "zero" not $8,440.00.

JUDGE TAYLOR - That's the first time I've seen that figure.

MR. DOWNES - I agree that that can be introduced because I would like to have the Government's change in position noted here today from their Brief, and there was that which I contend has always been an argument in the past that the 1972-1973 item was zero - $8,440.00. Again I refer to the law. The law becomes complex - the reasonable law becomes confused and complex and ambiguous in this case because the Government has allowed it to be complex. It is ambiguous in the sense that as MR. JOHNSON says there is a ten year figure set out - a ten year suspension for computing retirement salary saying you take the - in one of the statutes it says you take the highest per year of the last ten. Another section says you take the highest per year of the last eight - it is conflicting, and they are conflicting. They both have existed together at the same time, I believe, and created a problem. The Government has attempted to correct that problem, it is our position, in the handbook referred to on page 6 of the Plaintiff's memorandum where they have indicated in that handbook on page 11 that the base salary used computing the service retirement, will be the same salary in computing the disability benefit. Now, I think that helps clear up the law and the statement by the Government in the publication (T.R.S.) - Teacher's Retirement System Publishers regarding the retirement benefit that somebody is supposed to get under normal retirement. I address myself to retirement benefits - and that's what I'm talking about at this point.

Alaska Statute 14.25.12 A(1), indicates that the annual retirement salary is 2% of the retired teacher's highest average base salary during any three of the last eight years of membership service, multipled by those total number of creditable service years. What we're talking about is the highest average based salary during any three of the last eight years of membership service, ... [other voices in background] ...
so what the law says (says something which is indiscernible) - ... as we look back the last eight years, on membership service, that we determine after looking back, what is the highest three years of payment, we take thos high three years, we add them and divide them by three and then we apply a formula to them. O.K. so what one is determining, what is your membership

service, how, what are the years of membership service, under that law says you take the highest of the last eight years of membership service, we go to the statutes again and look to A.S. 14.25.220 (5) defining membership service. Defining membership service means service as a teacher in a public school - there is left out some extraneous matter - within the State of Alaska, a period in which the teacher is receiving a disability retirement salary or a salary more, more, (?), but the point is that it's considered membership service is a year, membership service is a year in which a teacher is receiving a disability retirement salary. So at least one of the last eight years would be subject to '72-'73 - the year we're talking about - that's the one in dispute. What is the - is there a base salary in '72, '73, that's what the argument is all about. The State says no there isn't, or if it is, now they say, it's the $8,440.0 We say there is a base salary in 1972-1973 and that $16,880.00 and that figure should be used together with the '71-'72 or the '70 '71, they should be added - $16,880, $16,880 and $16,724, they should be added, divided by three and that should be the figure which the formula was applied for determining normal retirement. What backs up the position of the Plaintiff? Disability retirement salary is defined in Alaska Statute 14.25.140 (c) the amount of a disability retirement salary - pardon me - the big amount of the disability salary shall be equal to 50% of his - the retired teachers - 50% of his base salary immediately before becoming disabled. That is the benefit - what is it computed on - it's computed on a based salary. What is the benefit? $8,440.00. What is the base salary? For the '72 '73 year in which he is in membership service, $16,880.00.

It is said in the Brief that we filed on page 4, that the law contemplates this base salary for the purposes of determining what a disability - pardon me - what a normal retirement benefit is. Now, we argue - because we infer that by asking the Court to make that - I am referring back to my previous reference to the teacher's retirement salary booklet which the Government publishes to clarify this, and if there was any doubt in the interpretation of it, the Government's publication - and this was in 19 - revised 1/1/73 - the first day of January 1973 - is noted in the front of the booklet on page on the left, it's noted that the base salary used in computing the service retirement will be the same salary as in computing the disability benefit. I think that again - it anchors the plaintiff's case as to the logic of his position and the interpretation of the Government. The base salary used in computing the service retirement - what were talking about what base salary should we use in computing the service retirement and it says that the same salary in computing the disability benefit. Now the logic of the Government's position as contained in the Brief and they changed and modified their argument slightly and taken - and have attempted to take this away from the plaintiff. The Government's position basically as seen on this piece of paper up here is that '72-'73 year, even though and it's defined this is a membership service year, the base salary in essence is zero. And that's what's contained in page 5, I think, of their Brief - page 6 of their brief, (*) it is zero. And the inequities that would happen if taking an extrapolating this type of interpretation - the Government wants to put on this, is that a teacher devotes his or her life to teaching, faithfully in our school system, and unfortunately becomes disabled - say disabled when they're 48, and they are disabled for 12 years and at 60 they are eligible for normal retirement and they lose their disability retirement benefit, what are they entitled to? I think by the Government argument .... I think under the Government's interpretation, nothing. They be totally cut off, a person who is a faithful servant in a particular position would

wind up with nothing because they have been in membership service and you look back on their last eight or ten years of their membership service you'd have no base salary because they are on disability retirement and unde the Government's interpretation they have zero. I believe your Honor that I argue very strongly that that again points out the illogic of the Government's position - points out that - or it suggests that - an interpretation by this Court of the law, of the law,as interpreted by the Government's handbook and the law as - what the interpretation of the law ..... logical to presume it to be logical - as a law is supposed to be and to work a benefit for people who is entitled to benefit - in other words the normal retirement benefits are supposed to benefit normally retired teachers. I think that in order to give that meaning, the Court must rule that the plaintiff and must say that the base salary of 1972-1973 year is $16,880.00 and again the third point we have dropped and thank you very much.

JUDGE TAYLOR - Mr. Johnson, a rebuttal?

MR. JOHNSON - Yes, Your Honor. Referring to the primary issue in this case, Your Honor, that of determining the amount of base salary for determination of normal retirement benefits, counsel for the plaintiff makes a great note of contents of the various handbooks on the retirement system, quoting that the base salary used in computing the disability benefit will be the same salary used in computing normal retirement benefit when age 60 is attained. Throughout plaintiff's counsel appears to be missing a step by injecting - by asking the Court to require that extrapolation be made in assuming of the base salary. If we look at what the law says in defining the base salary, we find there is no need to make an extrapolation of what a salary would have been. 14.25.220 sub-section 2 states base salary or basic salary means any remuneration accrued under a contract underline contract to a teacher for professional services rendered - underlined "for professional services rendered" during a school year and ..... (skips over wording which obviously is not applicable in this case).....the point is, Your Honor, is we're talking about a definition of how the man's normal retirement benefits are calculated, and they are calculated essentially upon what the, is actually earned. What was accrued under a contract and what was received in remuneration for professional services rendered. Now it is truly unfortunate - there is no question about that, Your Honor - that when a man becomes disabled, he cannot provide for under a contract - he cannot provide professional services as he had previously been doing. However, for purposes solely in calculating retirement benefits when that man does reach the age where he normally retires, then we look towards the statute does in fact say and we find that there is no reason or need for extrapolation such as the plaintiff would contend. Basically there seems to be three choices which can be presented to the Court. One is an argument to be premised upon what was presumably stated and the State's Motion for Summary Judgment; that is that base period for 1972 to 1973 is in fact zero. Now for purposes of determining the actual base salary for MR. HOLMES in this particular case, your Honor, that issue does not have to be addressed. Because what would in fact meant in the State's brief was when we're talking about a zero base year, was the effect upon a determination of a base salary. We're talking about in this situation - since you cannot extrapolate what the man would have made, he would have made presumably $8,440.00 during '72 '73. That is not one of the three highest years for the years in which MR. HOLMES was receiving money from any source; whether from actual salary or from

disability retirement. The final choice - the third choice, the one the plaintiff contends, and that is that the Court extrapolate and presume under some guise, or how the law, or statutory authority, that Mr. HOLMES would have in fact earned $16,880.00 during that year. Now MR. HOLMES under statute has a statutory choice to be able to take a deferred compensation. He could have resigned - he could have been fired. We don't know that. So the statute is clear in setting out what it means by base salary, it talks about what was accrued under contract and for services for remuneration received for professional services. There seems in fact to be some kind of confusion as to where base how base salary is accrued when it talks about the city services and how creditable service is determined which is based upon membership. The creditable service which is the second factor in this formula in determining MR. HOLMES' final salary, 28 years certainly picks up the year period in which MR. HOLMES was disabled. He was given that period of time - it was entered into the calculation and if the State were to contend that the man received no right whatsoever while he was disabled, then the State would have allowed him only 27 years. Obviously the Statute provides otherwise. Here he received 28 years creditable service and a period of time which included the disability benefits he was to be, be, receiving. So the quotes from the Retirement Handbook basically only repeat what has been said before in his brief and before the Court today. There is no reason to suggest that those books mean anything other than what they do, that is in fact that you determine base salary, based upon an actual contract and remuneration received for services rendered. The final, in rebuttal to the final point, Your Honor, plaintiff's counsel makes continuous allusions to the fact that the law is clear in setting out how benefit, the number, when payment is to be made for disability retirement. The State would readily admit that the law is indeed clear. Plaintiff would contend that the language saying when the man's first disability retirement check should be sent to him only buttresses the statement of when the last receipted - the last check was to be mailed out. The State would always contend that while they may buttress each other they are not identical in language. The first check that is sent out to a man on his disability is for the month following the disability. The last check is sent out - and the law is indeed clear - the disability retirement payment paid on the 1st day of the month in which the disabled teacher recovered from his disability, dies or attains 60, constitutes the last payment. The first day of the month. The State sent a check for the - to MR. HOLMES on the last, on the 1st of the month, of the month in which he reached the age of 60.

JUDGE TAYLOR - Of May 1, 1973?

JOHNSON - Yes, Your Honor. The State sent a check - it was noted in the Affidavit - of Robert Gates - that receipt was mailed April 25 and received undoubtedly on or about May 1. That check constituted - the check that was received on the 1st day of May. If the State contended that a check received at the end of that month in which the man turned 60, was to be the final check, then the statute would have said first day of the month following the month in which he attains the age of 60. So your Honor for these reasons the State contends that the law ought to be clear that ORVAL HOLMES' normal retirement benefits were properly calculated and that ORVAL HOLMES did in fact receive the number of disability payments to which he was statutorily entitled. Thank you, Your Honor.

MR. DOWNES - Your Honor, may I be entitled to rebuttal since I counter-moved?

JUDGE TAYLOR - How long can this go on?

MR. DOWNES - Well, I imagine that I would have a chance to rebut based on my Motion for Summary Judgment and that's all I'm doing, is a reubttal, and I will be very brief. On both pages I just want to direct attention to Exhibit "B" and our Memorandum. Mr. Johnson says that we don't know what MR. HOLMES was going to make in '72-'73 and that might be true in some other cases, but not in Mr. Holmes' case because Mr. Holmes was told that he was going to be making his base salary of $16,880.00 - his salary was $16,880.00 as far as for services rendered goes, the argument that the base salary, the definition of base salary, for services rendered - that is the remuneration received for services rendered, the law contemplates that the teacher is in membership service even when he is on disability retirement and then we talk about base salary, not remunerative actual remuneration which is again clarified by the handbook and clarified by the law. The last thing regarding the eleventh pay check. When somebody retires they are not earning a check to be paid to them after the end of the month. They have no income. They need money to live on for the month they have no income so they get their check at the beginning of the month, that's what the law says, so they get their monies so they have something to live on and they don't start working and they are not earning anything. They are entitled to the first of the month following the disability retirement and that's all MR. HOLMES is saying; that the payment that was sent out in April and received by him on the 1st of May, 1973, or on or about that time, true he got that check, but it's only that the check was a month late and they should have processe that check in March for April; processed the check in April for May... that's the check he didn't get. They were behind a month, I don't know if the Court understands the logic of what I'm saying, but the Government was behind a month in payment - there was a payment due the 1st of July '72 and the 1st of every month and the last payment should have been on the 1st of the month he attained age 60. There was a check payable to him on May 1st, 1973, which he never got; because he got April's first check which took a month to process and he got that on May 1st; that is the argument that the plaintiff is making and I want to make sure that the Court does understand that. Thank you.

JUDGE TAYLOR - Now the Court has had an opportunity to - in this matter - to read the Briefs, and supporting documents and the Court hearing argument in the matter, and the Court will rule as follows in this matter, and that is with regard to the matter of the payment for the - I agree with Mr. DOWNES that the payment for the month of May, the check that was issued April 25 was not the last check - that's the last check that MR. HOLMES got but he was entitled to one more. The Court agrees with the State on their construction of the matter in regard to the year of disability is not a salary year for purposes of calculating retirement. I don't know what the problem would be if MR. DOWNES presented a proposition or a factual situation of course is not before this Court, a person on disability for ten years and then retired, there would be a zero possibility I would assume a zero calculation. If that purports, proposes to be a real problem I would imagine that that matter should be taken with the Legislature that adopts these rules and regulations. So the Court finds for the State on the matter of the calculating of the retirement benefits and orders MR. HOLMES on a calculation of the disability benefits a lack of payment thereof for one month.

VOICE - No, Your Honor.

JUDGE TAYLOR - If both parties have prevailed to a certain extent - that would require separate judgments in this matter they may submit one.

MR. JOHNSON - Now the State will be more than happy to submit a proposal for both, certainly, Your Honor.

JUDGE TAYLOR - (not discernible)...Mr. Downes for his approval....satisfactory ... content, the Court will (not discernible) ... Yes, Your Honor ...

MR. JOHNSON - Thank you, Your Honor.

MR. DOWNES - Thank you, Your Honor.

JUDGE TAYLOR - Mr. Downes, do you want the document...

MR. DOWNES - Yes, I think it should...

JUDGE TAYLOR - The Clerk will mark that as plaintiff's exhibit. Any objection?

MR. JOHNSON - No objection, Your Honor.

JUDGE TAYLOR - Although the handbook itself hasn't been moved into evidence, any objection to that being part...

MR. JOHNSON - Your Honor, The State would object to that being included into evidence because the salient materials in there were quoted in Plaintiff's brief and there is no reason for any additional material.

VOICE - ... Is that agreed by the State. Certain parts are agreed.. the reason I asked...

JUDGE TAYLOR - Then the Plaintiff's identification 1 may be returned to MR. DOWNES. The paper on the Board will be marked as Plaintiff's Exhibit "A" and if there is nothing further the Court stands adjourned.

THIS COURT IS ADJOURNED

I HEREBY CERTIFY that I personally listened to the above and foregoing Cassette Tape at the offices of Manpower Services, 314 Las Vegas Boulevard North, Las Vegas, Nevada 89101, and that to the best of my knowledge and my belief the foregoing transcription is true and correct.

DATED this 23rd day of March, 1978.

ORVAL W. HOLMES

SWORN TO and subscribed before me
this 23rd day of March, 1978.

Notary Public, State of Nevada

Notary Public-State of Nevada
CLARK COUNTY
Michael Katz
My Commission Expires Dec. 8, 1980

252 E. Tropicana
Las Vegas, Nev. 89109
Tel. 702-736-0613

Feb. 27, 1978

Mr. B. B. Allen
Commissioner of Administration
State of Alaska
Juneau, Alaska 99801

Dear Comm. Allen:

Thank you for the telephone call completed minutes ago. It would be appreciated if Mr. Arnoldt would list the One reason (not an excuse) just why my retirement benefit should not be calculated in accordance with the way a prior Comm. of Adm. directed as outlined in the 1973 Teacher's Retirement System's Information Handbook.

All the evidence, excuses offered to-date, rules and regulations, inter-departmental memoranda, letters, etc. conclusively show that the TRS administration is in error once again. Please, at your earliest convenience, inform me, and allow me an opportunity by telephone, to disprove any new or more explicit excuses which may surface.

Thank you for your time and interest.

Respectfully yours,
Orval W. Holmes

---

olmes
E. Tropicana
egas, Nev. 89109

PROCLAIM LIBERTY
USA 13c

Mr. B. B. Allen
Commissioner of Administration
State of Alaska
Juneau, Alaska 99801

cont'd

STATE OF ALASKA

JAY S. HAMMOND, Governor

DEPARTMENT OF ADMINISTRATION

DIVISION OF RETIREMENT & BENEFITS

POUCH CR
JUNEAU, ALASKA 99811

March 16, 1978

Inked in red the Notes in the margin are by Curtiss

Mr. Orval W. Holmes
Star Route 5, Box 50918
Fairbanks, Alaska 99701

TRS: 574-01-9441

Dear Mr. Holmes:

Inaccurate Not True. C.W.H.

In your letter of February 27, 1978 to Commissioner Allen you asked why the calculated salary for the 1972-73 school year, the year in which you received a disability benefit from the TRS, was not used in determining your average base salary in the computation of your normal retirement benefit. You cite as your reference the 1973 revised edition of the Teachers' Retirement System Information Handbook, page 11 which states "The base salary used in computing the service retirement will be the same salary used in computing the disability benefit."

Appears the authority of a union committee to Advise at State level. C.W.H.

The above passage is misleading, if not totally incorrect, and I realize that you might be confused if you read the narrative section alone. However, AS 14.25.120(c)(1) and 14.25.220 under Part III - Text of the Law, take precedent. I also refer you to page 33 of the 1973 handbook.

Rules and Regulations are not in the Text. C.W.H.

"The following text represents the law as of July 1, 1972, representing the Official Retirement System. If there is any difference of interpretation between other parts of the handbook and the legal text, the language in the following text of the law shall govern."

Didn't get a salary Ckeck (72-73) year. C.W.H.

The legal interpretation to AS 14.25.120 and 14.25.220, which concerns the use of your salary for the 1972-73 school year, was given June 10, 1976 by the Superior Court of the State of Alaska (Orval W. Holmes vs. State of Alaska). The following decision was rendered:

* "the base salary used in computing the service retirement will be the same salary used in computing the disability benefit" is a rule & reg not contrary to the Law and would complete the computation of benefits for disabled retirees. C.W.H.

"Pursuant to AS 14.25.120(c)(1) and 14.25.220, computation of average base salary in determining normal retirement benefits precludes use of a base salary which a teacher may have earned but for his disability. Therefore, for purposes of calculating the plaintiff's average base salary, the state properly used the plaintiff's base salary for the three years 1969-1970, 1970-1971, and 1971-1972, and properly excluded an estimated base salary for the period of 1972-1973."

A legal interpretation, not a department regulation, has determined the method to be used in the calculation of your retirement benefit. For this reason we have disallowed the use of the 1972-73 estimated salary of $16,880.00 and have calculated your benefit using your 1969-70 salary of $13,175.00, your 1970-71 salary of $16,724.00 and your 1971-72 salary of $16,880.00.

I hope I have satisfactorily answered your question regarding your retirement benefit.

Sincerely,

Paul B. Arnoldt

Paul B. Arnoldt
Director

PBA/AGW/dm
cc: B.B. Allen
Commissioner of Administration

Mary E. Carle
President
Alaska State Retired Teachers Association

April 25, 1978

The Honorable Charles H. Parr
Chairman - House HESS Committee
Alaska State Legislature

Dear Representative Parr:

Enclosed are two letters of information which state the position of the Alaska State Retired Teachers Association RE:

1. HB 820 ASRTA Supports

2. HB 866 ASRTA Opposes

Our intent is to provide these positions and information for the HESS Committee Members' consideration in connection with the Committee's Hearing, scheduled for April 27, 1978.

Respectfully,

Stan Knedlik

Stanley M. Knedlik, Chairman
Legislative Committee
Alaska State Retired Teachers Association

April 25, 1978

House HESS Committee Members
Alaska State Legislature

RE: ASRTA Support of HB 820

Dear Mr. Parr, Chairman:

I urge the HESS Committee Members to favorably report HB 820 as an immediate and viable means of providing a perennial system of funding post-retirement pension adjustments in step with increases in the cost-of-living for TRS retirees.

The potential of HB 820's proposal can be best illustrated by the funding that would have been provided in 1977, if it had been in operation, when the State's and the Employing School Districts' respective contribution levels were lowered to 6.43 % each. The two combined differentials (below 7 %) of .57 % each, totaling more than 1 %, applied (times) to the TRS Payroll of approximately $215,000,000 would have provided more than $2,000,000 for the bonus account fund to be established--an amount substantial enough, with the investment returns, to have paid a 4 % pension adjustment for all TRS retirees for 3 or 4 years.

That is a persuasive possibility, and our membership of the Alaska State Retired Teachers Association strongly supports and urges your favorable consideration of this measure, HB 820.

Respectfully,

Stan Knedlik

Stanley M. Knedlik, Chairman - Legislative Committees
Alaska State Retired Teachers Association
Central Alaska Retired Teachers Association

April 25, 1978

House HESS Committee Members
Alaska State Legislature

RE: ASRTA Opposition
to HB 866

Dear Mr. Parr, Chairman:

Our membership's immediate concern and opposition to HB 866 stems from the objectionable features or sections which appear to alter and/or change the original, existing statutes related to the following areas:

1. The "scheduled time" when all 4 categories of Retirement Benefits are to be payable--inclusive of (1) retirement benefit, (2) disability benefit, (3) survivors' allowance, and (4) spouse's pension.

2. The nature and essence of the retirement benefit as an annuity.

3. The basis for calculating the normal retirement benefit following a period of disability (membership) service.

RE: #1: HB 866 alters the established schedule, whereby each and all (4) such benefit payments would now become payable on the last day of the (a) initial month and (b) each succeeding month of eligibility--noting that in the case of each retiree, the monthly benefit was and now is scheduled by the existing statutes to be payable on the 1st day of the month; this preferred schedule and procedure was originally intended and ordered for good and sufficient reasons--in keeping with the circumstances which should continue to prevail. No fundamentally acceptable reason has been given to justify altering this schedule.

See HB 866 Page # 9 Line 4

To the contrary, there are reasons why the original schedule of payments should be met and continued.

Only by assuring every retiree that the retirement benefit will be payable on the 1st day of the month can every retiree be assured of a proper civil and social right to have received during the month of his eventual demise his final benefit check which he could actually (personally) receive, endorse, and disburse--rather than given to an estate.

RE: (#2, X#3,) & (#4) above: (disability benefit/survivors' allowance/spouse's pension)

HB 866 Page # 10 Lines 13 & 14
Page # 13 Lines 17 & 18
Page # 14 Lines 19 & 20

...it also seems equally clear that the original and existing statutes (provisions), which provide that all such benefit payments are to be payable on the 1st day of the month, best and most properly meet the needs of those persons (beneficiaries) eligible for those benefits. Eg.,..the proper entitlement of the disabled teacher to the disability benefit payable on the 1st day of the month is already established and acknowledged by the State in the case of a Fairbanks TRS retiree (Orval Holmes)--but even more importantly, the immediate economic needs of all such beneficiaries and especially the surviving spouse/wife and dependent children are best met only by assuring that the initial benefit payment (and with succeeding payments) is scheduled to be made on the 1st day of the month.

We are convinced that this was and should be the continued intent of the original and existing statutes.

RE: #2: In addition, HB 866 alters to some degree the nature and essence of the "retirement benefit" concept--i.e., it tends to disregard the retirement benefit as a form of annuity already earned and entitled, automatically geared and scheduled to be payable (in a disconnected series of separate, discrete, consecutive monthly intervals of time) on the 1st day of the initial month of entitlement and the 1st day of each succeeding month thereafter, "ad infinitum," subject only to the demise of the retiree.

HB 866 Page # 8 Line 27 & 28
Page # 10 Lines 10 & 11
Page # 13 Lines 17 & 18
Page # 14 Lines 18

In contrast with this original intent and purpose, HB 866 interposes the term "accrue"--which in this altered context suggests/indicates that the consideration involved (benefit) may be in a state of being or becoming earned--i.e., increasingly, accumulatingly, or possibly even prorated; it surely implies that that which was already earned is payable only after and at the end of an interval of time--which when coupled with the economic needs of retirees and beneficiaries is detrimental!

RE: #3(above): Our attention is being drawn to an increasing number of Fairbanks-area TRS retirees who believe that their normal retirement benefit calculations were adversely and unfairly affected by prior periods of disability--thru what may be termed "contested" or "specious" interpretations rendered

by the Division of Retirement & Benefits. In addition to the Orval Holmes Case there tentatively appear to be as many as five (5) other similar cases (names available on request), involving disability periods prior to normal retirement eligibility in which the retirees' eventual normal retirement benefit calculations were adversely affected by the Division's/Administration's specious rulings which were rendered in disregard of logical and literal interpretations of the original TRS statutes, as well as the clearly-related and supportive TRS Handbook explanations--all of which lent credence to the retirees' contention that such disability periods need not and should not adversely affect the eventual calculations of normal retirement benefits.

The crux of the retirees' concern for this objectionable feature rests with two sections in HB 866's content--namely (1) page # 8, line 4 in which the existing statute's 10 years' framework (within which the 3 highest salary years are to be selected and averaged) is deleted--to become any 3 years--and (2) HB 866's page #16, lines 11, 12, & 13 by which a year of disability is to be disqualified from the calculations for determining the eventual normal retirement benefit amount.

See HB 866 Page #8 Line 4

Page #16 Lines 11, 12, & 13

Overall, this change of existing statute provisions is unduly restrictive to the detriment of a number of unfortunately disabled members--noting in particular that by statute definition, a year of disability does qualify as a bona fide "membership year"! It would seem prudent and thoughtful to heed to the expressed retiree opposition to this alteration which so clearly coincides with a contested area of benefit concern.

For these particular statute provisions (1) to have stood in effect for 18 or 20 years, (2) to have been supported by seemingly literal and logical interpretations, and (3) with the clearly supportive TRS Handbook (over time thru 1974) paragraphs of description and explanation--all of these circumstances seem to prompt an objective awareness that there is actually a benefit problem needing further attention and evaluation--pror to change!

Adequate investigation and study of the noted, persisting concerns have not run their course. And it seems inappropriate and unwise, meanwhile, to suggest that clarifying, clean-up, and/or housekeeping needs will justify such alterations as proposed in the midst of this unsettled situation.

In conclusion, while noting there are some commendable areas of change in HB 866, because of the sensitive areas which are objectionable as noted herein, our position is one of opposition to HB 866 in its original form. I respectfully suggest that approval of HB 866 in its original form is not warranted unless the Committee is fully satisfied that the retirees' objections are either (1) baseless or (2) satisfied and/or dispelled.

I also suggest that unless these sections which cause valid concerns among TRS retirees can be satisfactorily resolved, then possibly this measure might well be postponed for future consideration, perhaps in 1979, when further and better conclusions can be achieved. Meanwhile, I thank you for having given your attention and consideration to these expressions which represent the ASRTA Membership's position on the issues related to HB 866.

Respectfully,

Stan Knedlik

Stanley M. Knedlik, Chairman - Legislative Committees

Alaska State Retired Teachers Association
Central Alaska Retired Teachers Association

cc Mary Carle, President
ASRTA
Catherine Larson, President
CARTA

HB 866 file

May 9, 1978

Charles H. Parr, Chairman
House HESS Committee
Alaska State Legislature

RE: ASRTA Opposition to HB 866

Dear Representative Parr:

Summary points of the retired teachers' (ASRTA) opposition to objectionable features in HB 866, follow:

1. HB 866 alters longstanding, existing statutes which clearly designate that all retirement benefit payments (4 categories) shall be payable on the 1st day of the month.
2. HB 366 changes the concept of benefits whereby these would "accrue" hereafter to become payable on the last day of the month.
3. The two (2) foregoing changes circumvent retirees' and beneficiaries' needs and rights to receive benefits payable when entitled and most needed—on the 1st day of the month.
4. Existing statutes, rules, and regulations which firmly describe literal, logical relationships between disability and eventual normal retirement eligibility would be deleted and rewritten midst controversy.
5. The basis for such above changes proposed in HB 866 is largely a matter of administrative expedience.

This contrasts unfavorably with an alleged need to "clarify" provisions of the Teachers' Retirement System--particularly when such changes alter and rewrite existing statutes on the expressed basis. . . "that this is what we've (Division/Administration) already been doing—so we want the law changed to conform with our established practice."

To resolve an administrative predicament, legislatively, by proposing to modify the law is neither satisfactory nor the only alternative. Consider the propriety of the following oft-repeated claims by the Division-Administration to explain an erroneous schedule of payments:

1. that retirement eligibility which commences in/on/with the 1st month of retirement does not really begin in/on/with the 1st or initial month of retirement.
2. that the 2nd month of retirement is really the 1st month of retirement.
3. that an effective date (eg., June 30) for terminating employment in conjunction with a retirement date (eg., July 1) does not constitute an actual state of retirement—'til one month later!

In the Committee's further consideration of HB 866 we urge that any action taken (or not taken) be based on what is in the continued best interests of TRS retirees. To continue with existing statutes meanwhile will provide the Division of Retirement & Benefits with further opportunity to evolve other, better solutions.

Yours truly,

Stanley M. Knedlik

Stanley M. Knedlik, Chairman
Legislative Committee
Alaska State Retired Teachers Assoc.
c/o Box 1813

HB

867

CITY AND BOROUGH OF JUNEAU SCHOOL DISTRICT
P.O. BOX 808 • DOUGLAS, ALASKA 99824

HB 867

March 24, 1978

The Honorable Charles Parr, Chairman
Health, Education, and Social Services Committee
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

I wish to bring House Bill 867 to your attention. It is an act relating to the administration of questionnaires in public schools. While this bill is most likely an outgrowth of the recent Thetford case here in Juneau, I am concerned that it could have more far-reaching results than simply eliminating questionnaires of the kind the Juneau School District administered for the City's Youth Advisory Board in Juneau last year. As House Bill 867 is written, a classroom teacher could be prohibited from surveying a class to obtain information about the children in that class that would help the teacher work more effectively with them. Gaining such information as where the child has previously lived, interests, and hobbies of the family, and other non-public record matters that any reasonable parent would want the teacher to know about could not be gained through the use of a questionnaire.

I am concerned that the State Legislature may declare that anonymous questionnaires that are used to help school district employees work more effectively with children are illegal. The court in Juneau has determined that citizen's rights to privacy were not violated in the questionnaire used last year. Of more concern to me is the far-reaching effects that adoption of House Bill 867 would have in eliminating legitimate information collection which enables teachers to help students more effectively.

Thank you for your consideration of my views.

Sincerely yours,

John E. Coffee

John E. Coffee
Superintendent of Schools

Rep Carr 2.16-78

This is a copy of a Yburk Survey taken in Juneau Schools last Spring. It was supposedly Voluntary (on the part of the students) but parents had no say in whether or not their children took the Survey. (As you will see many of the questions concern the parents Private life and the students home life in general

I understand this same survey was taken in the Ketchikan schools also last year. Thus we feel it is important that Bill #67 move thru the House as soon as possible.

Thank You

Dawn Thayer
586-3549

CITY AND BOROUGH OF JUNEAU

YOUTH SURVEY

A. Background:

1. What school (agency) do you go to? _____

2. How old are you? (circle one) 9 10 11 12 13 14 15 16 17 18 19 20

3. What is your sex? (check one) ____(1) Male ____(2) Female

4. To which ethnic group do you belong? (check one)

____(1) Alaska Native ____(2) Black ____(3) Filipino

____(4) Anglo ____(5) Hispanic ____(6) American Indian

____(7) Other

5. What grade are you in now? (check one)

____ Open Classroom ____ 5th ____ 6th ____ 7th ____ 8th

____ 9th ____ 10th ____ 11th ____ 12th ____ Not in School

6. How long have you lived in your present home?

____ Less than one year ____ One or two years

____ Three or four years ____ More than four years

7. Which of the following best describes where you live?

____(1) house [one family only]
____(2) house [more than one family]
____(3) apartment
____(4) mobile home or trailer home
____(5) hotel or motel
____(6) boat
____(7) group home or receiving home
____(8) other

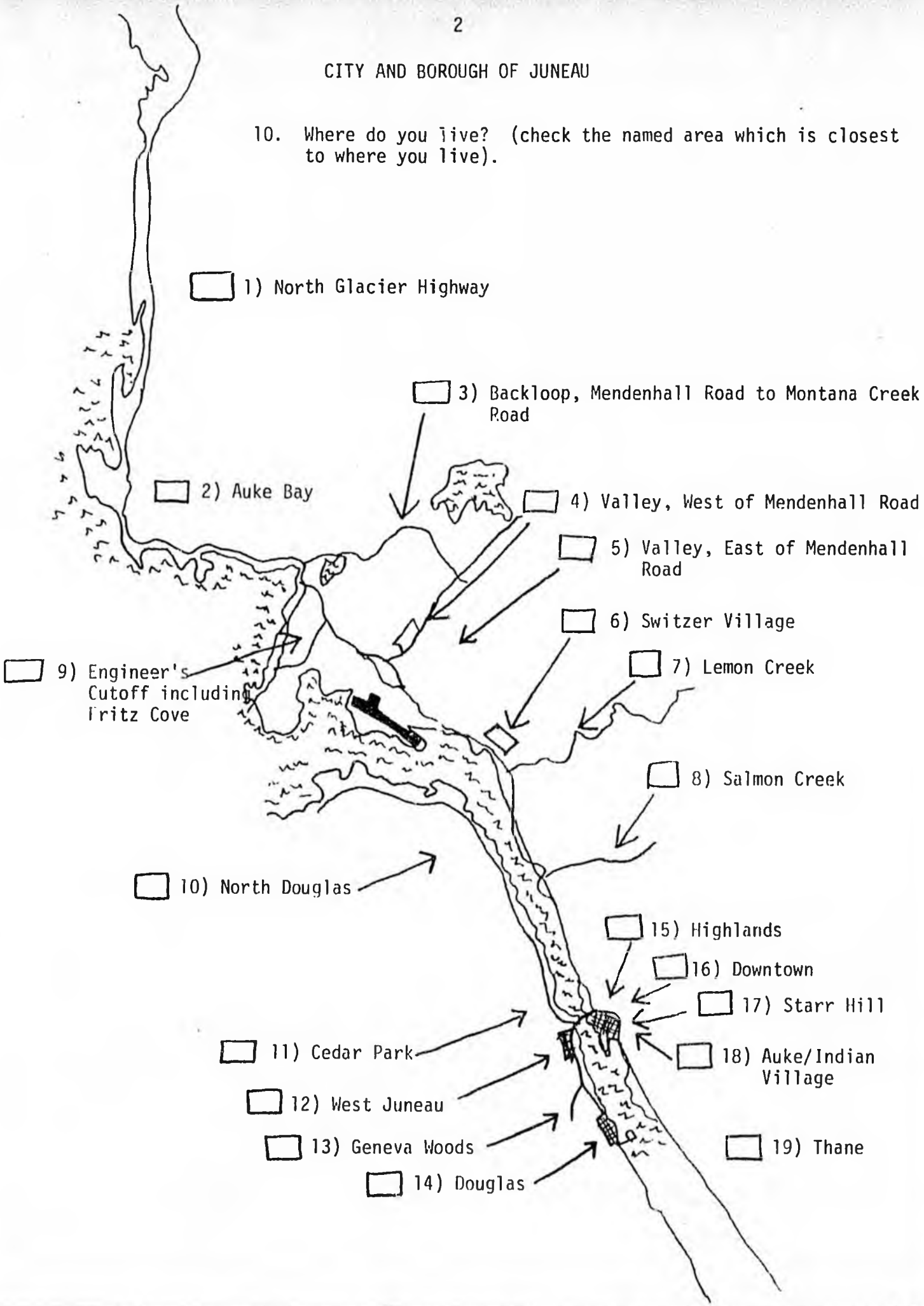
8. How many rooms are in your home? (Do not count bathrooms, closets, or other storage space.)

____

9. How many people live in your house? ____

CITY AND BOROUGH OF JUNEAU

10. Where do you live? (check the named area which is closest to where you live).



11. With which of the following adults, 18 years of age or older, are you living? (check as many as apply)

____ Mother ____ Father ____ Stepmother ____ Stepfather

____ Fostermother ____ Fosterfather ____ Grandmother

____ Grandfather ____ Aunt(s) ____ Uncle(s) ____ Sister(s)

____ Brother(s) ____ Cousin(s) ____ Other (please explain)

12. Counting yourself, how many children or youth under the age of 18 live in your home? ____ How many are related to you? ____

13. In the past year, which of the persons listed below moved in or out of your home? (If no one has moved, do not check any items.)

	Moved In	Moved Out
Mother	1)____	2)____
Father	1)____	2)____
Stepmother	1)____	2)____
Stepfather	1)____	2)____
Fostermother	1)____	2)____
Fosterfather	1)____	2)____
Other (please explain)	_____	

14. Are your parents divorced? ____

B. Employment:

1. Do you have a paying job? ____Yes ____No

   a. If yes, are you working full-time ____, part-time ____, or sometimes (babysitting, odd jobs, etc.) ____?

   b. How much do you earn per week? _____

   c. If no, are you looking for work on a full-time basis ____, part-time ____, or sometime (babysitting, odd jobs, etc.) ____?

2. Do you want a job in Juneau this summer? ____Yes ____No

   a. Full-time ____ Part-time ____

   b. What kind of job would you like? _____

Please look at each of the following statements. Check the right response for each Statement. When you find a statement that does not apply to you, just check NO in the first column and go on to the next one. If a statement is true for you, we would like to know HOW OFTEN it was true and HOW SERIOUS or IMPORTANT it was for you.

Statement	Is this statement true for you?		If Yes, How Often?			How Important or Serious?		
	Yes	No	Once or Twice	Some-times	Always	Not	Some-what	Very
3. I have looked for work in the past year, but there were no jobs.	___	___	___	___	___	___	___	___
4. I was unable to find a job last summer.	___	___	___	___	___	___	___	___
5. I was unable to get a job because of my age.	___	___	___	___	___	___	___	___
6. I don't know how or where to find out about jobs.	___	___	___	___	___	___	___	___
7. My reputation makes it difficult for me to get a job.	___	___	___	___	___	___	___	___
8. My police record makes it difficult for me to get a job.	___	___	___	___	___	___	___	___
9. My sex (boy or girl) makes it difficult to get the job I want.	___	___	___	___	___	___	___	___
10. My race or ethnic background makes it hard to get or keep a job.	___	___	___	___	___	___	___	___
11a. I have no training for the jobs that interest me.	___	___	___	___	___	___	___	___

b. The type of jobs that interest me are _____.

C. School:

Statement	Is this statement true for you?		If Yes, How Often?			How Important or Serious?		
	Yes	No	Once or Twice	Some-times	Always	Not	Some-what	Very
1. Most of my teachers understand me.	___	___	___	___	___	___	___	___
2. There are not enough classes which are important or useful.	___	___	___	___	___	___	___	___
3. The school nurse has been a help to me.	___	___	___	___	___	___	___	___
4. In the past year I have been pressured by other students to use or buy alcohol or drugs.	___	___	___	___	___	___	___	___
5. Most of my teachers do not really care about me.	___	___	___	___	___	___	___	___
6. I have been suspended from school.	___	___	___	___	___	___	___	___
7. I have been discriminated against in school because of my race or ethnic background.	___	___	___	___	___	___	___	___
8. I have ~~not~~ intentionally damaged or destroyed school buildings or property.	___	___	___	___	___	___	___	___
9. Students have enough say in how my school is run.	___	___	___	___	___	___	___	___
10. I have been physically hurt by other students.	___	___	___	___	___	___	___	___

Statement	Is this statement true for you?		If Yes, How Often?			How Important or Serious?		
	Yes	No	Once or Twice	Some-times	Always	Not	Some-what	Very
11. I have stayed away or "skipped" school.	___	___	___	___	___	___	___	___

12. What are the three best things about your school?

a. _____

b. _____

c. _____

13. List the three things which your school needs most.

a. _____

b. _____

c. _____

D. Community and Home:

Statement	Is this statement true for you?		If Yes, How Often?			How Important or Serious?		
	Yes	No	Once or Twice	Some-times	Always	Not	Some-what	Very
1a. My mother spends enough time with me.	___	___	___	___	___	___	___	___
b. My father spends enough time with me.	___	___	___	___	___	___	___	___
c. My guardian spends enough time with me.	___	___	___	___	___	___	___	___
2a. My mother does not provide enough guidance or super-vision.	___	___	___	___	___	___	___	___

Statement	Is this statement true for you?		If Yes, How Often?			How Important or Serious?		
	Yes	No	Once or Twice	Some-times	Always	Not	Some-what	Very
2b. My father does not provide enough guidance or supervision.	___	___	___	___	___	___	___	___
c. My guardian does not provide enough guidance or supervision.	___	___	___	___	___	___	___	___
3. The police/troopers are available when I need them.	___	___	___	___	___	___	___	___
4. I visit with some of my neighbors.	___	___	___	___	___	___	___	___

5a. I am often left without an adult at home. ____ Yes ____ No

b. If yes, is it usually overnight ____, over a weekend ____, or for several days ____? (check one) ____ for a few hours?

Statement	Is this statement true for you?		If Yes, How Often?			How Important or Serious?		
	Yes	No	Once or Twice	Some-times	Always	Not	Some-what	Very
6. In the past year I have been stopped by the police.	___	___	___	___	___	___	___	___
7. I have been arrested by the police.	___	___	___	___	___	___	___	___
8a. My mother understands many of my problems.	___	___	___	___	___	___	___	___
b. My father understands many of my problems.	___	___	___	___	___	___	___	___
c. My guardian understands many of my problems.	___	___	___	___	___	___	___	___

Statement	Is this statement true for you?		If Yes, How Often?			How Important or Serious?		
	Yes	No	Once or Twice	Some-times	Always	Not	Some-what	Very
9a. I cannot talk with my mother about my ideas or problems.	___	___	___	___	___	___	___	___
b. I cannot talk with my father about my ideas or problems.	___	___	___	___	___	___	___	___
c. I cannot talk with my guardian about my ideas or problems.	___	___	___	___	___	___	___	___
10. The police/troopers discriminate against me because of my race or ethnic background.	___	___	___	___	___	___	___	___
11. The police have been helpful to me.	___	___	___	___	___	___	___	___
12. My father, mother, or guardian drinks a lot of alcohol.	___	___	___	___	___	___	___	___
13. ~~My parents are at home~~.	___	___	___	___	___	___	___	___
14. My parents or foster parents argue.	___	___	___	___	___	___	___	___
15. My parents or foster parents fight.	___	___	___	___	___	___	___	___
E. Health:								
1. I have needed counseling about pregnancy and abortion.	___	___	___	___	___	___	___	___
2. I need more information about birth control and venereal disease.	___	___	___	___	___	___	___	___

Statement	Is this statement true for you?		If Yes, How Often?			How Important or Serious?		
	Yes	No	Once or Twice	Some-times	Always	Not	Some-what	Very
3. I have been to a dentist in the past year.	___	___	___	___	___	___	___	___
4. I have been to a doctor in the past year.	___	___	___	___	___	___	___	___
5. I have needed more information about alcohol and drugs.	___	___	___	___	___	___	___	___
6. Some of my friends have a problem with alcohol.	___	___	___	___	___	___	___	___

F. Recreation:

1. There are not enough things to do after school.	___	___	___	___	___	___	___	___
2. Entertainment and recreational activities are too far from home.	___	___	___	___	___	___	___	___

3. How do you usually find out about recreational activities? (check no more than two).

   school ____ radio ____ newspaper ____ friends ____ parents ____

   other ____ (please explain) _____

4. What would be the best way to let you know about recreational activities in the community?

   school ____ radio ____ newspaper ____ friends ____ parents ____

   other ____ (please explain) _____

5. List three activities that you would participate in, if they were more available.

   a._____ b._____ c._____

6a. Where do you usually go after school? _____

b. What do you do there? _____

c. How long do you stay there? _____

7a. Where do you usually spend your evenings? _____

b. What do you do there? _____

c. When are you usually home? _____

8. Would better bus transportation allow you to take part in more activities? ____ Yes ____ No

9a. Do you own a car or truck? ____ Yes ____ No

b. Do you drive a car or truck? ____ Yes ____ No

10. How often do you drive a car or truck?

____ Often ____ Sometimes ____ Rarely

G. Beliefs and Values:

This section is about your beliefs and values. We are interested only in your opinion. There are no right or wrong answers. Please indicate whether you STRONGLY AGREE, AGREE, DISAGREE, or STRONGLY DISAGREE, by circling your responses to the statements.

Statement	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
1. It is sometimes necessary to lie on a job application to get the job you want.	1	2	3	4
2. If one wants to get good grades in school, he will have to cheat sometimes.	1	2	3	4
3. It's OK to lie if you are protecting a friend in trouble.	1	2	3	4
4. One can make it in school without having to cheat on exams.	1	2	3	4
5. One should always tell the truth, regardless of what one's friends think of him.	1	2	3	4

	Statement	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
6.	If one wants to have nice things he has to be willing to break the rules or laws to get them.	1	2	3	4
7.	Most people can be trusted these days.	1	2	3	4
8.	It is easy to find someone to talk to.	1	2	3	4
9.	I often feel awkward and out of place.	1	2	3	4
10.	It's not worth planning for anything in the future because I really don't know what is going to happen these days.	1	2	3	4
11.	I sometimes feel like nobody cares about me anymore.	1	2	3	4
12.	I often feel like it's not worth even trying to change things in my life.	1	2	3	4
13.	It is easier to talk to a person of my own race (or ethnic background).	1	2	3	4
14.	One problem with the world today is that most people don't believe in anything.	1	2	3	4
15.	Everything changes so quickly these days that I often have trouble deciding which is the right thing to do.	1	2	3	4
16.	People are better off when everyone knows just how they are expected to act.	1	2	3	4
17.	Nothing is done to young people who break the law.	1	2	3	4
18.	I like living in Juneau.	1	2	3	4

H. Community Resources:

Please rate each of the agencies or organizations listed in this section. If you do not know anything about an agency or organization, simply check "No" to the question and go on to the next agency or organization.

1. Youth Employment Service (YES)

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

2. Southeast Agency, Tlingit-Haida Central Council (BIA)

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend				

3. Borough Health Center (Family Planning Clinic)

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

4. Bartlett Memorial Hospital

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about you problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

5. Juneau Receiving Home

a. Do you know anything about this agency or organization?
___ Yes ___ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	___	___	___	___
c. Do they have a good reputation with young people you know?	___	___	___	___
d. Do you know what they can do for you?	___	___	___	___
e. Would they tell anyone about your problems without your permission?	___	___	___	___
f. Are the people there easy to talk to?	___	___	___	___
g. Would you send a friend there?	___	___	___	___

6. Teen Homes, Inc.

a. Do you know anything about this agency or organization?
___ Yes ___ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	___	___	___	___
c. Do they have a good reputation with young people you know?	___	___	___	___
d. Do you know what they can do for you?	___	___	___	___
e. Would they tell anyone about your problems without your permission?	___	___	___	___
f. Are the people there easy to talk to?	___	___	___	___
g. Would you send a friend there?	___	___	___	___

7. Juneau Police Department

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

8. State Probation Office

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

9. Teen Club

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

10. Alaska Native Health Center (PHS)

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

11. State Troopers

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

12. Community Schools (after school activities and courses)

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

13. State Social Services (Family and Children Services)

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

14. Southeast Mental Health Clinic

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

15. Alaska Legal Services

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

16. Alaska Youth Village

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

17. Public Defender's Office

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

18. Alaska Native Brotherhood (ANB)

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

19. Central Alcoholism Agency (ACA)

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

20. Alaska Native Sisterhood (ANS)

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

21. Johnson O'Malley Program (JOM)

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

22. Catholic Community Services

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

23. Office of Vocational Rehabilitation

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

24. Alaskans For Life

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

25. 4-H Club

a. Do you know anything about this agency or organization?
_____ Yes _____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

26. Salvation Army

a. Do you know anything about this agency or organization?
_____ Yes _____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

27. Campfire Girls

a. Do you know anything about this agency or organization?
____ Yes ___ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

28. Boy Scouts

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

29. Girl Scouts

a. Do you know anything about this agency or organization?
____ Yes ____ No

IF YES:	No	Sometimes	Yes	Don't Know
b. Is it easy to get there?	____	____	____	____
c. Do they have a good reputation with young people you know?	____	____	____	____
d. Do you know what they can do for you?	____	____	____	____
e. Would they tell anyone about your problems without your permission?	____	____	____	____
f. Are the people there easy to talk to?	____	____	____	____
g. Would you send a friend there?	____	____	____	____

30. If you have personally received help, or tried to get help, from any of the agencies listed, please circle YES. If not, circle NO.

a. Youth Employment Service (YES)	Yes	No
b. Southeast Agency, Tlingit-Haida Central Agency (BIA)	Yes	No
c. Borough Health Center	Yes	No
d. Bartlett Memorial Hospital	Yes	No
e. Juneau Receiving Home	Yes	No
f. Teen Homes, Inc.	Yes	No
g. Juneau Police Department	Yes	No
h. State Probation Office	Yes	No
i. Teen Club	Yes	No
j. Alaska Native Health Center (PHS)	Yes	No
k. State Troopers	Yes	No
l. Community Schools	Yes	No
m. State Social Services	Yes	No

n.	Southeast Mental Health Clinic	Yes	No
o.	Alaska Legal Services	Yes	No
p.	Alaska Youth Village	Yes	No
q.	Public Defender's Office	Yes	No
r.	Alaska Native Brotherhood (ANB)	Yes	No
s.	Central Alcoholism Agency (ACA)	Yes	No
t.	Alaska Native Sisterhood (ANS)	Yes	No
u.	Johnson O'Malley (JOM)	Yes	No
v.	Catholic Community Services	Yes	No
w.	Office of Vocational Rehabilitation	Yes	No
x.	Alaskans For Life	Yes	No
y.	4-H Club	Yes	No
z.	Salvation Army	Yes	No
aa.	Campfire Girls	Yes	No
bb.	Boy Scouts	Yes	No
cc.	Girl Scouts	Yes	No

31a. In case of a family problem, to whom would you first turn for help? (number your first and second choices)

____ Parent
____ Teacher
____ Friend
____ Relative
____ Policeman
____ Agency (name)
_____

____ School Nurse
____ State Trooper
____ School Counselor
____ Minister, priest, or religious rep.
____ Community School Coordinator
____ Nobody
____ Other

b. In case of a school problem, to whom would you first turn for help? (number your first and second choices)

____ Parent
____ Teacher
____ Friend
____ Relative
____ Policeman
____ Agency (name)
_____

____ School Nurse
____ State Trooper
____ School Counselor
____ Minister, priest, or religious rep.
____ Community School Coordinator
____ Nobody
____ Other

c. In case of a personal problem, to whom would you first turn for help? (number your first and second choices)

____ Parent	____ School Nurse
____ Teacher	____ State Trooper
____ Friend	____ School Counselor
____ Relative	____ Minister, priest, or religious rep.
____ Policeman	____ Community School Coordinator
____ Agency (name)	____ Nobody
_____	____ Other

I. Future:

Now we would like to ask you a few questions about your hopes for your future education and work.

1. How much school would you like to finish? (check one)

____ Junior High ____ High School ____ Community College

____ University ____ Vocational Training School

a. What do you think your chances are for getting this much education?

____ Poor ____ Fair ____ Good

b. What are the chances that you will drop out or quit school before completing high school?

____ Poor ____ Fair ____ Good

c. How many of your friends will go to college or university?

____ None ____ Some ____ Most

d. Do you have a better, equal, or worse chance than others to get a good education?

____ Worse ____ Equal ____ Better

2. What kind of job would you like to have as an adult?

_____

a. What do you think your chances are of getting that kind of job?

____ Good ____ Fair ____ Poor

b. What are the chances of you getting a job as an adult that pays well?

____ Good ____ Fair ____ Poor

c. How good are the chances for you to be successful at your future job?

____ Poor ____ Fair ____ Good

d. Do you have a better, equal, or worse chance than others to get the job you want?

____ Better ____ Equal ____ Worse

J. Behavior:

Circle the answer you choose for each question. Remember, all of your answers will be kept secret.

	Never 1	Once or Twice 2	Several Times 3	Very Often 4
In the past year, how often have you...				
1. given a teacher a fake excuse for being absent from class?	1	2	3	4
2. taken little things that don't belong to you?	1	2	3	4
3. broken into a locked place without permission?	1	2	3	4
4. taken a car or truck for a drive without the owner's permission?	1	2	3	4
5. taken something from a student's locker without asking him?	1	2	3	4
6. intentionally (on purpose) damaged private or public property.	1	2	3	4
7. beat up on other young people?	1	2	3	4
8. taken something worth $50 or more that didn't belong to you?	1	2	3	4
9. run away from home?	1	2	3	4
10. used force to take money from another person?	1	2	3	4
11. smoked cigarettes?	1	2	3	4
12. smoked marijuana?	1	2	3	4

		Never 1	Once or Twice 2	Several Times 3	Very Often 4
13.	shared marijuana with others?	1	2	3	4
14.	sold marijuana?	1	2	3	4
15.	sniffed glue or inhaled fumes (gas)?	1	2	3	4
16.	used hard drugs ("downers", heroin)?	1	2	3	4
17.	sold hard drugs?	1	2	3	4
18.	used alcohol ("booze")?	1	2	3	4
19.	tried to hurt yourself?	1	2	3	4

K. Self Image:

Circle the answer for each statement that best describes how you feel about yourself.

		Always 1	Often 2	Sometimes 3	Never 4
1.	I am a person of worth, at leas' equal with others.	1	2	3	4
2.	Other people think I have good qualities.	1	2	3	4
3.	All in all, I feel that I am a failure.	1	2	3	4
4.	I am able to do things as well as most people.	1	2	3	4
5.	I am not respected by others.	1	2	3	4
6.	Iam fun to be with.	1	2	3	4
7.	I find it easier to talk to a person of my own race or ethnic background.	1	2	3	4

L. Peers:

The next ten statements have to do with your friends. Read them and circle the answer which best describes them.

	Yes	No	Don't Know
	1	2	3
1. Being good at outdoor activities like fishing or hunting is important to my friends.	1	2	3
2. My friends think less of a person if he/she gets into trouble with the law.	1	2	3
3. In my group of friends, getting into trouble is a way of getting respect.	1	2	3
4. Participating in school activities is important to my friends.	1	2	3
5. Young people that get into trouble a lot feel uncomfortable with my friends.	1	2	3
6. Having good grades is a way of getting respect in my group.	1	2	3
7. When I choose a friend it is a person who is not afraid to have a little fun, even if it means breaking the law.	1	2	3
8. My friends do not get along with people who drink or use drugs.	1	2	3
9. My friends think that nothing will happen to them if they are caught breaking the law.	1	2	3
10. I do not have many friends.	1	2	3

11. Most of my friends are ____ older than myself, ____ younger than myself, ____ my age. (check one)

12. I have one or more friends of a different race (or ethnic background).
____ Yes ____ No

M. Now that you have almost finished this questionnaire, what do you think we have missed? What has been left out that would help us to understand you and what you want or need?

Thank you for spending your time in helping us.

Kord Roosen-Runge
Youth Services Consultant

HB
883

HB 883

Abstract of REACH Committee Proposal for a Day-Training Program and Living Alternatives for Developmentally Disabled Adults in the Juneau Area

(REACH= Residential, Educational Alternatives in the Community for the Handicapped)

The REACH Committee, a group of concerned citizens and parents, is workin with local and state governmental agencies in an effort to develop and implement a training program for developmentally disabled adults in the Juneau Area. These adults, due to mental retardation and/or other disabilities, require extensive educational,social, vocational and economic habilitation/rehabilitation in order to lead more normal lives.

From a survey of the Juneau community, adult programs in Anchorage, and the state institution in Valdez, 44 people needing community-based alternatives to institutionalization have been identified. Specifically,at least six of these people need immediate assistance and up to twenty adul will need an educational,vocational and recreation program within the nex year.

* The overall goal of this program is to meet the needs of developmentally disabled persons in the Juneau area.

The objectives of the REACH proposal include:

Phase I -FY 1979

1. Obtain funding to cover the initial cost of developing and implementing the project. Budget items include salary for the Program Director and at least one additional trained staff person,operating expenses, allowance for space rental/building modification, training materials, and contractual services. (Requested budget; $110,000.00- see attached breakd

2. Implement a day training program within a community setting to provide educational, vocational,independent living training, and coordination of a recreation program for up to twenty developmentally disabled adults.

Phase II- FY 1980

1. Expand the day training program to meet the needs of at least 20 developmentally disabled adults and establish sppropriate living alternatives, including a group home and/or supervised apartment living for 12-15 adults.

Policies:

1.The REACH committee endorses the principles of normalization. Program development will be based on these principles.

2. A non-profit corporation, REACH Inc., will be established to receive funding for the project.

3. The Board of Directors will hire the Program Director whose responsibility it will be to hire the staff for the project, develop the program, administer the program, and prepare the budget.
(Staff hired with board approval-- set forth in By-Laws.)

BUDGET

Program Director	$ 30 - 32,000	(includes 14% for fringe benefits)
Vocational Trainer	22 - 24,000	(includes 14% for fringe benefits)
Activity Program Coordinator	18 - 20,000	(includes 14% for fringe benefits)
TOTAL FOR PERSONNEL	$ 76,000	
Rental Space (approx. 1,000 sq. ft.) Training Center/Office	$ 10,000	
Supplies/Materials for Training	3,000	
Building Improvement Modification for Handicapped and Maint.	3,000	
Insurance	1,500	
Office Supplies	2,000	
Janitorial	1,500	
Utilities - Telephone, Electricity, Heat, Garbage	1,400	
Travel and Mileage	2,000	
Accountant Fees	1,200	
Transportation - Purchase of Vehicle	3,500	
License and Fees	130	
Gas, Oil and Maintenance of Vehicle	1,200	
Operating Misc. Expense	1,800	
Postage and Mailing	400	
Professional Contractual Service	2,000	
GRAND TOTAL	$110,630.00	

HB 883

March 20, 1978

Representative Charles Parr, Chairman
House HESS Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

We would like to go on record in support of House Bill 883 which would appropriate $110,630.00 from the general fund for use in establishing a group home and support services for developmentally disabled adults in the northern portion of Southeast Alaska.

As concerned citizens and members of the REACH Committee, a local organization of parents and citizens who have developed a proposal for such a training program, we are most aware of the immediate need for such a program. In order for these adults to lead as normal a life as possible in their home community, they require the extended support services beyond school years. At this time, there are no such services in the Juneau area. We feel that the appropriation of the requested sum of money would insure, in conjunction with the proposed sum of $30,000.00 from the borough's Community Development Block Grant fund, implementation of a group home and support services for these adults.

Thank you for your consideration of this bill. We urge you to support its passage.

Sincerely,
Bruce Aronson
Mary Aronson

Bruce and Mary Aronson
P.O. Box 1004
Juneau, Alaska 99801

HB 883

March 22, 1978

Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Attention: The Honorable Charles Parr, Chairman House HESS

Dear Sir,

I am writing in support of HB883 regarding some $110,600 for a day training facility in Juneau to serve the needs of developmentally disabled adults in the vicinity of Juneau. The REACH (Residental, Educational, Alternatives in the Community for the Handicapped) Corporation has submitted this proposal for your consideration after many months of investigation into this program. Many members of REACH are parents of DD children and adolescents who now need, or will soon need such a program to enable them to live as normal a life in their own communities as is possible. Without such a program, it is necessary to go to Anchorage, Valdez, or Seattle for specialized training.

I urge you to contact members of REACH should you need more information or background on this proposal. The initial phases of the proposal will be funded by the budget request should this bill pass. Much consideration has gone into the preparation of this budget and to operate a sound program the entire amount requested must be granted. Any less would only serve to diminish the proposed services.

Your ardent support of HB883 is requested. Please advise if you need additional testimony or support for this bill. Please do everything you can to get it moving as the need will not diminish, but will increase with time.

Sincerely,

Barbara A. Bowns

Barbara A. Bowns
Chairman, Catastrophic Illness Committee

CITY AND BOROUGH OF JUNEAU SCHOOL DISTRICT
P.O. BOX 808 • DOUGLAS, ALASKA 99824

HB 883

March 21, 1978

Representative Charles Parr
Chairman, Committee on Health,
Education and Social Services
House of Representatives
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

I have in front of me House Bill No. 883 which involves the development of a group home and support services for developmentally disabled adults in the northern portion of Southeast Alaska. I wish to very much support this bill for our handicapped here in Juneau. It is critically needed. As I am sure you are aware, we have very little help for these people once they leave the Juneau School District. These young adults deserve to live at least in their own area of Alaska, if not in their own city. It is a shame that we work with our students for many years on basic living skills, and then because there are no other local facilities, they are forced to leave to go to Anchorage or Fairbanks when they become adults.

If you would like me to speak in front of the HESS Committee regarding this matter, I would be more than pleased to talk to them about this.

Cordially yours,

John Symons

John Symons
Coordinator of Pupil Personnel Services
and
Parent of a Handicapped Child

JS:bh

HB
890

Charles Parr ... members. (correctional bill)

Presbyterian Hospitality House

1401 KELLUM STREET
FAIRBANKS, ALASKA 99701
TELEPHONE (907) 456-6445

RECEIVING AND TRANSITION CENTER

GROWTH ORIENTED CENTER FOR ADOLESCENT GIRLS

18 April 1978

Representative Larry Carpenter
Assembly Building room 202
Juneau, Alaska 99801

Dear Larry,

Enclosed please find the two newspaper articles which have come to my attention recently regarding the facilities for juveniles in Fairbanks. I would be happy to send you copies of any other coverage which I find.

For your own information, I would like to outline the services that are currently being provided by Hospitality House. As you indicated in our conversation, you are already familiar with our long-term residential center for teenage girls. This portion of the program has been in existence for approximately twenty-two years. The program accepts girls from ages thirteen to eighteen on a long-term basis, usually nine months to a year or more. During the time the girls are placed at Hospitality House, they attend school or work in the Fairbanks community; participate in group activities; have individual and group as well as family counseling when the family is available. We also have ready access to psychologists and a psychiatrist for consultation.

The Receiving and Transition Center, which has now been in existence for approximately three years, is equipped to care for children of all ages with the exclusion of teenage boys. A maximum stay of ninety days is allowed in the Receiving Home and the program is much the same as that of Hospitality House. In addition, the State agencies may request that a thorough evaluation be done on the children who are placed at the House. This evaluation includes frequent counseling with the child and the family, consultation with the schools, observation of behavior, and psychiatric or psychological consultation. The information gathered in this evaluation is then presented to the State agencies along with a recommendation for further placement. The Receiving Home is licensed for eleven children. Hospitality House is very much interested in seeing that preventive services be an integral part of the program. In response to that, we have added Counseling Associates, a group of qualified psychologists and counselors who are available to the general public on a sliding fee basis. The Counseling Associates are available for individual and family or group counseling aimed at preventing crisis situations and family disintegration as well as helping individuals to gain a better understanding of themselves and others.

In response to your questions about the facilities which you are currently proposing, it is our feeling that Fairbanks is in dire need of a locked facility for juveniles. The present State jail is, at best, a totally

inappropriate environment for any child. Yet, for lack of a better facility, many children are required to stay there for as long as two to three months. There are even some teenagers who are simply status offenders who require a locked facility for specified lengths of time, but we feel that the State jail does not provide the type of program and structure that is beneficial to young people. In addition, they are exposed to adult offenders and an environment which frequently does little but exaggerate the problems which they are already experiencing. It would seem that any new facility should accomodate both status offenders and teenagers who have been adjudicated delinquent if it were to truly meet the needs of the city of Fairbanks. Such a facility would not be punitive in nature, but would provide a program and structure which would facilitate redirection on the part of the teenager. Perhaps there would need to be two separate units to comply with the laws prohibiting mixing delinquent and nondelinquent adolescents.

I am also in favor of a long-term center similar to McLaughlin Youth Center in Anchorage. Many children whose roots are in Fairbanks are sent to McLaughlin for lack of other facilities in Fairbanks. Often these teenagers leave families who have the potential of being valuable participants in their treatment plan. In addition, staying in one's home community provides continuity and opportunity for successful reentry once the program has been completed.

Likewise, a treatment program for teenage boys similar to the program which Hospitality House now operates for teenage girls is a necessity for Fairbanks. Again this would offer the opportunity for families to work along with their teenagers to resolve some of the problems and conflicts which have separated them. Participation in the community and reentry are also important factors in this type of program.

As I indicated to you on the phone, the idea of establishing group homes at various locations around the community would greatly enhance the type of services which Hospitality House is already offering. When the teenagers in our care can perceive some hope of eventually gaining increased independence, their work at Hospitality House becomes a constructuve stepping stone. We have from time to time, considered offering this type of follow-up program, but have ended up directing our attention elsewhere and have not yet established anything concrete. However, we are extremely interested in this concept and would be happy to pursue it further.

I hope this will give you some indication of our stand on these issues. We would be happy to provide you with whatever input you feel would be appropriate at this time. Please feel free to contact us at any time if you have any further questions. We will likewise be in touch with you if there are any new developments locally.

Sincerely,

Esther C. Downes

Esther C. Downes
Associate Administrator

cc: Don Bennett
Fred Brown
Sally Smith
Steve Cowper
Charles Parr
John Butrovich
Glenn Hackney
John Huber

ews-Miner, Fairbanks, Alaska, Tuesday, April 11, 1978

arpenter details youth facility

ws-Miner Bureau
-Fairbanks legislators are
double-edged approach to
uvenile facilities in Fair-

Meeting informally last week, Fairbanks House members agreed to make construction of juvenile facilities a top priority this year, but the details have yet to be worked out.

Rep. Larry Carpenter said he will submit a plan to the rest of the delegation for a 20-bed combination detention center and home for juvenile delinquents, plus four or five group homes for juveniles who haven't gotten into trouble with the law, but need a place to stay.

The group homes could house about half-a-dozen people at a time, Carpenter said.

The detention center would probably be near the state jail, but Carpenter said he believes it should be a separate facility that's not within sight of the jail.

He said Monday that the entire project may cost about $1 million, as opposed to other estimates that run from $2 million to $3 million.

In a recent memo, Charles Adams, executive director of the Criminal Justice Planning Agency, told Carpenter the primary needs as far as building projects go are for a boys' group home and a runaway program.

"It appears that the community solution for runaway problems is secure placement" in the state jail, Adams said.

"This is in direct conflict with the mandates of the federal Juvenile Justice Delinquency Prevention Act and its companion Runaway Youth Act.

A runaway program with both shelter and an intensive family counseling component should be a prime consideration."

A home detention program to limit the use of the state jail, a 24-hour crisis intervention program and more foster homes and volunteer services are also needed, he said.

Carpenter said he believes the juvenile facilities should be directly funded, instead of going through a bond issue.

The detention center would handle juveniles awaiting a court appearance and would also provide a long-term program for juvenile delinquents.

Legislators to seek youth facility

FAIRBANKS DAILY NEWSMINER THURS. APR. 6, 1978

News-Miner Bureau

JUNEAU—Calling it "the most serious need we have," Fairbanks legislators agreed Wednesday to fight for funding this year to build juvenile facilities in the interior city.

With five of six House members from Fairbanks present, the delegation informally decided to make construction of two juvenile facilities in Fairbanks a top priority this year.

The city currently isn't equipped to handle youths who get into trouble with the law, or homeless young people, they said.

"It's the most serious need we have," Rep. Larry Carpenter said, in a statement that drew general agreement form Reps. Don Bennett, Fred Brown, Steve Cowper and Charlie Parr.

After the meeting, Cowper said the cost isn't known yet, but he guessed the two facilities might cost $2.5 to $3 million.

As now envisioned, one of the facilities would be built as an addition to the state jail for juveniles who run afoul of the law. The other would be for the homeless—young people who need a place to stay for an extended period of time or who are awaiting placement in a foster home.

Parr said that in the past, young people awaiting foster homes have at times been sent to the state jail—not because they had done anything wrong, but because there was no other place to send them.

In 1976 a juvenile facility for Fairbanks was part of a proposed $10.6 million bond issue, but it got shot down by the voters.

Several other potential projects that

(See LEGISLATORS, page 3)

25 Capital Budget Proposed Project

Form 26 MUST BE COMPLETED AND ATTACHED WITH EACH PROPOSED PROJECT REQUEST

PROJECT TITLE	Anchorage Pre-trial Facility, Phase I	OPERATING BUDGET BRU(S) NAMES	Adult Confinement NUMBERS
PRIORITY	G.O. 79-1A	PROJECT STARTING DATE	1-1-79
ESTIMATED DATE FACILITY IN USE BY:	1-1-81	TOTAL PROJECT COST	12,367,000
LOCATION(S)	Anchorage	AREA SERVED	Anchorage and Vicinity
ELECTION DISTRICT	7		
SOURCE OF COST ESTIMATE	DOTPF Consulting Study	DATE OF ESTIMATE	12-7-77

DESCRIPTION

125 Bed adult pre-sentence detention center - Preferably constructed in close proximity to the courts - to serve as a receiving and release center for those offenders charged with a crime and held pending bail or judicial determination by the courts.

The facility to be designed with an expansion capability of 67 beds with the maximum housing capacity not to exceed 192. This facility will not provide for extensive rehabilitation programs due to the short duration of detention; there will be considerable space necessary for the intensity of inmate processing

PROJECT TYPE			
BUILDING CONSTRUCTION	X	EQUIPMENT	X
OTHER IMPROVEMENT		LAND	X

PROJECT PURPOSE (Check all that apply)	
Major Maintenance (Rehab)	
Improvement of Services	X
Accommodation of Increased Demand	X
New Program or Service Accommodation	
Supplement Previously Authorized Funds	
Preliminary Feasibility or Cost Studies	
Other	

PROJECT EXPENDITURES	TOTAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2	REMAINING COST
TOTAL ANNUAL EXPENDITURE (Capital Cost)	12,367,000	5,139,200	5,085,300	2,142,500	
PLANNING AND ENGINEERING	779,300	195,000	489,300	95,000	
LAND	1,800,000	1,800,000			
CONSTRUCTION	8,365,100	2,788,400	3,826,700	1,750,000	
EQUIPMENT	643,400	160,900	280,000	202,500	
ADMINISTRATION AND OTHER	779,200	194,900	489,300	95,000	

OPERATIONAL COST AND NO. PERSONNEL INCREASE (DECREASE)		ULTIMATE ANNUAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2
FUNDING SOURCE	OTHER SOURCES				
	GENERAL FUND	2,568,000	513,500	1,027,000	1,797,500
TOTAL ANNUAL OPERATIONAL COST		2,568,000	513,500	1,027,000	1,797,500
POSITIONS	FULL-TIME EQUIVALENTS	37.0			18.5

6 months

APPROPRIATION REQUEST	
Federal Receipts	
Required General Fund Matching	
Other General Fund	
G. O. Bonds	12,367,00
ASHA Bonds	
Inter-Agency Transfers	
Other	
TOTAL	12,367,000

AGENCY Health & Social Services PROGRAM Adult Confinement Anchorage Pre-trial Facility PRIORITY NO.

* Based on FY 79 Budget Request exclusive of debt service requirements and FY 81 inflation adjustment.

25 CAPITAL BUDGET PROPOSED PROJECT

01-[illegible] (Rev. 7/77)

26 Capital Budget Project Justification

OBJECTIVE: To construct a new facility in the Anchorage area to adequately and efficiently accomodate incarcerated offenders prior to judicial determination by the Courts.

Justify the project using the four headings below in the order they appear. Expand upon each section as required. Repeat heading when commencing response. Submit justification for each project listed in first column of Form 27. Attach feasibility studies, reports, or other documentation available. Use Form 23 as continuation sheet.

I. DOCUMENTATION OF NEED (Cite quantitative and measurable need.)

II. ANALYSIS OF IMPACT ON OPERATIONAL EXPENSE (Estimate and justify.)

III. DOCUMENTATION OF ESTIMATED CAPITAL COST (Discuss degree of reliability.)

IV. IDENTIFICATION OF ALTERNATIVES CONSIDERED (State why rejected.)

I. Documentation of Need - The current facility utilized for the detention of offenders prior to judicial determination by the courts is an approximate 100 bed facility formerly utilized as the Anchorage City Jail, and now leased from the Municipality of Anchorage by the State. Current use far exceeds the planned capacity for the facility, which is only marginally adequate under normal population conditions. The current over-utilization continues to tax the plumbing, electrical and other support systems to a risky degree. The space available is fully utilized for prisoner care, and none or little can be spared for attorney/family consultations, medical examinations, or food and supply storage. The population trends in the Anchorage area indicate further over-utilization of this already marginal facility unless a new one with greater capacity and capabilities for efficient operation is made available. Under current court decisions - Moseley vs. Williamson etc. - The Division is precluded from housing a population which exceeds 132 at peak loading. This requires maintenance of an average population not in excess of 115.

II. Analysis of Impact on Operation Expense - The projected size and scope of this facility places it in a similar classification with the Juneau Correctional Center and the current operation at the Anchorage Annex insofar as operating budget requirements are concerned. For purposes of this analysis it is assumed that the existing facility leased from the Anchorage municipality will be closed and the staff there will be utilized at the new facility. Thus no significant changes in the operating budget will occur except for the substitution of debt service requirements for the rent payments currently made. The FY 79 budget for the Anchorage Annex is $1,541,000 excluding these rent payments. The new facility will require a similar budget adjusted to FY 81 inflationary impact, plus debt service requirements projected at $1,027,000 annually, for a total operating budget of $2,568,000.

III. Documentation of Estimated Capital Cost
The detailed documentation of estimated capital costs for Phase I, of this project are found in the cost estimate section of the Gruzen - Graham consulting study prepared for DOTPF. They reflect a total space requirement of 68,007 square feet for a total cost of $12,366,766. This includes land acquisition; site preparation; furnishings and equipment; costs for planning, engineering and administrative overhead; and a twenty-four month inflationary impact adjustment.

AGENCY Health & Social Services PROGRAM Adult Confinement- Anchorage Pre-Trial Facility PRIORITY NO.

Project Title: Anchorage Pre-Trial Phase I

26 CAPITAL BUDGET PROJECT JUSTIFICATION

IV. Identification of Alternatives Considered - There is no realistic alternative to detention by incarceration of felony offenders, which represent approximately 80% of the total intake census. The alternative of refurbishing the existing facility is rejected because it could not provide the additional capacity needed and the basic facility is not owned by the State. The alternative of inaction would place the State in violation of existing court directives and invite future sanctions of even greater impact.

BRU _____ BRU CODE _____ REVISED _____

EXPLANATION

Capital Budget Proposed Project

Form 26 MUST BE COMPLETED AND ATTACHED WITH EACH PROPOSED PROJECT REQUEST

PROJECT TITLE	Ketchikan Regional Correction Facility	OPERATING BUDGET BRU(S)	NAMES: Adult Confinement / NUMBERS:
PRIORITY	PROJECT STARTING DATE: 1-1-79	ESTIMATED DATE FACILITY IN USE BY: 7/1/80	TOTAL PROJECT COST: 1,992,700
LOCATION(S): Ketchikan	AREA SERVED: Ketchikan & Vicinity	ELECTION DISTRICT: 1	
SOURCE OF COST ESTIMATE: D.O.T.P.F. Consulting Study		DATE OF ESTIMATE: 12-7-77	

DESCRIPTION

23 bed adult detention center which will serve as a receiving and release center for those offenders charged with a crime and held pending bail or judicial determination by the courts. The facility will be designed to accommodate longer term prisoners and provide for some rehabilitation programs.

PROJECT TYPE			
BUILDING CONSTRUCTION	X	EQUIPMENT	X
OTHER IMPROVEMENT		LAND	X

PROJECT PURPOSE (Check all that apply)	
Major Maintenance (Rehab)	
Improvement of Services	X
Accommodation of Increased Demand	X
New Program or Service Accommodation	
Supplement Previously Authorized Funds	
Preliminary Feasibility or Cost Studies	
Other	

PROJECT EXPENDITURES	TOTAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2	REMAINING COST
TOTAL ANNUAL EXPENDITURE (Capital Cost)	1,992,700	761,400	1,231,300		
PLANNING AND ENGINEERING	147,000	67,000	80,000		
LAND	-	-	-		
CONSTRUCTION	1,577,500	577,500	1,000,000		
EQUIPMENT	121,300	50,000	71,300		
ADMINISTRATION AND OTHER	146,900	66,900	80,000		

OPERATIONAL COST AND NO. PERSONNEL INCREASE (DECREASE)		ULTIMATE ANNUAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2
FUNDING SOURCE	OTHER SOURCES				
	GENERAL FUND	165,500	82,700*	165,500	165,500
TOTAL ANNUAL OPERATIONAL COST		165,500	82,700	165,500	165,500
POSITIONS	FULL-TIME EQUIVALENTS				

APPROPRIATION REQUEST	
Federal Receipts	
Required General Fund Matching	
Other General Fund	
G. O. Bonds	1,992,700
ASHA Bonds	
Inter-Agency Transfers	
Other	
TOTAL	1,992,700

AGENCY Health & Social Services PROGRAM Adult Confinement PRIORITY NO.

*Current Ketchikan facility staff transferred to new facility

25 CAPITAL BUDGET PROPOSED PROJECT

01-1025 (Rev. 7/77)

26 Capital Budget Project Justification

OBJECTIVE: To provide a new physical facility for the State Correctional program in Ketchikan which will meet current legal and program standards and regulations.

Justify the project using the four headings below in the order they appear. Expand upon each section as required. Repeat heading when commencing response. Submit justification for each project listed in first column of Form 27. Attach feasibility studies, reports, or other documentation available. Use Form 23 as continuation sheet.

I. DOCUMENTATION OF NEED (Cite quantitative and measurable need.)

II. ANALYSIS OF IMPACT ON OPERATIONAL EXPENSE (Estimate and justify.)

III. DOCUMENTATION OF ESTIMATED CAPITAL COST (Discuss degree of reliability.)

IV. IDENTIFICATION OF ALTERNATIVES CONSIDERED (State why rejected.)

I. There is an acute need for a modern up-to-date Correctional facility to accommodate programs in the Ketchikan area. The existing facility, leased by the state from the federal government, was built about 40 years ago and falls short in many respects of meeting contemporary standards for Correctional programs. It is particularly deficient in terms of living space, recreational areas, counseling, rehabilitation, and visitation space (family, friends, legal counsel, etc.). There is also a conflict with existing law (AS 47.10.130) which prohibits the incarceration of juveniles and adults in the same facility. The present juvenile facility includes space for the detention of women awaiting legal determination by the courts, but should not be utilized because of the lack of ability to separate juveniles and adults. Great public pressure has been asserted through grand juries and community interest groups for the provision of improved correctional facilities and programs which cannot be accommodated by the existing physical plant.

II. No significant impact is expected on operational costs at this facility since the staffing and all other accommodations will remain essentially the same as for the existing facility. Potential savings may be realized because of lower maintenance requirements and greater efficiency. The only increase in costs of any substance will be for debt service on the financing for the new facility, projected at $165,500 annually.

III. The detailed documentation of estimated capital construction costs for this project are provided in the cost estimate section of the Gruzen-Graham Consulting Study prepared for D.O.T.P.F. They reflect total space requirements of 14,150 square feet, for a total cost of $1,992,700. This includes site preparation on land currently owned by the State; furnishings and equipment; costs for planning, engineering, and administrative overhead; and a twenty-four month inflationary impact adjustment.

IV. There is no alternative to the detention and incarceration of offenders from the Ketchikan area. The alternative of a regional facility in Juneau to accommodate all of southeast Alaska was rejected because of the necessity for detention of offenders in close proximity to the courts having jurisdiction for their legal determination. The alternative of inaction by continued use of the existing facility would only place the state in violation of existing laws and court directives, and invite future sanctions of even greater impact. Furthermore, this facility is leased from the federal government with notice of occupancy to be vacated as soon as possible.

AGENCY Health & Social Services PROGRAM Corrections - Adult Confinement PRIORITY NO.

Project Title: Ketchikan Regional Correctional Facility

26 CAPITAL BUDGET PROJECT JUSTIFICATION

25 Capital Budget Proposed Project

Form 26 MUST BE COMPLETED AND ATTACHED WITH EACH PROPOSED PROJECT REQUEST

PROJECT TITLE: Anchorage Annex Correctional Center Renovations	OPERATING BUDGET BRU(S) NAMES: Adult Confinement - Annex		NUMBERS
PRIORITY	PROJECT STARTING DATE: 1/1/80	ESTIMATED DATE FACILITY IN USE BY: 1/1/81	TOTAL PROJECT COST: $1,421,600
LOCATION(S): Anchorage	AREA SERVED: Anchorage Area	ELECTION DISTRICT: 7	
SOURCE OF COST ESTIMATE: D.O.T.P.F. Consulting Study		DATE OF ESTIMATE: 1/7/78	

DESCRIPTION

Renovate Anchorage Annex Correctional Center to satisfy regulatory agencies deficiency reports and provide suitable facilities in accordance with legal actions. Indoor recreation, ventilation, life/safety, lighting, classroom, kitchen, and program space improvements are primary needs. Court actions currently have placed an inmate population limit of 132. A further bedspace reduction of 52 will occur with the renovations if timed with completion of the new pre-trial facility.

PROJECT TYPE			
BUILDING CONSTRUCTION		EQUIPMENT	X
OTHER IMPROVEMENT	X	LAND	

PROJECT PURPOSE (Check all that ap)	
Major Maintenance (Rehab)	X
Improvement of Services	X
Accommodation of Increased Demand	
New Program or Service Accommodation	
Supplement Previously Authorized Funds	
Preliminary Feasibility or Cost Studies	
Other	

PROJECT EXPENDITURES	TOTAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2	REMAINING COST
TOTAL ANNUAL EXPENDITURE (Capital Cost)	1,421,600	78,489	983,111	360,000	
PLANNING AND ENGINEERING	118,489	63,489	40,000	15,000	
LAND					
CONSTRUCTION	1,077,173		777,173	300,000	
EQUIPMENT	107,450		77,450	30,000	
ADMINISTRATION AND OTHER	118,488	15,000	88,488	15,000	

APPROPRIATION REQUEST	
Federal Receipts	
Required General Fund Matching	
Other General Fund	
G. O. Bonds	1,421,600
ASHA Bonds	
Inter-Agency Transfers	
Other	
TOTAL	1,421,600

OPERATIONAL COST AND NO. PERSONNEL INCREASE (DECREASE)		ULTIMATE ANNUAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2
FUNDING SOURCE	OTHER SOURCES				
	GENERAL FUND	37,000	59,000	118,000	40,500
TOTAL ANNUAL OPERATIONAL COST		37,000	59,000	118,000	40,500
POSITIONS	FULL-TIME EQUIVALENTS	(5.0)			(2.5)

AGENCY: HEALTH & SOCIAL SERVICES PROGRAM: Adult Confinement-Annex PRIORITY NO.:

25 CAPITAL BUDGET PROPOSED PROJECT

01-1025 (Rev. 7/77)

26 Capital Budget Project Justification

OBJECTIVE: Protection and equal justice with respect to the rights and property of every Alaskan.

Rehabilitate offenders whenever possible without endangering the public.

Justify the project using the four headings below in the order they appear. Expand upon each section as required. Repeat heading when commencing response. Submit justification for each project listed in first column of Form 27. Attach feasibility studies, reports, or other documentation available. Use Form 23 as continuation sheet.

I. **DOCUMENTATION OF NEED (Cite quantitative and measurable need.)**

II. **ANALYSIS OF IMPACT ON OPERATIONAL EXPENSE (Estimate and justify.)**

III. **DOCUMENTATION OF ESTIMATED CAPITAL COST (Discuss degree of reliability.)**

IV. **IDENTIFICATION OF ALTERNATIVES CONSIDERED (State why rejected.)**

I. The Anchorage Annex Correctional Center, a leased facility, is in need of substantial renovations if it is to continue to serve the Division of Corrections in the Anchorage area. Surveys by regulatory agencies such as OSHA and the State Fire Marshal have noted particular deficiencies in the support and safety systems while other inadequacies have resulted in legal action by the Human Rights Commission and specific individuals. Major considerations center on providing winterized recreation space, increased program areas, and improved ventilation. The Annex also needs better entry circulation and improved intake facilities.

II. The renovations and inmate population reductions will produce yearly savings estimated at $155,000; costly legal actions can be avoided; and indirect savings will result through improved living and operation conditions. Staff turnover rates are expected to decrease and prisoner restive attitudes improved. Debt service to amortize funding for these renovations is projected at $118,000 per year.

III. Renovation costs of $1,421,600 are provided by DOTPF as a part of the Justice Facilities Planning Study conducted by Gruzen & Partners and John Graham Co., Architects/Planners-Consultants. This includes actual construction costs for the six renovation factors identified in the project description adjusted for Anchorage construction costs; necessary furnishings and equipment; projected planning, design, engineering, and administrative costs; and a twenty-four month inflationary adjustment.

IV. The only alternative to renovation is the replacement of the facility which would require doubling the size of the proposed 125-bed, Pre-trial facility. This is deemed to be unjustified in terms of overall statewide correctional objectives. Analysis by the consultants indicated that for the projected range of security needs and court access requirements, the combination of the new Pre-trial facility and the renovation projects for the Annex and 3rd Avenue facilities will provide adequate bedspace for the immediate future.

AGENCY HEALTH & SOCIAL SERVICES PROGRAM Adult Confinement-Annex PRIORITY NO.

Project Title: Anchorage Annex Correctional Center Renovations

26 CAPITAL BUDGET PROJECT JUSTIFICATION

25 Capital Budget Proposed Project

Form 26 MUST BE COMPLETED AND ATTACHED WITH EACH PROPOSED PROJECT REQUEST

PROJECT TITLE: Anchorage State Correctional Center		OPERATING BUDGET BRU(S) NAMES NUMBERS: Adult Confinement - Anchorage State	
PRIORITY	PROJECT STARTING DATE: 7/1/79	ESTIMATED DATE FACILITY IN USE BY: 1/1/81	TOTAL PROJECT COST: $948,000
LOCATION(S): Anchorage	AREA SERVED: Statewide	ELECTION DISTRICT: 7	
SOURCE OF COST ESTIMATE: D.O.T.P.F. Consulting Study		DATE OF ESTIMATE: 1/7/78	

DESCRIPTION

Renovate Anchorage State Correctional Center (3rd Ave.) to satisfy regulatory agencies deficiency reports and provide suitable facilities in accordance with legal actions. Indoor recreation, ventilation, life/safety, lighting, classroom, kitchen and program space improvements are primary needs.

PROJECT TYPE			
BUILDING CONSTRUCTION		EQUIPMENT	
OTHER IMPROVEMENT	X	LAND	

PROJECT PURPOSE (Check all that apply)	
Major Maintenance (Rehab)	X
Improvement of Services	X
Accommodation of Increased Demand	X
New Program or Service Accommodation	
Supplement Previously Authorized Funds	
Preliminary Feasibility or Cost Studies	
Other	

PROJECT EXPENDITURES	TOTAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2	REMAINING COST
TOTAL ANNUAL EXPENDITURE (Capital Cost)	948,000		705,000	243,000	
PLANNING AND ENGINEERING	72,000		63,000	9,000	
LAND					
CONSTRUCTION	732,000		527,000	205,000	
EQUIPMENT	72,000		52,000	20,000	
ADMINISTRATION AND OTHER	72,000		63,000	9,000	

APPROPRIATION REQUEST	
Federal Receipts	
Required General Fund Matching	
Other General Fund	
G. O. Bonds	948,000
ASHA Bonds	
Inter-Agency Transfers	
Other	
TOTAL	948,000

OPERATIONAL COST AND NO. PERSONNEL INCREASE (DECREASE)		ULTIMATE ANNUAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2
FUNDING SOURCE	OTHER SOURCES				
	GENERAL FUND	16,300	39,400	78,700	31,200
TOTAL ANNUAL OPERATIONAL COST		16,300	36,400	78,700	31,200
POSITIONS	FULL-TIME EQUIVALENTS	(3.0)			(1.5)

AGENCY: HEALTH & SOCIAL SERVICES PROGRAM: Adult Confinement-Anchorage State PRIORITY NO.:

25 CAPITAL BUDGET PROPOSED PROJECT

01-1025 (Rev. 7/77)

26 Capital Budget Project Justification

OBJECTIVE: Protection and equal justice with respect to the rights and property of every Alaskan.

Rehabilitate offenders whenever possible without endangering the public.

Justify the project using the four headings below in the order they appear. Expand upon each section as required. Repeat heading when commencing response. Submit justification for each project listed in first column of Form 27. Attach feasibility studies, reports, or other documentation available. Use Form 23 as continuation sheet.

I. DOCUMENTATION OF NEED (Cite quantitative and measurable need.)

II. ANALYSIS OF IMPACT ON OPERATIONAL EXPENSE (Estimate and justify.)

III. DOCUMENTATION OF ESTIMATED CAPITAL COST (Discuss degree of reliability.)

IV. IDENTIFICATION OF ALTERNATIVES CONSIDERED (State why rejected.)

I. The Anchorage State Correctional Center, a leased facility, is in need of substantial renovations if it is to continue to serve the Division of Corrections in the Anchorage area. Surveys by regulatory agencies such as OSHA and the State Fire Marshal have noted particular deficiencies in support and safety systems while similar inadequacies, which have been noted at the Annex and resulted in legal action by the Human Rights Commission and specific individuals, need attention.

II. The renovations and inmate reductions will produce direct savings estimated at $95,000 annually, and indirect savings will result through improved living and operating conditions. Debt services to amortize funding of these renovations is projected at $78,700 per year.

III. Renovation costs of $948,000 are provided by D.O.T.P.F. as a part of the Justice Facilities Planning Study conducted by Gruzen & Partners and John Graham Co. Architects/Planners consultants. This includes actual construction costs for the six renovation factors identified in the project description adjusted for Anchorage construction costs, necessary furnishings and equipment, project planning, design, engineering, and administration costs; and an overall twenty-four month inflationary impact adjustment.

IV. The only alternative to renovation is the replacement of the facility, which would require doubling the size of the proposed 125-bed Pre-Trial facility, plus at least an additional 40 beds, without consideration to a growth factor. This is deemed to be unjustified in terms of overall statewide correctional objectives. Analysis by the consultants indicated that for the projected range of security needs and court access requirements, the combination of the new Pre-Trial facility and the renovation projects for 3rd Ave. and the Annex facilities will provide adequate bedspace for the immediate future.

AGENCY HEALTH & SOCIAL SERVICES PROGRAM Adult Confinement-Anchorage PRIORITY NO.

Project Title: Anchorage Correctional Center Renovations

26 CAPITAL BUDGET PROJECT JUSTIFICATION

25 Capital Budget Proposed Project

Form 26 MUST BE COMPLETED AND ATTACHED WITH EACH PROPOSED PROJECT REQUEST

PROJECT TITLE	Gymnasium Addition - McLaughlin Youth Center	OPERATING BUDGET BRU(S) NAMES	Juvenile Confinement- McLaughlin Youth Center
			NUMBERS

PRIORITY		PROJECT STARTING DATE	1/1/79	ESTIMATED DATE FACILITY IN USE BY:	7/1/80
TOTAL PROJECT COST	8				
LOCATION(S)	Anchorage	AREA SERVED	Statewide	ELECTION DISTRICT	8.
SOURCE OF COST ESTIMATE	DOTPF			DATE OF ESTIMATE	FY'77

DESCRIPTION

Construct 8,000 square foot gymnasium/auditorium type structure as part of the existing juvenile facility. The McLaughlin Youth Center does not have a gym nor an athletic field. The use of community facilities has been unsatisfactory due to scheduling problems as well as the transportation and security difficulties involved. Please note that serious offenders and detention residents are confined to the Center's grounds. Energy release programs provided by gymnasium facilities are a vital part of discipline and health programs, particularly for youths.

PROJECT TYPE			
BUILDING CONSTRUCTION	X	EQUIPMENT	X
OTHER IMPROVEMENT		LAND	

PROJECT PURPOSE (Check all that apply)	
Major Maintenance (Rehab)	
Improvement of Services	X
Accommodation of Increased Demand	
New Program or Service Accommodation	X
Supplement Previously Authorized Funds	
Preliminary Feasibility or Cost Studies	
Other	

PROJECT EXPENDITURES	TOTAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2	REMAINING COST
TOTAL ANNUAL EXPENDITURE (Capital Cost)	1,300,000	507,000	793,000		
PLANNING AND ENGINEERING	113,750	52,300	61,400		
LAND					
CONSTRUCTION	975,500	362,400	613,100		
EQUIPMENT	97,000	40,000	57,000		
ADMINISTRATION AND OTHER	113,750	52,300	61,450		

APPROPRIATION REQUEST	
Federal Receipts	
Required General Fund Matching	
Other General Fund	
G. O. Bonds	1,300,000
ASHA Bonds	
Inter-Agency Transfers	
Other	
TOTAL	1,300,000

OPERATIONAL COST AND NO. PERSONNEL INCREASE (DECREASE)		ULTIMATE ANNUAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2
FUNDING SOURCE	OTHER SOURCES				
	GENERAL FUND	152,900	53,950	152,900	152,900
TOTAL ANNUAL OPERATIONAL COST		152,900	53,950	152,900	152,900
POSITIONS	FULL-TIME EQUIVALENTS	1.0		1.0	1.0

AGENCY Health & Social Services PROGRAM Juvenile Confinement ~~McLaughlin Youth Center~~ PRIORITY NO.

25 CAPITAL BUDGET PROPOSED PROJECT

01-1025 (Rev. 7/77)

26 Capital Budget Project Justification

OBJECTIVE: To provide a full-use gymnasium and athletic facility to provide energy release activity for effective maintenance of health, therapeutic, and rehabilitation objectives at the McLaughlin Youth Center.

Justify the project using the four headings below in the order they appear. Expand upon each section as required. Repeat heading when commencing response. Submit justification for each project listed in first column of Form 27. Attach feasibility studies, reports, or other documentation available. Use Form 23 as continuation sheet.

I. DOCUMENTATION OF NEED (Cite quantitative and measurable need.)

II. ANALYSIS OF IMPACT ON OPERATIONAL EXPENSE (Estimate and justify.)

III. DOCUMENTATION OF ESTIMATED CAPITAL COST (Discuss degree of reliability.)

IV. IDENTIFICATION OF ALTERNATIVES CONSIDERED (State why rejected.)

I. Since its inception, the McLaughlin Youth Center has been limited in its ability to maintain an adequate physical exercise program for the juvenile offender, since a gymnasium was not included with the original structure. Outdoor exercise is marginal because of the inherent security problems and during inclement weather periods renders this activity minimal to nonexistent.

II. The operating budget impact reflects the cost of a new Recreation Supervisor position for the facility, projected at $20,000 annually; plus costs for lighting and heating utilities, janitorial maintenance, supplies, and other general maintenance, estimated at $25,000 annually. Debt service to amortize bond funding for the project is estimated at $107,900, for a total annual budget impact of $152,900.

III. The capital construction cost estimate was originally provided by the former Division of Buildings (now DOTPF) during FY'77. It has now been adjusted to reflect projected inflationary escalation to the project year, and a 17.5% administrative charge by DOTPF for planning, design, and review of the project during the construction phase.

IV. The only alternative to construction of a gymnasium at the McLaughlin Youth Center is through the use of schools and other local facilities. This has been rejected because of difficulties in scheduling, transportation and maintenance of adequate security.

AGENCY Health & Social Services PROGRAM Juvenile Confinement McLaughlin Youth Center PRIORITY NO.

Project Title: Gymnasium Addition - McLaughlin Youth Center

26 CAPITAL BUDGET PROJECT JUSTIFICATION

25 Capital Budget Proposed Project

Form 26 MUST BE COMPLETED AND ATTACHED WITH EACH PROPOSED PROJECT REQUEST

PROJECT TITLE	Gymnasium Addition - Juneau Correc. Center	OPERATING BUDGET BRU(S) NAMES	Adult Confinement-Juneau CC
		NUMBERS	
PRIORITY	PROJECT STARTING DATE 1/1/79	ESTIMATED DATE FACILITY IN USE BY: 7/1/80	TOTAL PROJECT COST $1,300,000
LOCATION(S) Juneau	AREA SERVED Statewide	ELECTION DISTRICT 4	
SOURCE OF COST ESTIMATE DOTPF		DATE OF ESTIMATE FY'77	

DESCRIPTION

Construct 8000 square foot gymnasium/auditorium type structure as part of the existing correctional facility. The Juneau Correctional Center operates as a medium-term, maximum-security institution serving the statewide adult male inmate population as its primary mission. Secondarily, it serves short-term detention needs for adults and juveniles of the local area.

PROJECT TYPE			
BUILDING CONSTRUCTION	X	EQUIPMENT	
OTHER IMPROVEMENT		LAND	

PROJECT PURPOSE(Check all that apply)	
Major Maintenance (Rehab)	
Improvement of Services	X
Accommodation of Increased Demand	
New Program or Service Accommodation	X
Supplement Previously Authorized Funds	
Preliminary Feasibility or Cost Studies	
Other	

PROJECT EXPENDITURES	TOTAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2	REMAINING COST
TOTAL ANNUAL EXPENDITURE (Capital Cost)	1,300,000	507,000	793,000		
PLANNING AND ENGINEERING	113,750	52,300	61,450		
LAND					
CONSTRUCTION	975,500	362,400	613,100		
EQUIPMENT	97,000	40,000	57,000		
ADMINISTRATION AND OTHER	113,750	52,300	61,450		

OPERATIONAL COST AND NO. PERSONNEL INCREASE (DECREASE)		ULTIMATE ANNUAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2
FUNDING SOURCE	OTHER SOURCES				
	GENERAL FUND	142,900	53,950	142,900	142,900
TOTAL ANNUAL OPERATIONAL COST		142,900	53,950	142,900	142,900
POSITIONS	FULL--TIME EQUIVALENTS	1.0	Ø	1.0	1.0

APPROPRIATION REQUEST	
Federal Receipts	
Required General Fund Matching	
Other General Fund	
G. O. Bonds	1,300,000
ASHA Bonds	
Inter--Agency Transfers	
Other	
TOTAL	1,300,000

AGENCY Health & Social Services PROGRAM Adult Confinement-Juneau CC PRIORITY NO. _____

25 CAPITAL BUDGET PROPOSED PROJECT

01-1025 (Rev. 7/77)

26 Capital Budget Project Justification

OBJECTIVE: To provide a full-use gymnasium and athletic facility to facilitate energy release activity for effective maintenance of health, therapeutic, and rehabilitative objectives at the Juneau Correctional Center.

Justify the project using the four headings below in the order they appear. Expand upon each section as required. Repeat heading when commencing response. Submit justification for each project listed in first column of Form 27. Attach feasibility studies, reports, or other documentation available. Use Form 23 as continuation sheet.

I. DOCUMENTATION OF NEED (Cite quantitative and measurable need.)

II. ANALYSIS OF IMPACT ON OPERATIONAL EXPENSE (Estimate and justify.)

III. DOCUMENTATION OF ESTIMATED CAPITAL COST (Discuss degree of reliability.)

IV. IDENTIFICATION OF ALTERNATIVES CONSIDERED (State why rejected.)

1. Since its inception, the Juneau Correctional Center has been limited in its ability to maintain an adequate physical exercise program for inmates, since a gymnasium was not included with the original structure. Outdoor exercise is marginal because of inclement weather in Southeast Alaska, and because of the inherent security problems with inmates not confined to an interior facility. The demand for adequate recreation and exercise facilities at all Correction Centers within the Alaska system was one of the factors documented in the Moseley vs. Williamson case.

II. The operating budget impact reflects the cost of a new position of Recreation Director for the facility, projected at $20,000 annually, plus costs of utilities for lighting and heating, janitorial maintenance, supplies (labor provided by inmates) and other general maintenance, estimated at $15,000 annually. Debt service to amortize bond funding for the project is estimated at $107,900 for a total annual operating budget impact of $142,900.

III. The capital construction cost estimate was originally provided by the former Division of Buildings (now DOTPF) during FY'77. It has now been adjusted to reflect projected inflationary escalation to the project year and includes a 17.5% administrative charge by DOTPF for planning, design, and review of the project during the construction phase.

IV. The only alternative to construction of a gymnasium at the Juneau Correction Center is through the use of schools and other local facilities. This has been rejected because of difficulties in scheduling, transportation, and especially in the maintenance of adequate security. The Juneau Center houses felons with medium to long-term sentences. It is not feasible to transport this category of inmates out of the institution except under the most dire circumstances of medical need, etc.

AGENCY Health & Social Services PROGRAM Adult Confinement-Juneau CC PRIORITY NO.

Project Title: Gymnasium Addition
Juneau Correctional Center

26 CAPITAL BUDGET PROJECT JUSTIFICATION

25 Capital Budget Proposed Project

Form 26 MUST BE COMPLETED AND ATTACHED WITH EACH PROPOSED PROJECT REQUEST

PROJECT TITLE: Fire Prevention System		OPERATING BUDGET BRU(S) NAMES NUMBERS: Juvenile Confinement - McLaughlin Youth Center	
PRIORITY	PROJECT STARTING DATE: 7/1/78	ESTIMATED DATE FACILITY IN USE BY: 12/31/78	TOTAL PROJECT COST: $116,600
LOCATION(S): Anchorage	AREA SERVED: Statewide	ELECTION DISTRICT: 10	
SOURCE OF COST ESTIMATE: Sentry Automatic Sprinkler Co.		DATE OF ESTIMATE: Nov. 1977	

DESCRIPTION

Automatic sprinkler system for the main building, school building, four cottages and two relocatable classrooms. Where exposed piping and sprinkler equipment is necessary and subject to damage by residents, a preventive system using manual activation and turn off devices will be incorporated rather than fully automatic controls.

PROJECT TYPE			
BUILDING CONSTRUCTION		EQUIPMENT	
OTHER IMPROVEMENT	X	LAND	

PROJECT PURPOSE(Check all that apply)	
Major Maintenance (Rehab)	
Improvement of Services	XX
Accommodation of Increased Demand	
New Program or Service Accommodation	
Supplement Previously Authorized Funds	
Preliminary Feasibility or Cost Studies	
Other	

PROJECT EXPENDITURES	TOTAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2	REMAINING COST
TOTAL ANNUAL EXPENDITURE (Capital Cost)	116,600	116,600			
PLANNING AND ENGINEERING					
LAND					
CONSTRUCTION	106,600	106,600			
EQUIPMENT					
ADMINISTRATION AND OTHER	10,000	10,000			

APPROPRIATION REQUEST	
Federal Receipts	
Required General Fund Matching	
Other General Fund	
G. O. Bonds	116,600
ASHA Bonds	
Inter-Agency Transfers	
Other	
TOTAL	116,600

OPERATIONAL COST AND NO. PERSONNEL INCREASE (DECREASE)		ULTIMATE ANNUAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2
FUNDING SOURCE	OTHER SOURCES				
	GENERAL FUND	9,700	4,850	9,700	9,700
TOTAL ANNUAL OPERATIONAL COST		9,700	4,850	9,700	9,700
POSITIONS	FULL-TIME EQUIVALENTS				

AGENCY: Health & Social Services PROGRAM: Juvenile Confinement / McLaughlin Youth Center PRIORITY NO.: _____

25 CAPITAL BUDGET PROPOSED PROJECT

01-1025 (Rev. 7/77)

26 Capital Budget Project Justification

OBJECTIVE: To meet requirements of the State Fire Marshal for a sprinklered fire prevention system at McLaughlin Youth Center.

Justify the project using the four headings below in the order they appear. Expand upon each section as required. Repeat heading when commencing response. Submit justification for each project listed in first column of Form 27. Attach feasibility studies, reports, or other documentation available. Use Form 23 as continuation sheet.

I. DOCUMENTATION OF NEED (Cite quantitative and measurable need.)

II. ANALYSIS OF IMPACT ON OPERATIONAL EXPENSE (Estimate and justify.)

III. DOCUMENTATION OF ESTIMATED CAPITAL COST (Discuss degree of reliability.)

IV. IDENTIFICATION OF ALTERNATIVES CONSIDERED (State why rejected.)

I. The State Fire Marshal has required submission of a plan by December 1, 1977, for correcting fire safety conditions at McLaughlin Youth Center so as to bring it into current compliance with the uniform building code. This will require installation of an automatic sprinkler system which must be modified in certain areas of the facility to prevent damage to the system or premature activation of the water flow by residents.

II. Possible reduction in maintenance effort to test and refill existing fire extinguishers. New system should be virtually maintenance free. Annual Debt Service - $9700.

III. Capital costs at current rates are estimated at $106.6 by Sentry Automatic Sprinkler Co., Anchorage. An administrative change by DOTPF of 10% has been added to cover their costs in overseeing the project.

IV. No known alternatives are available to alleviate the need for this project.

AGENCY Health & Social Services PROGRAM Juvenile Confinement McLaughlin Youth Center PRIORITY NO.

Project Title: Fire Prevention System

26 CAPITAL BUDGET PROJECT JUSTIFICATION

25 Capital Budget Proposed Project

Form 26 MUST BE COMPLETED AND ATTACHED WITH EACH PROPOSED PROJECT REQUEST

PROJECT TITLE	BETHEL REGIONAL CORRECTION CENTER	OPERATING BUDGET BRU(S)	NAMES: Adult Confinement / NUMBERS:
PRIORITY	GO 79-5A	PROJECT STARTING DATE	1/1/79
ESTIMATED DATE FACILITY IN USE BY:	1/1/81	TOTAL PROJECT COST	$3,360,000
LOCATION(S)	Bethel	AREA SERVED	Lower Kuskokwim Delta
ELECTION DISTRICT	17		
SOURCE OF COST ESTIMATE	D.O.T.P.F. Consulting Study	DATE OF ESTIMATE	12/7/77

DESCRIPTION

24 bed detention center which will serve as a receiving and release center for those offenders charged with a crime and held pending bail or judicial determination by the Courts. The facility will accommodate short-term, sentenced offenders and provide for some rehabilitation programs. The structure will also include a separate area for Public Safety to replace their existing facility which is total inadequate.

PROJECT TYPE			
BUILDING CONSTRUCTION	X	EQUIPMENT	X
OTHER IMPROVEMENT		LAND	

PROJECT PURPOSE (Check all that apply)	
Major Maintenance (Rehab)	
Improvement of Services	X
Accommodation of Increased Demand	X
New Program or Service Accommodation	X
Supplement Previously Authorized Funds	
Preliminary Feasibility or Cost Studies	
Other	

PROJECT EXPENDITURES	TOTAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2	REMAINING COST
TOTAL ANNUAL EXPENDITURE (Capital Cost)	3,360,000	1,075,000	1,600,000	685,000	
PLANNING AND ENGINEERING	184,900	46,200	116,500	22,200	
LAND					
CONSTRUCTION	2,712,700	913,200	1,244,900	554,600	
EQUIPMENT	277,500	69,400	122,100	86,000	
ADMINISTRATION AND OTHER	184,900	46,200	116,500	22,200	

OPERATIONAL COST AND NO. PERSONNEL INCREASE (DECREASE)		ULTIMATE ANNUAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2
FUNDING SOURCE	OTHER SOURCES				
	GENERAL FUND	1,250,800	139,500	279,000	625,400
TOTAL ANNUAL OPERATIONAL COST		1,250,800	139,500	279,000	625,400
POSITIONS	FULL-TIME EQUIVALENTS	16.0			8.0

APPROPRIATION REQUEST	
Federal Receipts	
Required General Fund Matching	
Other General Fund	
G. O. Bonds	3,360,000
ASHA Bonds	
Inter-Agency Transfers	
Other	
TOTAL	3,360,000

AGENCY Health & Social Services PROGRAM Adult Confinement - Corrections PRIORITY NO.

01-1025 (Rev. 7/77)

25 CAPITAL BUDGET PROPOSED PROJECT

26 Capital Budget Project Justification

OBJECTIVE: To provide a full service Regional Correction Facility for the Kuskokwim Delta area, to replace existing inadequate structures.

Justify the project using the four headings below in the order they appear. Expand upon each section as required. Repeat heading when commencing response. Submit justification for each project listed in first column of Form 27. Attach feasibility studies, reports, or other documentation available. Use Form 23 as continuation sheet.

I. DOCUMENTATION OF NEED (Cite quantitative and measurable need.)

II. ANALYSIS OF IMPACT ON OPERATIONAL EXPENSE (Estimate and justify.)

III. DOCUMENTATION OF ESTIMATED CAPITAL COST (Discuss degree of reliability.)

IV. IDENTIFICATION OF ALTERNATIVES CONSIDERED (State why rejected.)

I. Currently the Kuskokwim Delta area is serviced only through a "Bush Jail" contract with the City of Bethel. The Bethel facility is primarily utilized only for detention pending judicial determination by the Courts, and falls considerably short of contemporary standards for living and visitation space, recreation facilities and program implementation. The need to deliver State services on a localized basis is a primary consideration to reduce travel time, address equity of access to legal counsel and to foster local involvement.

II. The projected size and scope of this facility places it in a similar classification with the proposed Ketchikan Correctional Center. For the purposes of this analysis, it is assumed that the leased facility will be closed and the budget transferred to the new facility. Significant changes in the operating budget will occur, including a substantial increase from debt service requirements and in the Personal Services category where the Correctional staff will be State employed as opposed to City of Bethel employees. The FY'79 budget for Ketchikan Correctional Center is $670,000. The Bethel facility will require a similar budget adjusted to FY'81 inflationary impact, location adjustment, plus debt service requirements projected at $279,014 annually, for a total operating budget of $1,250,800.

III. Detailed specification of projected capital construction costs for this project are included in the cost estimate section of the Gruzen-Graham Consulting Study prepared for DOTPF. A total space requirement of 13,956 square feet is planned for the correction facility at a total cost of $3,360,000. This includes preparation of the construction site on land currently owned by the State, installation of furnishings and equipment; allocations for planning, engineering and administrative overhead; and a twenty-four (24) month inflationary impact adjustment.

IV. The only alternative that can be considered is to continue to contract for jail services from the City of Bethel. This alternative must be rejected because the facility is totally inadequate to meet current and future requirements and because of concepts which call for regionalization of all services with detention and incarceration accomplished as close as possible to the Court facilities having jurisdiction.

AGENCY_____ PROGRAM _____ PRIORITY NO._____

Project Title: _____

26 CAPITAL BUDGET PROJECT JUSTIFICATION

25 Capital Budget Proposed Project

Form 26 MUST BE COMPLETED AND ATTACHED WITH EACH PROPOSED PROJECT REQUEST

PROJECT TITLE	Security Fencing and Lighting	OPERATING BUDGET BRU(S) NAMES NUMBERS	Adult Confinement-Palmer CC
PRIORITY	PROJECT STARTING DATE 7/1/79	ESTIMATED DATE FACILITY IN USE BY: 12/1/80	TOTAL PROJECT COST $1,171,400
LOCATION(S)	Palmer	AREA SERVED Statewide	ELECTION DISTRICT 7
SOURCE OF COST ESTIMATE	Mount McKinley Fence Co., Anchorage	DATE OF ESTIMATE	March 1977

DESCRIPTION

6400 linear feet of interior run 13' high and 6800 linear feet of exterior run 13' high nonclimable mesh coated to specs. 6 guage chainlink fence with razor ribbon on each side. Construction includes 6" wide by 36" deep finished concrete filled trench, which will contain the bottom 6" of finished fencing.

Complete installation of required lighting (approx. 50 units) standards, fixtures, wiring and 6 call boxes.

PROJECT TYPE			
BUILDING CONSTRUCTION		EQUIPMENT	
OTHER IMPROVEMENT	X	LAND	

PROJECT PURPOSE (Check all that apply)	
Major Maintenance (Rehab)	
Improvement of Services	X
Accommodation of Increased Demand	X
New Program or Service Accommodation	X
Supplement Previously Authorized Funds	
Preliminary Feasibility or Cost Studies	
Other	

PROJECT EXPENDITURES	TOTAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2	REMAINING COST
TOTAL ANNUAL EXPENDITURE (Capital Cost)	1,171,400	1,171,400			
PLANNING AND ENGINEERING					
LAND					
CONSTRUCTION	1,064,900	1,064,900			
EQUIPMENT					
ADMINISTRATION AND OTHER	106,500	106,500			

APPROPRIATION REQUEST	
Federal Receipts	
Required General Fund Matching	
Other General Fund	
G. O. Bonds	1,171,400
ASHA Bonds	
Inter-Agency Transfers	
Other	
TOTAL	1,171,400

OPERATIONAL COST AND NO. PERSONNEL INCREASE (DECREASE)		ULTIMATE ANNUAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2
FUNDING SOURCE	OTHER SOURCES				
	GENERAL FUND	100,900	50,450	100,900	100,900
TOTAL ANNUAL OPERATIONAL COST		100,900	50,450	100,900	100,900
POSITIONS	FULL-TIME EQUIVALENTS				

AGENCY Health & Social Services PROGRAM Adult Confinement-Palmer Camp PRIORITY NO. _____

25 CAPITAL BUDGET PROPOSED PROJECT

01-1025 (Rev. 7/77)

26 Capital Budget Project Justification

OBJECTIVE: To increase the security classification at Palmer Correction Camp by providing security fencing and lighting for the facility.

Justify the project using the four headings below in the order they appear. Expand upon each section as required. Repeat heading when commencing response. Submit justification for each project listed in first column of Form 27. Attach feasibility studies, reports, or other documentation available. Use Form 23 as continuation sheet.

I. DOCUMENTATION OF NEED (Cite quantitative and measurable need.)

II. ANALYSIS OF IMPACT ON OPERATIONAL EXPENSE (Estimate and justify.)

III. DOCUMENTATION OF ESTIMATED CAPITAL COST (Discuss degree of reliability.)

IV. IDENTIFICATION OF ALTERNATIVES CONSIDERED (State why rejected.)

I. The Palmer Correction Center is currently a minimum security facility. Current and projected inmate populations indicate the need to classify more minimum/medium security inmates to that facility, so as to relieve the population at the other institutions and increase the overall capacity of the system. It is also desirable to increase the agriculture production program for reasons of economics as well as rehabilitation, and this objective requires a change in the current security facilities at the Palmer Center.

II. The only operating cost impact directly related to the fencing and lighting project will be for the cost of utilities and maintenance of the lighting system. Utility requirements are based on 50 lighting units of 1000 watt rating utilized an average of 13 hours per 24-hour day on a year around continuous basis. Electricity cost is projected at $250 per month plus $500 annually for replacement of bulbs and other maintenance. Annual Debt Service - $97,300.

III. Cost estimates are provided by Mount McKinley Fence Co. to Alaska Correctional Institution Fencing Specifications, and reflect 6400 linear feet of interior run fencing, plus 6800 linear feet for the exterior run. Costs include wiring of 50 lighting units plus necessary surveillance and communication units at gates and a 3-foot concrete trench which will anchor the bottom 6 inches of fencing. The contractor has a high degree of credibility and reliability for this type of project. An administrative charge of 10% has been added to cover DOTPF costs for overseeing the project.

IV. The only alternative to this project is to retain the present security status at the Palmer facility, which precludes an increase in the population of the facility and will result in ongoing overloads at other facilities, precluding maximum efficiency in the entire system.

AGENCY Health & Social Services PROGRAM Adult Confinement-Palmer CC PRIORITY NO.

Project Title: Security Fencing & Lighting Palmer CC

26 CAPITAL BUDGET PROJECT JUSTIFICATION

25 Capital Budget Proposed Project

Form 26 MUST BE COMPLETED AND ATTACHED WITH EACH PROPOSED PROJECT REQUEST

PROJECT TITLE: Security Fencing and Lighting		OPERATING BUDGET BRU(S): Adult Confinement - Eagle River CC	NAMES / NUMBERS
PRIORITY	PROJECT STARTING DATE: 7/1/79	ESTIMATED DATE FACILITY IN USE BY: 12/1/80	TOTAL PROJECT COST: $437,700
LOCATION(S): Eagle River	AREA SERVED: Statewide	ELECTION DISTRICT: 8	
SOURCE OF COST ESTIMATE: McKinley Fence Co. - Anchorage		DATE OF ESTIMATE: March, 1977	

DESCRIPTION

2800 linear feet of exterior run 13' high nonclimbable mesh coated to specs. 6 guage chain link fence with razor ribbon coils on each side. Construction includes 6" wide by 36" deep finished concrete filled trench, which will contain the bottom 6" of finished fencing.

Project costs include removal of existing one direction light fixtures and wiring for two directional, light sensitive, mercury vapor lights on existing light standards.

PROJECT TYPE			
BUILDING CONSTRUCTION		EQUIPMENT	
OTHER IMPROVEMENT	X	LAND	

PROJECT PURPOSE (Check all that apply)	
Major Maintenance (Rehab)	
Improvement of Services	X
Accommodation of Increased Demand	X
New Program or Service Accommodation	X
Supplement Previously Authorized Funds	
Preliminary Feasibility or Cost Studies	
Other	

PROJECT EXPENDITURES	TOTAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2	REMAINING COST
TOTAL ANNUAL EXPENDITURE (Capital Cost)	437,700	437,700			
PLANNING AND ENGINEERING					
LAND					
CONSTRUCTION	397,900	397,900			
EQUIPMENT					
ADMINISTRATION AND OTHER	39,800	39,800			

OPERATIONAL COST AND NO. PERSONNEL INCREASE (DECREASE)		ULTIMATE ANNUAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2
FUNDING SOURCE	OTHER SOURCES				
	GENERAL FUND	39,800	19,950	39,800	39,800
TOTAL ANNUAL OPERATIONAL COST		39,800	19,950	39,800	39,800
POSITIONS	FULL--TIME EQUIVALENTS				

APPROPRIATION REQUEST	
Federal Receipts	
Required General Fund Matching	
Other General Fund	
G. O. Bonds	437,700
ASHA Bonds	
Inter--Agency Transfers	
Other	
TOTAL	137,700

AGENCY: Health & Social Services PROGRAM: Adult Confinement-Eagle River PRIORITY NO.: _____

25 CAPITAL BUDGET PROPOSED PROJECT

01--1025 (Rev. 7/77)

26 Capital Budget Project Justification

OBJECTIVE: To increase the security classification status at the Eagle River Correctional Center by adding a second lighted exterior fence around the perimeter of the existing fence.

Justify the project using the four headings below in the order they appear. Expand upon each section as required. Repeat heading when commencing response. Submit justification for each project listed in first column of Form 27. Attach feasibility studies, reports, or other documentation available. Use Form 23 as continuation sheet.

I. DOCUMENTATION OF NEED (Cite quantitative and measurable need.)

II. ANALYSIS OF IMPACT ON OPERATIONAL EXPENSE (Estimate and justify.)

III. DOCUMENTATION OF ESTIMATED CAPITAL COST (Discuss degree of reliability.)

IV. IDENTIFICATION OF ALTERNATIVES CONSIDERED (State why rejected.)

I. The Eagle River Correctional Center is currently a minimum/medium security facility. Current and projected inmate populations indicate the need to classify more medium security inmates to that facility so as to balance the population at other institutions and increase the overall capacity of the system.

II. The only operating cost impact directly related to the fencing and lighting project will be for the cost of additional utilities and maintenance for the expanded lighting system. Utility requirements are based on converting existing lighting units to two-directional capability utilized an average of 13 hours per 24-hour day on a year-around continuous basis. Electricity cost is projected at $250 per month plus $500 annually for replacement of bulbs and other maintenance on communications and surveillance equipment. Annual Debt Service - $36,300

III. Cost estimates are provided by Mt. McKinley Fence Co. to Alaska Correction Facility fencing specifications and reflect 2800 linear feet of exterior run fencing plus conversion of light fixtures to two directional capability. A 3' by 6" concrete filled trench is to be provided which will anchor the bottom 6 inches of fencing. This contractor has a high degree of credibility and reliability for this type of project in Alaska. An administrative charge of 10% has been added to cover DOTPF costs of overseeing the project.

iV. The only alternative to this project is to retain the present security status at the Eagle River facility which precludes an increase in the medium security inmate population of the facility and results in overloads at other facilities, precluding maximum efficiency in the entire system.

AGENCY Health & Social Services PROGRAM Adult Confinement-Eagle River PRIORITY NO.

Project Title: Security Fencing & Lighting

26 CAPITAL BUDGET PROJECT JUSTIFICATION

(N...1026 (Rev. 3/77)

25 Capital Budget Proposed Project

Form 26 MUST BE COMPLETED AND ATTACHED WITH EACH PROPOSED PROJECT REQUEST

PROJECT TITLE: Food Storage & Processing Structure		OPERATING BUDGET BRU(S): NAMES: Adult Confinement - Palmer CC	NUMBERS
PRIORITY	PROJECT STARTING DATE: 1/1/79	ESTIMATED DATE FACILITY IN USE BY: 7/1/79	TOTAL PROJECT COST: $177,000
LOCATION(S): Palmer	AREA SERVED: Statewide	ELECTION DISTRICT: 6	
SOURCE OF COST ESTIMATE: DOTPF		DATE OF ESTIMATE: 11/15/77	

DESCRIPTION

50 x 100 foot insulated metal type farm building electrified and heated. Includes a medium to low temperature type refrigerated storage room capable of handling farm produce - potatoes, carrots, etc. Machinery includes vegetable scrubber, grader-sorter and bagger.

PROJECT TYPE			
BUILDING CONSTRUCTION	X	EQUIPMENT	
OTHER IMPROVEMENT		LAND	

PROJECT PURPOSE (Check all that apply)

Major Maintenance (Rehab)	
Improvement of Services	X
Accommodation of Increased Demand	X
New Program or Service Accommodation	X
Supplement Previously Authorized Funds	
Preliminary Feasibility or Cost Studies	
Other	

PROJECT EXPENDITURES	TOTAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2	REMAINING COST
TOTAL ANNUAL EXPENDITURE (Capital Cost)	177,000	177,000			
PLANNING AND ENGINEERING					
LAND					
CONSTRUCTION	75,000	75,000			
EQUIPMENT	75,000	75,000			
ADMINISTRATION AND OTHER	27,000	27,000			

APPROPRIATION REQUEST	
Federal Receipts	
Required General Fund Matching	
Other General Fund	
G. O. Bonds	177,000
ASHA Bonds	
Inter--Agency Transfers	
Other	
TOTAL	177,000

OPERATIONAL COST AND NO. PERSONNEL INCREASE (DECREASE)		ULTIMATE ANNUAL	BUDGET YEAR	BUDGET YEAR PLUS 1	BUDGET YEAR PLUS 2
FUNDING SOURCE	OTHER SOURCES				
	GENERAL FUND	20,700	7,350	20,700	20,700
TOTAL ANNUAL OPERATIONAL COST		20,700	7,350	20,700	20,700
POSITIONS	FULL--TIME EQUIVALENTS				

AGENCY: Health & Social Services PROGRAM: Adult Confinement-Palmer-CC PRIORITY NO.:

25 CAPITAL BUDGET PROPOSED PROJECT

26 Capital Budget Project Justification

OBJECTIVE: To enable the Palmer Correctional Center to increase vegetables production through its farm program so as to provide most fresh vegetable needs for the entire system.

Justify the project using the four headings below in the order they appear. Expand upon each section as required. Repeat heading when commencing response. Submit justification for each project listed in first column of Form 27. Attach feasibility studies, reports, or other documentation available. Use Form 23 as continuation sheet.

I. DOCUMENTATION OF NEED (Cite quantitative and measurable need.)

II. ANALYSIS OF IMPACT ON OPERATIONAL EXPENSE (Estimate and justify.)

III. DOCUMENTATION OF ESTIMATED CAPITAL COST (Discuss degree of reliability.)

IV. IDENTIFICATION OF ALTERNATIVES CONSIDERED (State why rejected.)

I. An adequate temperature controlled storage and processing structure will enable the Palmer Correction Center to process and store on a year-around basis those produce items grown under the farm program at the Palmer Center. Current production is limited by the lack of adequate storage and processing facilities. The increased production made possible by this structure will bring about substantial savings to all State institutions which utilize produce from the Palmer facility. These savings are projected to exceed the cost of the building after a reasonable amortization period and the side-benefit of a better rehabilitation program will also be realized.

II. Annual direct operating expense is projected at $6000. The operating expense of the facility will primarily be for utilities to sustain the temperature control system, lighting, heating, and operation of the sorting and bagging equipment. This will be more than offset by savings through lower food costs to other institutions. Annual Debt Service - $14,700.

III. The cost is based on delivery of a prefabricated "kit" type building such as a Butler & Boise - Cascade unit which would be delivered to the facility, erected and installed by inmate labor under the supervision of facility staff, with minor local contracts as necessary for wiring, plumbing, etc. Cost projections are as follows:

Unassembled structure delivered to site	$75,000
Food processing equipment	25,000
Temperature control facilities	50,000

An 18% administrative charge is also reflected to cover costs incurred by DOTPF for overseeing the project.

IV. There is no alternative to this facility if the farm program is to be expanded which is cost-effective and desirable from a program standpoint. The alternative is to maintain the status-quo, which places definite limits on the scope of the agriculture production program.

AGENCY Health & Social Services PROGRAM Adult Confinement-Palmer CC PRIORITY NO.

Project Title: Food Storage & Processing ~~Structure~~

26 CAPITAL BUDGET PROJECT JUSTIFICATION

POSITION PAPER/Department of Health and Social Service

POSITION PAPER
House Bill #890

"An Act providing for the issuance of general obligation bonds in the amount of $24,600,000 for the purpose of paying the cost of capital improvements for correctional facilities; and providing for an effective date."

A comprehensive Justice Facilities Development Plan recently prepared by the consulting group of Gruzen & Partners/John Graham Company under contract to the Department of Transportation - Public Facilities addresses most projects included in the above amount. The purpose of the study is to provide the basis for executive and legislative decision-making with respect to the immediate facility requirements. Other closely related projects, such as security fencing/lighting have been added as interim requirements to handle exigencies of bed space pressures and program needs.

The individual capital budget project justification documents are attached for your consideration.

The Department recommends passage of House Bill #890.

Recommended by: _____ 3/23/78
William H. Huston, Director
Division of Corrections
Date

Approved by: _____ 3/28/75
Helen D. Beirne, Commissioner
Dept. of Health & Social Services
Date

HB
896

POSITION PAPER/Department of Health and Social Services

HOUSE BILL NO. 896

"An Act relating to emergency medical services."

House Bill No. 896 does several things:

(1) Prohibits all persons from rendering emergency medical care unless they have a certificate from the Department of Health and Social Services authorizing them to do so (page 1, lines 24 to 28).

(2) Requires the Department of Health and Social Services to establish procedures for the issuance of certificates authorizing persons to provide emergency medical services and/or operate an ambulance (page 1, lines 16 to 23).

(3) Provides that the Department of Health and Social Services with the concurrence of the Department of Public Safety shall adopt regulations to implement the Certification process (page 1, lines 9 to 14).

(4) Provides immunity from liability for civil damages for persons certified under the Act for good faith acts or omissions while rendering care to persons in life threatening situations. The immunity is also extended to the employer of the certified person (page 1, lines 29 and page 2, lines 1 to 13).

(5) Provide immunity from liability for civil damages to a physician who transfers a patient to a hospital that is better equipped to treat the patient and where a prior transfer agreement has been obtained (page 2, lines 14 to 29).

The Department supports the concept of establishing minimum standards for pre-hospital emergency care personnel, vehicles, and ambulance operators as well as the extension of liability to certified providers, and physicians who transfer patients. However, the Department feels that the language regarding the issuance of permits and requiring certificates is too vague. For example the section under "Certificate Required" could, technically, prohibit the "Good Samaritan" in an extreme case, and a ski patrol member in the very realistic case, from rendering emergency care. The Department believes that the present bill should be amended to provide for only the following:

(1) A mechanism that would give the Department authority to certify medical technicians (EMTs) as having completed an approved training course, and to recertify those who have maintained their skills.

(2) A mechanism whereby the Department can authorize specific emergency medical technicians to perform advanced life support techniques under the written or oral direction of a physician.

(3) A mechanism whereby the Department can certify those organizations who meet minimum operating standards to provide ambulance services.

The suggested amendments are attached.

The intended effects of the bill, if amended as suggested, would be to:

1. Establish a uniform standard for emergency medical technicians in the State of Alaska and convey the recognition by the state as meeting that standard through a certification process. At present time EMT training is carried out by over a dozen institutions with half following one standard and half another.

2. Establish uniform standards of advanced life support training and require that in order to practice those skills one must be certified by the State. While most basic EMT courses are based on a standard 81 hour national curriculum, there is no standard for teaching advanced life support techniques, nor is there a standard establishing who may provide them and under what circumstances. Advanced life support skills are those normally provided by physicians and paramedics. It is the glamor area of emergency care which is currently being abused with no way to control it.

3. Establish minimum standards for the staffing, ambulance design, equipping, and operation of an ambulance service and provide a certificate to those services that meet the standard. Currently a majority of ambulances are adequately equipped; however, others are less than adequate. Certification would be voluntary except for those that wished to provide advanced life support services. Air ambulance services would be included.

4. Provide an incentive for ambulance services and other organizations that use emergency medical technicians to use certified EMTs and provide an incentive for ambulance services to become voluntarily certified by providing immunity from civil liability for damages to those so certified.

5. Provide an incentive for physicians in small hospitals to transfer critical patients to better equipped hospitals without the fear of being held liable if the patient deteriorates during the transfer. This is especially important in Alaska where most of our hospitals are not capable of definitive care for the critically injured.

Long transport times, unstable patients and the current medical-legal atmosphere all tend to encourage the conservative treatment approach of doing all that can be done at the local level. However, the critically injured patient needs aggressive care, the kind that is provided at major hospitals and medical centers. Modern inter-hospital transfer techniques can usually provide a level of life support similar to that provided by the small hospital. Hence, the benefits of transfer outweigh the risks involved.

The Department has no intention of regulating the first aid functions of ski patrols, search and rescue groups or other health care providers licensed, certified, or regulated by Alaska Statutes.

As in the original bill, all regulations established by the Department would be concurred with by the Department of Public Safety. They will be based on realistic standards developed by the State Emergency Medical Services Advisory Council. It is not the intent of the amendments to limit the provisions of quality services but to provide an incentive to improve services.

The Department would, by regulation, delegate the personnel certification process to the Division of Occupational Licensing, Department of Commerce and Economic Development.

Recommended by: _____ 4/5/78
Robert I. Fraser, M.D., Director — Date
Division of Public Health

Approved by: _____ 4/7/78
Helen D. Beirne, Commissioner — Date
Department of Health & Social Services

Amendments to House Bill 896 proposed by the Department of Health and Social Services.

Sec. 18.08.082. ISSUANCE OF CERTIFICATES. The department shall prescribe by regulation a course of training or other requirements prerequisite to the issuance of certificates which provide for the following:

(1) certifies that a person meets the training and other requirements as an emergency medical technician;

(2) authorizes an emergency medical technician certified under this chapter to provide under the written or oral direction of a physician those advanced life support services enumerated on the certificate;

(3) certifies that a person, organization, or government agency which provides an emergency medical service meets the minimum operating standards prescribed by the department; and

(4) authorizes an emergency medical service certified under this chapter to provide under the written or oral direction of a physician those advanced life support services enumerated on the certificate.

2. Page 1, lines 24 to 28 are deleted and replaced with the following:

Sec. 18.08.082. CERTIFICATE REQUIRED. (a) No person may represent himself, nor may an agency or business represent an agent or employee of that agency or business as an emergency medical technician certified by the State of Alaska unless the person represented is certified as an emergency medical technician under sec. 82 of this chapter.

(b) No person, organization, or government agency may represent itself as an emergency medical service or ambulance service certified by the State of Alaska unless the person, organization, or government agency is certified as an emergency medical service under sec. 82 of this chapter.

(c) No person may provide, offer, or advertise to provide advanced life support services outside a hospital unless authorized under sec. 82 of this chapter or other chapters of these statutes.

(d) No person, organization, or government agency which provides, offers, or advertises to provide an emergency medical service may provide advanced life support services unless authorized under sec. 82 of this chapter.

3. Page 2, line 7 is amended to read:

"section does not preclude liability for civil damages <u>which is</u> the proximate"

4. Page 2, line 27 is amended to read:

"(3) the physician has secured a prior <u>written</u> agreement from the"

5. Page 3, lines 7 to 13 are deleted and replaced with the following:

(7) "advanced life support services" means emergency care techniques provided under the written or oral orders of a physician which include, but are not limited to, cardiac defibrillation, administration of antiarrythmic agents, intravenous therapy, administration of specific medications and drugs and solutions, intramuscular therapy, or use of adjunctive ventilation devices;

6. Page 3, line 18 is amended to read:

"(9) "emergency medical care" means the services utilized"

7. Page 3, line 21 is amended to read:

"psychological illness or injury;"

8. Page 3, line 22. Add the following:

(10) "emergency medical service" means the provision of emergency medical care and transportation of the sick and injured. For the purposes of this chapter organized ski patrols and search and rescue teams are not included under the definition;

(11) "emergency medical technician" means a person trained in emergency medical care and certified in accordance with the regulations prescribed under sec. 80 of this chapter.

NORTON SOUND HEALTH CORPORATION

P. O. Box 966 Nome, Alaska 99762 443-2261

March 29, 1978

Representative Charlie Parr
Pouch V
Juneau, Alaska 99811

Subject: House Bill 896

Dear Representative Parr:

The Norton Sound Health Corporation expresses its support of the intent of House Bill No. 896; however, as currently stated, it is confusing and conflicting. For example: Sec. 18.08.084 Certificate required, No person may provide, offer or advertise to provide emergency medical services, including advanced life support, nor operate, or offer or advertise to operate an ambulance on a regular basis, unless authorized by a certificate issued under Section 82 of this chapter.

This implies that a citizen could not administer CPR or stop bleeding by applying direct pressure in an emergency on the street without prior authorization by the State. This would be totally disastrous and we cannot believe this is your intent.

In addition, the Health Aides in the villages have individual degrees of knowledge and proficiency. Because of the high degree of turnover in their ranks, many new aides function for a time without formal training until they can be brought into Nome for Community Health Aide classes.

Under the bill as it now reads these people who provide the only health care in the village including emergency care would be guilty of a misdemeanor.

House Bill Number 896 as now stated just might have made the first "Good Samaritan" go right on by.

Sincerely,

Jack Fuller, Chairman
Board of Directors
Norton Sound Health Corporation

William M. Dann, Executive Director
Norton Sound Health Corporation

Fran McAfee, Coordinator
Emergency Medical Services
Norton Sound Health Corporation

cc: Myrtle Johnson, Office of the Governor
Nome

mm

Fairbanks Memorial Hospital

1650 Cowles St.
FAIRBANKS, ALASKA 99701

OPERATED BY
LUTHERAN HOSPITALS AND HOMES SOCIETY
FARGO, NORTH DAKOTA 58102

March 29, 1978

Representative Charlie Parr
Legislative Affairs
State Building, Rm. 144
Fairbanks, AK 99701

RE: House Bill 896

Dear Representative Parr:

We are very concerned that this bill dealing with transporting patients addresses both emergency medical technicians and physicians, but does not address the liability of nurses.

I would suggest that our hospital probably transports patients as much as any hospital in the State. I would guess that in 90 percent of these cases, a nurse accompanies the patient. We are very interested in getting this bill amended to cover nurses as well as physicians and emergency medical technicians.

Sincerely,

Tom Mingen
Administrator

TM/cd

Fairbanks Memorial Hospital
1650 Cowles St.
FAIRBANKS, ALASKA 99701
OPERATED BY
LUTHERAN HOSPITALS AND HOMES SOCIETY
FARGO, NORTH DAKOTA 58102

March 30, 1978

Charlie Parr
Alaska Legislature
Pouch V
Juneau, Alaska 99801

Dear Charlie,

Recently I obtained a copy of House Bill #896 and it is my understanding that the Hess Committee will be reviewing this bill next week.

Under Section 18.08.086 (b) the physician is protected from liability when arranging for the transfer of patients from one hospital to another as outlined in the bill. I would advocate that nurses who accompany the patients during transfer be included in the immunity from liability.

In practice physicians do arrange for the transfer as outlined in this bill. However, it is almost always a registered nurse that accompanies the acutely ill patient and is responsible for that patient's well-being during the air transport. Our hospital does not extend it's liability coverage to these nurses once they leave our facility. I have validated the fact that our hospital insurance carrier does not cover a registered nurse during the transfer time. Apparently the sponsor of this bill, Tom Scott, was under the impression that hospital liability coverage did extend to include these situations. It does not. Currently many nurses are reluctant to provide nursing care for transfer patients because they lack protection from liability.

Hospital employed nurses are not generally involved in the delivering of emergency medical services outside of the hospital. The one exception is the transport of acutely ill patients from one hospital to another. In Alaska this usually involves air transport. I would certainly encourage and support including registered nurses under the provisions of this bill and grant them the same protection given to physicians and EMT's. Registered nurses do assume a great responsibility when they provide nursing care for the acutely ill patient during the ground and air transport of that patient from one hospital to another.

Thank you for your time and consideration.

Sincerely,

M. J. Emmert, R.N.
Director of Nursing Service

MJE:mc

para - pls return

THE AMERICAN RED CROSS

QUIANNA CHAPTER
P.O. BOX 966
NOME, ALASKA 99762
PHONE (907) 443-2261

March 29, 1978

Representative Charlie Parr
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

The Quianna Chapter of the American Red Cross of Nome, Alaska is concerned with Section 18.08.084 of House Bill 896. As currently stated, it is confusing and conflicting. For example: Sec. 18.08.084 Certificate required, No person may provide, offer or advertise to provide emergency medical services, including advanced life support, nor operate, or offer or advertise to operate an ambulance on a regular basis, unless authorized by a certificate issued under Section 82 of this chapter.

First Aid Training is one of the top priorities of the Chapter. As presently stated, First Aiders who attempt to or give first aid to their neighbors will be guilty of a misdemeanor unless they receive prior certification. Surely this is not the intent of the bill.

We have requested a teleconference on the issue through Myrtle Johnson and look forward to discussing House Bill 896.

Thank you for your attention.

Sincerely,

Fran McAfee

Fran McAfee
Quianna Chapter
American Red Cross
Box 966
Nome, Alaska 99762

cc: Myrtle Johnson, Office of the Governor
Nome

mm

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 896
Title An Act relating to Emergency Medical Services
Requested by House HESS Committee Date 4/1078

II. FISCAL DETAIL
Agency Affected Health and Social Services
Program Category Affected Health
Budget Request Unit(s) Affected Certification and Licensing

EXPENDITURES (Thousands of Dollars)

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES			34.8	36.8	39.1	41.4
200 TRAVEL			5.3	5.6	5.9	6.2
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT			.4	-0-	-0-	-0-
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL			40.5	42.4	45.0	47.6

FUNDING (Thousands of Dollars)

GENERAL FUND			40.5	42.4	45.0	47.6
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME			1/12	1/12	1/12	1/12
PART TIME						
TEMPORARY						

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

This analysis assumes the responsiblity for certification of ambulance services will be delegated to the Certification and Licensing Section, Division of Public Health. It is presumed that this function will begin July 1, 1979 following development of regulations by the Emergency Medical Services Section and the State Emergency Medical Services Advisory Council. Travel to inspect 40-45 ambulance services will be combined with inspections of other health facilities in the area for more efficient use of manpower and funds. Therefore projected travel amounts are only half as costs will be pro-rated among other funding sources within the Certification and Licensing BRU. A detailed analysis of expenditures is attached.

IV. DATE 4/12/78 PREPARED BY Thomas D. Scott for S. Hunt
AGENCY Public Health, EMS
PHONE 465-3027

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

33-001 (Rev. 12/77)

Health Facilities Surveyor R-18 2156 x 12 mos x 6% inflation = 27,424 Benefits = 4730 FICA = 1659 Health Ins. = 986	$34,799
Travel to inspect 40-45 ambulance services will necessitate 15 trips to areas throughout the state at an average cost of $700 per trip, including air fare, auto rental and per diem. 15 x $700 x 50%	5,250
Executive desk	300
Chair	85

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HB 896

Title An Act relating to emergency medical services

Requested by Health and Social Services Date 4/12/78

II. FISCAL DETAIL

Agency Affected Commerce and Economic Development

Program Category Affected Public Protection

Budget Request Unit(s) Affected Regulation and Licensing of Professions

EXPENDITURES (Thousands of Dollars)

		FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100	PERSONAL SERVICES			18.6	19.7	20.9	22.1
200	TRAVEL			0	0	0	0
300	CONTRACTUAL			2.6	2.7	2.9	3.1
400	COMMODITIES			.2	.2	.2	.2
500	EQUIPMENT			1.5	0	0	0
600	LAND & STRUCTURES			0			
700	GRANTS, CLAIMS, ETC.			0			
	TOTAL			22.9	22.6	24.0	25.4

FUNDING (Thousands of Dollars)

GENERAL FUND			22.9	22.6	24.0	25.4
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME			1/12	1/12	1/12	1/12
PART TIME						
TEMPORARY						

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

This analysis assumes the responsibility for personnel certification will be delegated to Commerce by the Legislature. If it is not, no fiscal impact is expected. Travel funding is not requested as it is, further assumed Health and Social Services will fund hearings and facilities inspections. Inflation is computed at 6% per year and the effective date is presumed to be July 1, 1978. Health and Social Services has estimated certifiable personnel at 850. Twelve man months funding is requested based on this estimate. A detailed analysis of expenditures is attached.

IV. DATE 4/12/78 PREPARED BY Sharon Andrew

SHARON ANDREW

AGENCY OCCUPATIONAL LICENSING

PHONE 465-2535

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

33-001 (Rev. 10/76)

PERSONAL SERVICES

Occupational Licensing Examiner I, R-10	14,328
Benefits = 2,472; FICA = 867; Health Insurance = 986	4,325
	18,653

CONTRACTUAL

Communications: Postage, phones, tolls, etc.	1,040
Printing and advertising: Forms and notices	1,500
	2,540

COMMODITIES

Office and Library Supplies: General office consumables	200

EQUIPMENT

Desk - secretarial with typing extension	362
Chair - secretarial	85
Utility table	95
File cabinet - five drawer legal with lock	213
IBM Selectric Typewriter	792
	1,547

HB 8916
AA 4/12/78

COMMITTEE REPORT

HOUSE

FURTHER: FINANCE

3/20/78

Date: _____

Mr. Speaker:

The Committee on HESS has had HB 846
"An Act relating to emergency medical services."

under consideration and (a majority of the committee) (the committee reports it back as follows)

(X) 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 _____ ( ) new title ( ) same title

( ) AND attaches a Letter of Intent ( ) New Fiscal Note

( ) reports it back without recommendation

( ) and recommends it be referred to the _____ Committee

MEMBERS SIGNING DO PASS:

OTHER RECOMMENDATIONS:

_____

Chairman

H 60 (rev. 6/77)

HB
897

THE ALASKA PARAMEDIC ASSOCIATION
P.O. BOX 4-478 ANCHORAGE, ALASKA 99509

April 11, 1978

Mr. Charles Parr
Pouch V
Juneau, Alaska
99811

Dear Representative Parr:

The Alaska Paramedical Association is an organization of persons interested in improving emergency medical care in Alaska. It has come to our attention that your committee is currently considering emergency medical legislation.

After evaluating House Bills 896 and 897, the Alaska Paramedical Association would like to go on record as fully supporting both of these critical bills. The lack of emergency medical service regulation in this State has severely hampered the comprehensive development of EMS. Without a uniform approach to EMS, serious problems will develop. Right now anyone can establish a pre-hospital care activity, staff it with substandard personnel and equipment, and still represent themselves as an adequate service. If we are to truly assist our fellow residents, we must insure that the best possible training and equipment are available. One wrong procedure in removing a victim from an automobile wreck could result in permanent paralysis or death. It is estimated that a single spinal injury costs $750,000 to rehabilitate. Proper prehospital care is the single most important event in precluding these injuries.

We must have your support if we are to improve our services to the patient. I and all the members of the Alaska Paramedical Association urge you and your colleagues to approve House Bills 896 and 897. We promise that this money will be well spent and show an improvement in Alaskan health care.

Thank you for your assistance.

Sincerely,

David Decker,
President
Alaska Paramedical Association
P.O. Box 900
Anchorage, Alaska 99510

1327 Nelchina
Anch. AK. 99501
March 10, 1978
Return Rec'd 10**

Alaska State House of Representatives
Pouch V State Capitol Bldg.
Juneau, AK. 99811

Dear Clark Gruening;

Mr. LaFevers came to our class and talked about EMT's. What if I get hurt, I don't want know meat wagon picking me up if they do not know what they're doing. They could kill me. They might give me some medicine and they might not know what it is. He showed us some video tapes and talked to us how people go and get a license so they pick up people and don't know what to do. So for our protection would you please pass a Bill so other people could have more training.

Sincerely,
Dawn L. Marler

NORTON SOUND HEALTH CORPORATION

P. O. Box 966 Nome, Alaska 99762 443-2261

March 29, 1978

Representative Charlie Parr
Pouch V
Juneau, Alaska 99811

Subject: House Bill 897

Dear Representative Parr:

The Norton Sound Health Corporation expresses its support of House Bill No. 897 appropriating $500,000 from the General Fund to the Department of Health and Social Services to meet expenses of operations and training of the EMT Training Program and to provide grants-in-aid for the support of emergency medical services.

Due to the vastness of Alaska and the limited federal dollars available we urge the immediate passage of House Bill No. 897 if we are to develop a medivac system capable of saving lives and reducing injuries.

Sincerely,

Jack Fuller

Jack Fuller, Chairman
Board of Directors
Norton Sound Health Corporation

William M. Dann

William M. Dann, Executive Director
Norton Sound Health Corporation

Fran McAfee

Fran McAfee, Coordinator
Emergency Medical Services
Norton Sound Health Corporation

cc: Myrtle Johnson, Office of the Governor
Nome

mm

– Research status & bill referred to (did not appropriate
– inform Stephen & details - final copies of bill etc.
– draft letter in support.

March 14, 1978

Representative Clark Gruening
Pouch V
Juneau, Alaska 99811

Dear Mr. Gruening:

It has come to my attention that a bill to provide state funds to help improve emergency medical services is soon to be considered by the State legislature. Research has shown that rapid response to the scene of sickness or injury greatly reduces needless suffering or death. Unfortunately, here in Alaska there are numerous areas where neither quick response nor adequately trained personnel are possible due to the lack of locally available funding sources. I believe that the people of Alaska have the right to expect proper medical treatment and that the State Government should assist in making such care possible.

Of particular concern to me is the proper training of Emergency Medical Technicians. Without a well trained group of EMT's it is impossible to provide suitable emergency care. The Southern Region Emergency Medical Services Council, a nonprofit corporation, has developed a traveling EMT training program which has greatly assisted in the development of ambulance personnel throughout the area and the state.

We believe that of all places, in Alaska where the emergency care provider must often be the sole care provider not for just minutes, but sometimes for hours or days, he must be well trained. He should be given his background in medical care from people who have a background in medical care. He must be taught not merely to act mechanically, but to understand what he is doing and why he is doing it. And he must be able to progress, to learn more, to become better at his job through continued education, refresher training and training advances whenever feasible and desirable.

I believe that the Southern Region EMS Council is best able to fill the training requirements of the Emergency personnel of Alaska. Their record and the testimony of the people they have trained and places where they have worked to improve emergency care will attest to that. Unfortunately, this program is funded by federal grants and there is a distinct possibility that these federal funds will not be available in the future.

The chances of surviving a serious illness or accident without suffering prolonged pain and/or permanent physical disability or death are improving. But there is still a long way to go. I urge you for my sake, for your sake, and for the sake of all Alaskans to support the bill to provide state funds for the development of Emergency Care systems in Alaska, and particularly for the continued development and training of EMT's by the Southern Region EMS Council.

Sincerely,

Stephen LaFevers

Stephen LaFevers

Voter Registration #02480192

1010 Welch
Anch, Ak. 995
March. 14, --7

Alaska State House of Representives
Pouch U State Capitol Bldg.
Juneau, Ak. 99811

Dear Clark Gruening,

Tuesday March 7, 1978 Mr. Lafauers came into our classroom + talked about E.M.T.s. Emergency Medical Technicians. & I would like you to pass a law to all the cities to have E.M.T.s instead of meat wagons. Thank YOU'S

Sincerely,

Willie Wilmink

923 E 11th Ave
Anch AK 99501
March 14, 1975

A Lasha State House of representative
Pouch V State Bldg
Juneau, AK, 99811

Dear Clark Gruening

Mr LaFevers came to talk to us about E.M.t.s., Emergency Medical tekniticons. I would like you to pass the law that every town should have E.M.t.s. I don't think you or eaoyne would like to get picked up by a meat wagon. a meat wagon is a station wagon and some body with a lisence. Please pass the law that every Town should have E.M.t. Trainers.

Sincerly

Evan Harding

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 897
Title Special appropriation $500,000, Emergency Medical Services
Requested by House HESS Committee Date 4/10/78

II. FISCAL DETAIL
Agency Affected Health and Social Services
Program Category Affected Health
Budget Request Unit(s) Affected Emergency Medical Services

EXPENDITURES (Thousands of Dollars)

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL		35.0				
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.		465.0	500.0	500.0	500.0	500.0
TOTAL						

FUNDING (Thousands of Dollars)

GENERAL FUND		500.0	500.0	500.0	500.0	500.0
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME		0				
PART TIME		0				
TEMPORARY		0				

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

This analysis is based on the total FY79 grant request for Emergency Medical Services of $1,240.5 to carry out the following programs. Maintain the Emergency Medical Services Section to plan and coordinate the implementation of statewide Emergency Medical Services System. The State will award 1203(2) grants to the Nana and Southeast Regions to complete their implementation of a Basic Life Support (BLS) System. A grant will be awarded to South-central Region (consisting of Bristol Bay, Yukon-Kuskokwim, Bering Straits, and Southern Regions) for a cooperative effort to begin development of a Basic Life Support system for the entire area. Additionally the state will award a 1203(3) grant to the Interior Region and a one-year extension to complete their establishment of a BLS System, including a reimburseable services agreement with Division of Communications for the installation of equipment to

IV. DATE 4/12/78 PREPARED BY Thomas D. Scott
AGENCY Public Health, EMS
PHONE 465-3027

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

33-001 (Rev. 12/77)

extend ambulance to hospital radio coverage from Fairbanks down the highway to Northway. (The Interior Region has exhausted its eligibility for 1203 federal funds for BLS implementation, but still has a year's work left to complete implementation before moving on to advanced life support planning and implementation). A grant will be awarded to the Southern Region Emergency Medical Services Council, Inc. based in Anchorage, to continue the statewide training and refresher training of Emergency Medical Technicians. Two contracts for additional statewide programs would be let. An ambulance reporting data system would be designed by the Data Services Unit, Department of Health and Social Services. A statewide air ambulance survey would be conducted to investigate emergency medical evacuations and to evaluate the impact if proposed FAA regulations are promulgated requiring all air services providing emergency evacuations to have medical personnel and equipment.

Based on funding levels for the past three years and indications from DHEW/EMS, Region X, the state anticipates that it will receive $740. in federal funds for FY79.

The following detailed analysis shows how the general fund appropriation will be used to supplement the federal funds.

Category	State	Federal	Total
Personal Services		154.7	154.7
Indirect Cost Rate		17.6	17.6
Travel		39.9	39.9
Contractual			
Rent, phone, etc.		17.6	17.6
Statewide programs*		72.0	72.0
RSA, Divn. Commun.	35.0		35.0
Data System		17.5	17.5
Air Ambulance Survey		50.0	50.0
Fuel, maintenance, Healy & Cooper Landing Ambulances	.5		.5
Supplies		2.5	2.5
Grants			
Mauneluk Assoc. Nana Region 1203(2)	30.0	73.0	103.0
Southeast EMS 1203(2)	90.0	205.2	295.2
Southcentral 1202(1)	90.0	90.0	180.0
Interior EMS 1203(3)	85.0		85.0
Statewide EMT Training	170.0		170.0
Total	500.5	740.0	1240.5

(*Includes Annual EMS and EDNA Symposium [12.0], Critical Care Consultants [24.0], Medical Director [24.0], Newsletter [9.0], A-V purchases and slide show [3.0])

POSITION PAPER/Department of Health and Social Servic

HOUSE BILL NO. 897

"An Act making a special appropriation to the Department of Health and Social Services, Division of Public Health, for expenses of the Emergency Medical Services Section and to provide grants-in-aid for the support of emergency medical services; and providing for an effective date."

The Emergency Medical Services Section has been charged with coordinating the development of emergency medical services in the State of Alaska. To this point in time the program has been funded with grants from the U.S. Department of Health, Education and Welfare under Title XII of the Public Health Service Act, "Emergency Medical Services Systems". The only state general fund appropriation has been $500 for gas and oil for the ambulances at Healy and Cooper Landing. (Title XII funds cannot be used for this purpose.)

The Act provides funds for Emergency Medical Service Systems on a regional basis. The program seeks to upgrade and organize all of those components necessary to care for the emergency facilities, critical care units, public safety agencies, transfer agreements, coordinated recordkeeping, consumer information and education, disaster linkage, mutual aid agreements, and evaluation of care.

For the purposes of this program the State has been divided into eight regions with each region eligible for up to six years of federal support divided into the following phases:

(1) Feasibility studies and planning. 1 year (1202)(1)
(2) Establishment and initial operation, 2 years (1203)
(3) Planning for expansion, 1 year (1202) (2)
(4) Expansion and Improvement, 2 years (1204)

The attached map shows the current status. The federal funds are seed funds and cannot be used to support the delivery of services.

The grant applications for FY 79 have recently been submitted to Region X for consideration. The applications request a total of $1,236,672 and would provide funds for the following.

(1) 1203 (2) grant to Southeast EMS Council Inc. in the amount of $295,215.
(2) 1203 (2) grant to Maunduk Association in the amount of $102,702.
(3) 1202 (1) grant to Southern Region EMS to plan for the four Southcentral Regions: Bering Straits, Yukon-Kuskokwim, Bristol Bay and Southern. The amount requested is $180,000.

(4) 1202 (2) grant to Physician Services in Fairbanks to plan for the expansion and improvement of the Interior Regional EMS System in the amount of $117,260.

(5) Statewide EMT training grant to Southern Region EMS Council, Inc. in the amount of $170,000.
(6) Staff the EMS. Section, Division of Public Health and the State EMS Advisory Council in the amount of $231,955.
(7) Miscellaneous contracts in the amount of $139,500.

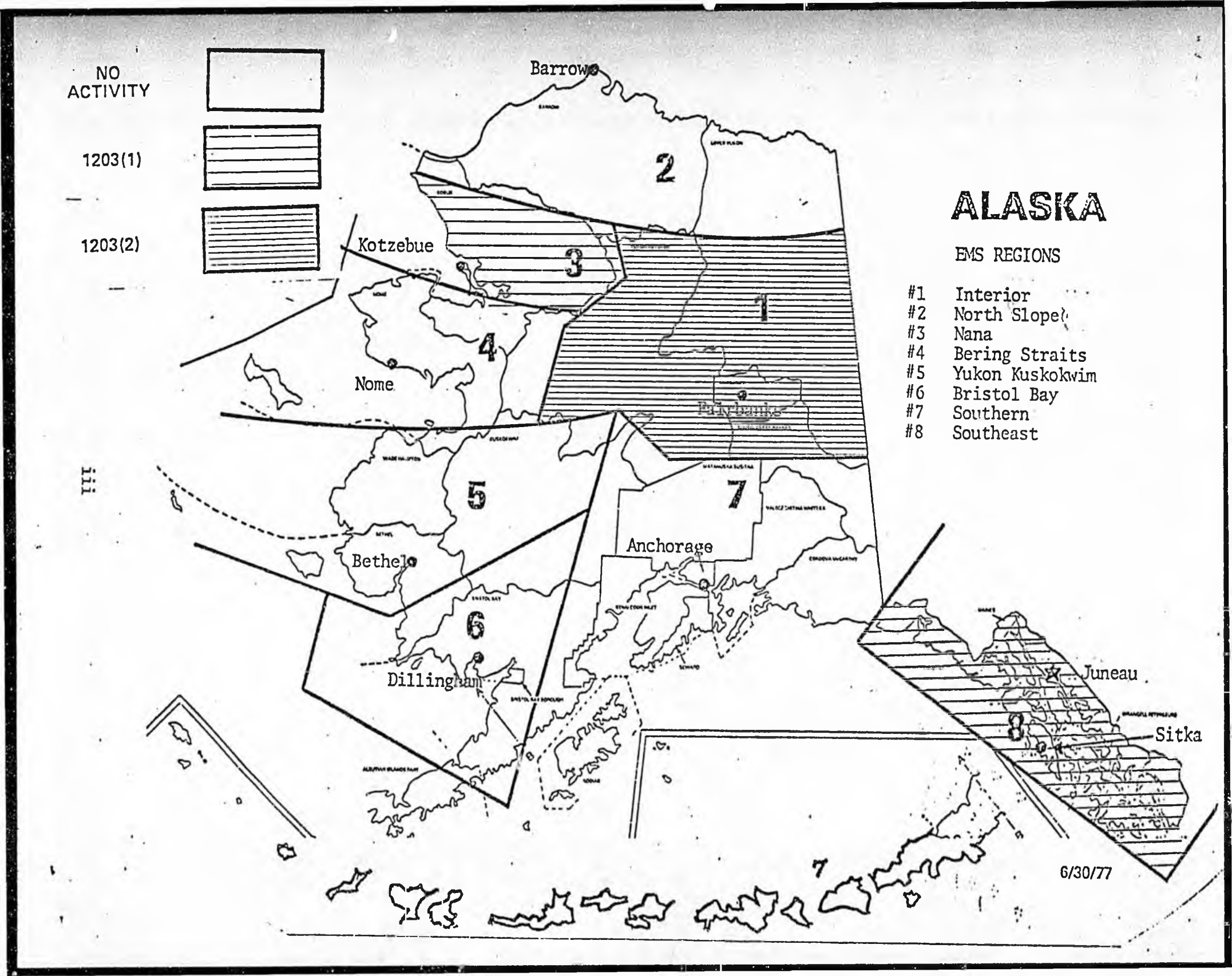
The outlook for receiving all of the funds requested is very poor. The indications are that there will be no funds available for 1202 (2) grants anywhere in the country this year. This means that the Interior Region program will go into limbo. Region X has indicated that there will be approximately $700,000 to fund the rest of the program with priority going to 1203 grants for Southeast and Nana and support of the State staff and programs. However, the statewide EMT Training program would be a low funding priority as the funds are for system development and federal support for the training program has been available from USDOT and DHEW for six years. Therefore, Region X feels the program should be self-supporting or, if not, it should be supported from other funds.

Should this appropriation pass, the Department would recommend that it be used to fund those portions of the FY 79 grant request not funded by DHEW.

The Department of Health and Social Services supports the concept House Bill No. 897 but cannot recommend increases above the Governor's budget.

Recommended by: _____ 30 Mar 78
Robert I. Fraser, M.D. Date
Director, Div. Public Health

Approved by: Helen D. Beirne 4/4/78
Helen D. Beirne, Commissioner Date
Department of Health and Social Services


NO ACTIVITY
1203(1)
1203(2)
Barrow
Kotzebue
Nome
Fairbanks
Bethel
Anchorage
Dillingham
Juneau
Sitka
ALASKA
EMS REGIONS
#1 Interior
#2 North Slope
#3 Nana
#4 Bering Straits
#5 Yukon Kuskokwim
#6 Bristol Bay
#7 Southern
#8 Southeast
6/30/77

HB
913

COMMITTEE REPORT

HOUSE

5/5/78

FURTHER: _____

_____

Date: _____

Mr. Speaker:

The Committee on HESS has had HB 913
"An Act relating to day care programs."

under consideration and (a majority of the committee) (the committee reports it back as follows)

( ) 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 _____( ) new title ( ) same title

( ) AND attaches a Letter of Intent ( ) New Fiscal Note

( ) reports it back without recommendation

( ) and recommends it be referred to the _____ Committee

MEMBERS SIGNING DO PASS:

OTHER RECOMMENDATIONS:

_____
Chairman

H 60 (rev. 6/77)

Ombudsman

Frank Flavin

State of Alaska
360 "K" Street, Room 246
Anchorage, Alaska 99501

(907) 276-4011

October 20, 1977

Eric Lee, Director
Division of Community and Rural Development
Department of Community and Regional Affairs
Bayview Commercial Building Suite 230
619 Warehouse Avenue
Anchorage, Alaska 99501

Re: Ombudsman Complaint 77-1421
(Findings)

Dear Mr. Lee:

Please be advised that the above-noted complaint has been investigated and has been found to be a partially-justified complaint. However, based on conversations with my assistant, I believe we can come to a mutual agreement regarding future action in this case.

The complaint, filed by Dr. Frank Gold of Fairbanks, alleged that your office improperly and unfairly prevented him from obtaining a contract to administer the Day Care Assistance Program within the area of the Fairbanks North Star Borough. Letters from your office to the Borough Assembly and the Borough Mayor became the basis upon which that governmental body determined not to award a second year's day care contract to Dr. Gold.

Dr. Gold has charged that action, based on erroneous grounds outlined in the letters, was an abusive overextension of the State's authority in administering monies for the program.

We have reviewed the files, both in Anchorage and Fairbanks, interviewed several administrators of the day care program, Community and Regional Affairs personnel, Fairbanks officials, day care assistance recipients, and of course, Dr. Gold.

As the entire complaint and resulting situation is to be considered by the Borough assembly again soon, we find it appropriate, and hopefully helpful to all parties, to detail the history of this day care assistance administration in Fairbanks; our findings regarding the Division of Community and Rural Development; and our recommendations, based on those findings. Our intent, by means of the recommendations, is

to afford an impartial look at the record, set that past record straight, and hopefully, to suggest improvements for this needed program.

SUMMARY OF BACKGROUND RECORD

After the Fairbanks Borough determined there was need for day care assistance, as provided for in AS 44.47.250, the Borough began implementing its own program through funds provided by the Department of Community and Regional Affairs.

The program was administered directly by the Borough through the end of 1976. Due to a transfer of the Central Child Care Coordinator's office from Juneau to Anchorage in the summer of 1976, a timely approval of the FY 1977 Day Care Assistance grant to the Fairbanks North Star Borough was not possible until September, 1976. In a letter dated August 26, 1976, F. Harvey Pitts, the Child Care Coordinator, stated he had received the application for the next year's program funds. At that time, he said the proposal "appears in order and has my approval", but said until the final authorization came through, he would extend the FY 1977 contract to the end of September, 1976. It is important to note here that a copy of that letter was sent to Dr. Frank Gold, who had previously signed a contract with the Borough to begin administering the Day Care Assistance Program on July 1, 1976. Although the FY 1977 contract from the Department to the Borough was not finally approved until September 24, 1976, it was backdated to become effective July 1, 1976.

The Borough, State and Dr. Gold's files all are in agreement that Dr. Gold began administering the Day Care Assistance program in July of 1976. He had not solicited the contract, but rather, he had been approached and asked by borough officials if he would be interested in a contract. He was interested and soon took over full administration of the program.

Regarding legislative intent concerning the statute requiring the Department's permission prior to subcontracting, the record and your recollection of this provision indicate the inclusion was aimed at rural areas. Fairbanks is not a rural area, but the law does not distinguish a difference, between urban and rural areas, thus letting the Fairbanks Borough Assembly opt for subcontracting.

In FY 1977, (contract signed in September, 1976) there was no discussion of the merits of in-house versus subcontracting the program, nor was there any request or demand for permission to subcontract. The reading of the law at the time and the

interpretation up until this past May was that "permission to subcontract" meant the State could allow a municipal government to move the Day Care Assistance Program administration out of its own offices and subcontract. The involvement the State had in the actual subcontractor choice was negligible, at least according to the Borough's interpretation and the 1976 experience.

After a month and a half of program administration, Dr. Gold found he had more applicants than he had anticipated money for the rest of his contract term. Part of this reason was the expressed desire of the State that the program be advertised widely in the North Star Borough area. And, examination of the contract, the regulation manual and the statute are in conflict regarding what the responsibility of the administrator actually is in meeting the demands of all those applicants that qualify for the assistance.

The statutes potentially (from AS 44.47.250 through AS 44.47.3.0) allow for the Department to establish guidelines for parent eligibility, provides for subcontracting the assistance program administration, and sets out the parent responsibility in finding a licensed day care facility for his or her child. It does not directly address how eligible families are to be cut from the program.

The Day Care Assistance Manual (page 2) states: "It is not the purpose of this program to provide free day care to all qualifying for assistance. Current funding does not permit the State to subsidize all eligible families; therefore, lower income families will be given priority."

The contract between the State and the North Star Borough as well as the subcontract between the North Star Borough and Dr. Gold, however, both contain the following section (5) as part of Appendix A, which is to be considered a part of both contractual agreements:

"(5) The contractor agrees to serve all families with reasonable access to licensed day care facilities within the Fairbanks North Star Borough."

Observing that he had reserve money to fund AFDC and WIN recipients, and in light of the aforementioned conflict in interpretation limiting subsidies amongst eligibles, Dr. Gold chose to exercise the flexibility called for in the Day Care Assistance Manual's stated purposes and goals of the program. These purposes, directly quoted, are:

"The act gave responsibility for administration of the program to the Department of Community and Regional Affairs in the hope of encouraging local government participation in the delivery of day care services.* The Department will contract with local communities for direct program administration in order to allow as much local responsibility as possible while assuring the requirements of the law are met."

Where the law gave the department responsibility for allocating its appropriated funds, it also allowed -- and actually encouraged where applicable -- the local governments to subcontract to a local administering agency. The law (AS 44.47.250 (b) (2)) requires C&RA's permission to subcontract; the manual and subsequent contracts call for that permision to be in writing.

Less than one month after the State and Borough had firmed up their mutual contract for FY 1977 funds (on September 24, 1976), Dr. Gold determined that the contractual amount would be far short of the Fairbanks North Star Borough's demand. On October 18, 1976, he wrote to Pitts requesting an additional $70,000 to $100,000 to meet the needs projected for the entire fiscal year. Pitts responded in an October 20, 1976 letter that an additional $22,125 was allocated to the Fairbanks program. He stated, "The problem is, of course, insufficient funding to accommodate all persons eligible for Day Care Assistance." He further suggested that a maximum monthly mean subsidy be established as a monthly ceiling. This would allow for continued funding of AFDC families for the entire year. Pitts stated that after the additional October allocation, there would be "no more additional funds which can be made available" to the Borough during fiscal '77. He suggested that to stay within the monthly ceiling allocations, Dr. Gold curtail assistance beginning with those recipients in the higher income groups.

On October 26, 1976 (or two days after receiving Pitts' letter), Dr. Gold computed a monthly average and sent out a letter to some of the recipients that their assistance would be dropped November 1, 1976. Copies of this letter were sent to both Pitts and Helen Blevens, the Borough's Treasurer.

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* This is consistent with the statutory powers and duties of C&RA "to advise and assist local governments" (AS 44.47.050 (1); and to supervise, monitor, and otherwise help make local governments eligible for State, federal and other grants.

That letter, which became the form for future notification of other applicants who would have to be dropped to allow Dr. Gold to stay within his monthly mean averages, included the following paragraph:

"Due to the inadequate amount of funds provided to the Fairbanks North Star Borough Day Care Assistance Program, it is impossible to continue funding all day care payments for the entire year."

Pitts' Anchorage file shows this copy with no corresponding letter even mentioning--much less criticizing--the explanation Dr. Gold was using.

More low income applicants continued to apply for new Day Care Assistance, thus mandating Dr. Gold to rework his allowable "eligibles" list to stay within his monthly mean. In order to continue giving priority to applicnats with lower incomes, even if they were newer applicants than some other higher income eligibles still getting subsidies, Dr. Gold had to revert to cutting off new groups of eligibles within the higher income brackets. This is his understandable explanation of the necessity of staggered elimination of higher income group recipients as the fiscal year progressed.

Admittedly, the above was not his only reason for delaying notification of those who eventually were cut from the program with only a few days' notice. Dr. Gold operated under apparently acceptable interpretations of the contractual terms of serving all eligible families in the Fairbanks Borough area and under the expressed C&RA desire for local flexibility. Dr. Gold considered this short notice (which caused some admitted hardships) as serving the client community until he was forced to cut them from the program. His explanation is that at least four Fairbanks legislators were openly working to expedite a speedy supplemental allocation to the Statewide program, with special attention to the Fairbanks plight.

More money from within C&RA was forthcoming on February 10, 1977, when Pitts and Dr. Gold discussed the new availability of $18,054 which came from unspent day care assistance money not used by another community. With the initial $106,495 contract monies, the October $22,125 monies and this new February allocation of $18,054, the Fairbanks North Star Borough allocation was a total of $146,674. This figure was still some $55,000 short of Dr. Gold's first forecast of the Fairbanks day care needs of $200,000 in early fall--and about half his January, 1977 forecast to legislators based on increased demands for the assistance from Fairbanksans.

The administration of the program by Dr. Gold was of no serious concern to the Department's Chief Day Care Coordinator, as is evident in the letter Pitts sent Gold confirming the above additional allocation. Pitts, in a letter dated February 18, 1977, stated, "As in the past, Frank, keep up the good work. I still plan to stop by and visit with you as soon as I can find the time to get out of the office."

File records show that Dr. Gold had incurred no major criticism by the Department, at least through Pitts' previously mentioned letter. The first signs of unrest due to Dr. Gold's management can be evidenced in your trip report dated February 9, 1977 (which was prior to Pitts' above comments of good work.) In that report where you detail discussions with Dr. Gold, you stated, "It is difficult to get the idea across that this is not a "welfare" type program where everyone who meets the guidelines is entitled to service . . . We must address this as a political issue. I would strongly recommend against any supplemental appropriations to Fairbanks or other communities. In my opinion, a supplemental would be rewarding poor planning and mismanagement and penalizing those communities who have conducted a responsible program. They wanted flexibility and authority but are quick to shirk responsibility for problems created . . . We need to work more closely with the grantee communities in preparation of the FY '78 program to avoid a repeat of this years problems."

Ironically, it is about this time when Dr. Gold and other day care administrators statewide began to address this funding supply as a political issue also. They began intense lobbying with their respective legislators for more funds to last the FY '77 year. And since Pitts' letter followed your report to Commissioner McAnerney (with no subsequent comment to Dr. Gold), we cannot assume he was placed on any notice for rectifying any major or minor concerns you expressed.

Shortly after this public testimony before the legislature, apparent conflicts arose between the day care administrator (Dr. Gold) and the Department. After one visit by the Department's field officer (Jan Brewer) on March 30th, several errors (according to Brewer's March 31st field report) were noted in the administrator's operations. Since Dr. Gold had just hired a new program administrator, Brewer recommended that a subsequent visit to the Fairbanks office take place within a month to better review all the files

after the new program person was more familiar with the job and files.

Brewer returned to the Fairbanks office on April 11, 12 and 13, at which time relations between the local administrator and the agency deterioriated significantly. Dr. Gold, who admits he was made aware of the impending visit by Brewer, was reluctant to allow her access to any files, except the terminated ones, until his program assistant returned to work. He had said his assistant was out sick and Brewer reviewed only the closed files. The next day, (April 12) the assistant was still out sick and Brewer was denied access to the files. She had reminded Dr. Gold of Article VII in his contract with the Borough that mandated the files be open to the Department during regular business hours. Whether Dr. Gold opened his files to her on the following day (April 13) due to the fact his assistant had returned to work or because Borough Treasurer Helen Blevins had called him (at Brewer's request) to mandate Dr. Gold open the files (or a combination of both) is a matter of interpretation. In any event, the files revealed some audit exceptions.

Of the $3,068 in auditable exceptions which Brewer reported on return from her April visit, $822 were cancelled by the Department when adequate back-up paperwork was provided. Of the remaining exceptions, it is unclear where the responsibility falls in regards to the errors as the Borough paid at least portions of those exceptions. According to Borough Administrator Ron Garzini and Dr. Gold, several of the exceptions were based on miscalculations made while the Borough still administered the program in-house. Dr. Gold has stated he has not paid any of those audit exceptions in question.

Shortly after the April staff visit, Dr. Gold received a copy of a letter written by Pitts to Blevins in which he outlined the disallowed audit exceptions and detailed the problem regarding access to the files. The letter did not outline actions which Pitts thought were mandatory to insure continuation of the program with Dr. Gold nor did Pitts notify Dr. Gold of the severity of the actions in regard to denying access to the files. We refer here to the Department's Day Care Assistance Application Manual; Page 19, Article 5 of the Department's responsibilities in this program:

"5. When the Director finds that the local agency is not in compliance with the work program and contract, he shall notify the agency of the problem and the requirement for compliance. If after a reasonable period satisfactory

adjustments are not made, he shall notify the agency that further payments will be withheld until the deficiencies are corrected."

Pitts' April 19 letter to Blevins, however, prompted Dr. Gold to fire off a rather inflammatory letter to Commissioner McAnerny asking that Pitts apologize for the letter, and for Pitts' failure to talk with Dr. Gold before concluding Dr. Gold was in the wrong. Dr. Gold recalls hand-delivering the letter to the Commissioner on April 26.

Dr. Gold received no response from the Commissioner, nor did he receive any letter from Pitts. However, the Anchorage file shows an interesting (however irrelevant) memo from Pitts which carries a date of April 27. It concerns a proposal by Dr. Gold for a drug abuse grant he applied for in another department--the Drug Abuse Office. The memo was initially written by Pitts on non-ordinary stationery and the copy in the Anchorage file we copied, shows a stamp as having been received by the Drug Abuse Office on May 16, 1977. The memo was written to McAnerney, but the only paragraph to mention Pitts' involvement with Dr. Gold in the day care contract experience vaguely questions Dr. Gold's management of the day care program and Dr. Gold's refusal to allow Brewer access to the files. The last paragraph recommends the following:

"I recommend that the A-95 Grant Request referenced above be denied and that a search be undertaken for a more suitable Drug Abuse Program Administrator."

During the same time Dr. Gold was testifying against C&RA day care proposals in front of legislative committees, the Department began collecting a variety of paperwork regarding Dr. Gold's other involvements.

For example, in the Anchorage day care assistance file on the Fairbanks program, there are some 61 different documents (at least as recorded in September by my assistant, Cathy Allen). Of those 61, 31 documents deal with subjects other than the day care program. A large portion detail problems and criticisms other people had with Dr. Gold's proposed mental health clinic. Eight other pieces of paper dealt with Borough zoning problems--some dating back two years.

Barbara Morse, a Departmental employee directly under your supervision, was also receiving day care assistance through Dr. Gold's administration. She had recorded problems with Dr. Gold's administration of the program as he had required more back-up paperwork in order to adjust the level

of her income to what she thought was appropriate. The problems with her individual subsidies were not major ones, but it does cloud any involvement she might have had in discrediting Dr. Gold's administration of the program. Borough officials have reported she inquired about several different problem areas, including whether or not proper advertisement had preceded the request for new bidders. In the meantime, John Swan had also been interested as a potential administrator and Morse had been working to interest Swan in the day care program administration. He had been running a day care facility where Morse had taken her child. When you traveled to Fairbanks for your May 19 meeting with Blevins, Morse was in attendance.

That same trip report includes the following statement: "it was the borough's responsibility to monitor the activities of their subcontractor." You also stated, "that we would be very reluctant to approve a subcontract with Dr. Gold for next year, and recommended that they heartily consider operating the program in-house next year."

Regarding Brewer's field report from the next departmental trip on May 31, she reflected a much brighter picture of Dr. Gold's operation of the program. Though she details one case where a family had to have its payments terminated and the notice was somewhat short and indirect (the day care center was informed), the incident prompted her recommendation that a form and standard termination notice be worked out.

This Brewer report appears to contain other unfavorable impressions concerning Dr. Gold, but no examples were provided; they were requested for the future. Brewer's report states of Dr. Gold's administration of the program that applications were now complete; the back-up data was in place and no other close monitoring would be required before the "contracts are ready for renewal."

In the "Effectiveness of Program In Meeting Goals," Brewer wrote, "The program's effectiveness apparently has improved since the last visit. Applicants are now more carefully screened and clients are not being assisted at correct percentages for their income group."

To maintain a proper perspective, we should point out that the April field trip report with the same evaluation forms, detailed several problem areas: audit exceptions, refusal to allow access to all the files, files were incomplete, etc. To adequately insure we don't overlook that report, we have also included a copy of it as an attachment. The point is that

with the prior report or without it, Dr. Gold's administration of the program as is reflected by Brewer, certainly improved.

There are two final letters (one June 24 and a second dated July 25) which culminated in the Borough's action of not awarding a contract renewal to Dr. Gold.

On June 24, you responded to a June 22 letter from Fairbanks Mayor John Carlson which indicated the Borough's intent to apply for day care funds for fiscal 1978. This letter includes the following paragraph:

"Alaska State Law (AS 44.47.250) allows the borough to subcontract its obligations only with the consent of the Department of Community and Regional Affairs. The Department in examining and evaluating the appropriateness of the grant application, must weigh the commitment, the plan and capabilities of the Borough in administering the program."

It also states:

"Unless the borough can present evidence to indicate and guarantee a significant change in the program management by Dr. Gold that will assure a proper level of performance, the Department will not grant approval to the Borough to subcontract.

Prior to this letter's arrival on Mayor Carlson's desk, the borough had informed Dr. Gold that he was the only agency that responded to the Borough's request for bidders. He was told that he would receive the contract though no official paperwork had been signed. The mayor then informed Dr. Gold of the Department's letter.

Dr. Gold took great exception to your letter in public testimony. The Borough opted to operate the program in-house until it could gather more information about the entire matter and seek proposals from others who might also wish to administer the program. Garzini, in public testimony said had there been no letter from C&RA threatening a discontinuation of the day care assistance funding with Dr. Gold, he would have had little objection to the Borough's renewal of the contract with Dr. Gold.

In a July 25 letter from your office, you further outline other problems with Dr. Gold's past administration of the program and offer the following:

"Subsequent to our initial rejection, the Department has become aware of many other circumstances related to Dr. Gold and his other business activities, contracts and zoning

problems which would preclude Dr. Gold from being acceptable as the administrator of this program under any conditions."

Since that second letter, the borough has requested and accepted applications from six sources. These applicants all presented proposals for the day care program's administration based on new proposal guidelines that we feel your agency properly assisted in developing. Certainly, with this relatively new program, guidelines for those who might administer the program would be hard to develop based on no prior experience. Also, since your office has noted problem areas--not only in Fairbanks but Statewide--it is appropriate you should assist the local governments in proposal guidelines.

Dr. Gold has since charged the nature of these guidelines was such that it sought to exclude him. Since some valid concerns with his administration of the program prompted such proposal guidelines, we do not find your involvement here to be faulty.

Presently, the Borough is operating the day care assistance program in-house, awaiting the settlement of this Ombudsman complaint, as well as other factors (such as the local election) before opting to award a contract to any of the six proposal applicants (which includes Dr. Gold).

According to Phil Younker, the Borough will take action--one way or another--on this matter in the near future.

FINDINGS:

Pursuant to AS 24.55.150, we have found Departmental actions: 1) to be arbitrary regarding the enforcement of rules set out in the Day Care Assistance Manual; 2) to be based, in part, on improper grounds; 3) to be unfair, procedurally; and 4) unreasonable in the scope of information and materials collected in regard to Dr. Gold.

A. Actions Found to be Arbitrary

In many areas, you have held Dr. Gold accountable for following rules and procedures outlined in the Day Care Assistance Applications' Manual (which was made part of the contract to the Borough and also the subcontract to Dr. Gold). His refusal to allow Brewer access to files; exact compliance with the subsidy scale; required back up information for each applicant; his determination of who should continue to receive subsidies and who should be cut off; and the Borough's failure

to secure written permission from your division are all covered in the contract and/or manual.

Yet, page 19, article 5 of the manual calls for the Director (identified as you by manual definitions), to notify the agency (identified as Dr. Gold by means of the same manual definitions) of those problems inconsistent with either the work program or contract. If "after a reasonable period satisfactory adjustments are not made" the Director is then to notify the agency that payments will be withheld until the deficiencies are corrected."

Notification of the audit problems went to the Borough Treasurer almost immediately upon Brewer's filing of her trip report. The money was to be immediately withheld and Blevins was warned of the seriousness of Dr. Gold's refusal to allow the C&RA field worker access to all the files. No notice for compliance was given Dr. Gold.

B. Actions Found to be Based Upon Improper Grounds

The July 25 letter to Assembly Chairman Dave Brennan specifically outlined six major criticisms you defined as problems with the day care program administration by Dr. Gold. We find fault with four of those items discussed.

Item #2 and Item #4

We would like to couple Item #2 and Item #4 together as they are similar in our comparison of the facts regarding both. These criticisms deal with the original grant ceiling for the program being $106,495; that Dr. Gold should have apportioned an equal amount each month for the program's subsidies so that the money would last the year; that there was no mandate to serve all "eligibles" (as you allege is clearly stated in the contract); and that his expressed shortcomings due to improper training is invalid due to four trips made by your staff for auditing and training purposes.

First, we find that although the original grant amount was $106,495, Dr. Gold had been told from the start of his administering the program that there would be more money available. Pitts had told him that pending reports from other communities regarding whether these other areas would be able to use their allocated day care funds, more money would become available. Extra money was already accumulated from communities which could not get a program established for fiscal 1977 by the time Dr. Gold took charge of the Fairbanks program.

Dr. Gold chose not to apportion money on a month-to-month average, which was reasonably his prerogative based on the manual, law and contract (plus subcontract). The contract does not state, as you say, "that not every eligible person in the Fairbanks area must or should be served". The contract (in Appendix A) states that the contractor "agrees to serve" all families with reasonable access to licensed day care facilities in the Fairbanks area. The contract states just the opposite, according to our reading, of what you list as its clear statement regarding who should be served.

Whether or not Dr. Gold chose to apportion his total amount on a month-by-month average seems to fall in the category of local flexibility. How else would you interpret Pitts' suggestion that a monthly average be determined and adhered to as was stated in his October 22 letter to Dr. Gold? As long as Dr. Gold held enough money aside for the total subsidizing of WIN and AFDC recipients, then he was not in violation of the contract, according to our review. And, as new applicants qualified as eligibles and had lower incomes than those still receiving subsidies, we believe Dr. Gold was following the priority expressed by the law, guideline manual, contract and subcontract to favor lower income eligibles.

Finally, the lack of training or auditing Dr. Gold alludes to as reason for his shortcomings in administration of the day care program is difficult to determine as valid or invalid. You indicate that he cannot blame base line data projections as his basis for not terminating higher income eligibles. From the first moment he realized he would run short on funding for the year at the maximum subsidizing of all those eligibles, you indicate he should have averaged out his funds based on a month-to-month average. Since the funds did increase (and he had confidence there would be more coming) and there were more new applicants with lower incomes applying for subsidies, we believe Dr. Gold showed a management plan that was not prohibited by his contract--nor even criticised by your agency until after he had terminated many of those on the program under his plan of serving as many as he could as long as he could. Regarding training and auditing help, the field trip report for October only states that Dr. Gold wasn't able to make a meeting. Your February report does not mention any training or auditing other than your attempt to bring home the point the program was not "a free lunch". (And, Dr. Gold's records show the meeting as more of a strategy one for the legislative effort for supplemental

and fiscal 1978 funding of the program). Brewer's March report allows that new staff were on baord and that she would await that staff's familiarization with the back files before auditing. The April field report was covered above and the May report also indicates the Department's action in training Dr. Gold's staff and auditing the Fairbanks files. Proper training and auditing prior to the acknowledged problems in April are hard to detail in light of the field reports on file.

Item #5

The letter to Brennan questions Dr. Gold's method of cutting eligibles from the program; the short time frame in notifying eligibles that they are being cut; the explanation used in the form letter; and the lack of proper monitoring and analysis. The latter, you theorized, might have resulted in fewer cutbacks sooner and addition of new eligibles with lower incomes through natural attrition. Dr. Gold, however, cut eligibles, upon your October suggestion of terminating those from Group V, the Group IV, the Group III, etc. The time frame was short as he expected more funding and exercised his local management flexibility to keep eligibles in the program until the last moment. Regarding the misleading explanation you fault, Dr. Gold had sent the same letter terminating eligibles three different times (with copies to Pitts each time) using the same standard form letter he initiated in October for the first cut-off. No criticism was voiced until your July letter. Had Pitts voiced his concern over the explanation Dr. Gold used, it is likely (according to Dr. Gold) that the form letter would have been changed. Additionally, in the October 20, 1976 letter from Pitts which preceded Dr. Gold's first form letter, Pitts declared the problem "is, of course, insufficient funding to accommodate all persons eligible for Day Care Assistance." Dr. Gold's terminology to recipients of day care subsidies was, "Due to the inadequate amount of funds provided to the Fairbanks North Star Borough Day Care Assistance Program, it is impossible to continue funding all day care payments for the entire year." We don't find the two explanations significantly different.

Since it was (by contract and manual guidelines) the responsibility of both the Borough and the State to "monitor" the local program, we find it inconsistent to solely fault Dr. Gold with failure to properly monitor the program with regard to analyzing the list of eligibles in time to cut higher income eligibles to accommodate new applicants with lower incomes. In fact, the Borough received notice of its

monitoring problems, but the actual local administering agency (Dr. Gold) received none. Also, Dr. Gold's records show no natural attrition where he could have added those new eligibles in question with lower incomes.

Item #6

Here, you report that there were several audit exceptions "for which the borough is financially responsible." You further stated these exceptions "were due primarily to inadequate and inaccurate applicant screening on the part of Dr. Gold's staff". This is not true, according to your files and those of Dr. Gold, as well as information from Garzini. Your contract with the Borough and the subsequent subcontract with Dr. Gold holds the administrator responsible for problems in subsidy eligibility. The Borough paid all the audit exceptions that weren't adjusted after back-up information was obtained from the eligible applicants. Although Garzini states that Dr. Gold paid "a negligible amount" of the exceptions, his files show he paid none. Garzini clarified that most of the exceptions could be traced back to screening work done by the Borough when it first began the program--before Dr. Gold was contracted for the program's administration.

Information regarding the timely filing of monthly reports is difficult to detail except that the departmental files show the reports were late. Exactly how the reports should be filed, and what route each report should take through what local, Borough and State offices is unclear, but it is our finding that these reports were received in your offices late in at least three cases.

C. Action Found Unfair

Even if all the above criticisms and problems with Dr. Gold's administration of the Fairbanks program were accurate, we find it unfair to notify Dr. Gold (and at that, notify him indirectly through a letter to Mayor Carlson) of his total unacceptability for a contract renewal after the Borough has asked him to submit a letter requesting a contract renewal.

We have considered your argument that it was easier not to inform Dr. Gold of each problem as it arose in the hopes he would become a more conscientious administrator as time went by, but it, nevertheless, came as a surprise to him that you would not accept him as a subcontractor. Dr. Gold, and several other agency and local officials, certainly admit there were conflicts of philosophy between him and the Division. All admit there were deep personality conflicts (evident in Dr. Gold's letter to the Commissioner of April 26 and

Pitts' letter to the Commissioner of April 27). The Borough obviously did not think the problems so severe that they would not have rejected the contract renewal with Dr. Gold. Dr. Gold, after Brewer's May 31 trip, did not think his administration so faulty that a contract renewal would be jeopardized or, he felt, he would have received some feedback, as the Department certainly had been vocal about the program in the past few months.

In addition, Brewer's last field report shows Dr. Gold as improving, though each piece of correspondence from the State to the Borough gets progressively worse in its assessment of Dr. Gold's operation of the day care program in Fairbanks.

In the interest of making the Fairbanks program viable, it is understandable your field worker would attempt (and is evident by her continued patience) to try and correct problem areas as opposed to confronting Dr. Gold and his assistants with each error or criticism. But this same patience also lent to the lack of due process we feel Dr. Gold should have been afforded according to the manual procedures which call for the Director's calling attention to contract and work program problems.

Brewer's last comments in the May field report that additional monitoring in person was not necessary until the "contracts are ready for renewal", raises an inference that the subcontract to Dr. Gols would be acceptable.

The paragraph precluding Dr. Gold from "being acceptable as the administrator of this program under any conditions" based on "other circumstances related to Dr. Gold and his other business activities, contracts and zoning problems," is an unreasonable statement concerning Dr. Gold. The paperwork in his Anchorage file regarding establishment of a new mental health association for possible State grant funding does not show any positive letters about the fledgling group (which is now in the final stages of being approved for funding). The Borough zoning problems you allude to are being pursued through the court system. The "other business activities" reflected in paperwork in the file could include the proposal by Dr. Gold for continued grant allocations for drug treatment programs. Although Pitts' letter pointed out problems with his proposal, Dr. Gold received another year's funding approval just recently. And last, references made by Pitts to my assistant about other "alcoholism" grants awarded Dr. Gold that might interfere with day care recipients using Dr. Gold's same premises,

simply do not exist. He does not now have (nor has he had recently) any alcoholism programs which he is running or administering.

It is in addition to the voluminous paperwork in our files that are not direcly germane to the day care program's administration; the somewhat unprecedented letter by Pitts regarding Dr. Gold's drug abuse proposal; the harshness about Dr. Gold's running the program, as is reflected in your letters at the same time his field report evaluations by Brewer were showing improvement the questionable involvement of staff in Fairbanks; and the cloud of doubt by the non-specific paragraph cited above that prompt us to find your agency's actions unreasonable. These unreasonable statements figured heavily in Dr. Gold's not being awarded a second year's subcontract for the Fairbanks North Star Borough Day Care Assistance Program.

AGENCY ACTION JUSTIFIED

A. Statewide perspective needed and obtained through C&RA monitoring

Since the entire amount of day care assistance monies comes from the State with no federal matching monies, the State is in the best position to judge Statewide need and it can best ascertain how the money should best be allocated to the different programs. Through surveillance and monitoring, it is in a better position to determine how any one program measures up to another. In this regard, it was indeed proper that C&RA did outline all problem areas; we only would ask that more time be afforded in reviewing the cited grounds presented to the Borough Assembly as background for the action against Dr. Gold. Careful review of the Department's file would have cleared up the most serious and certainly the majority of problem areas cited.

B. Program problems properly outlined by the agency

The untimely filing of monthly reports, the refusal to allow field workers to review day care assistance recipient files at any time during the work day, as well as smaller, case-by-case details that required clarification or more attention are best brought out by the State agency. In some cases, the local government might not watch nor wish to closely monitor a program. The State, which has the background and knowledge of program administration throughout the State, is in a better position to pick up administrative

details that could tighten any single rural or urban program's administration. It would appear that at least some minor paperwork sloppiness as well as the lack of file access were proper criticisms for whatever reasons.

C. Suggestions for future program proposal advertising and proposal guidelines proper and helpful.

The mere questioning of how the contract was advertised in May was appropriate and suggestions for future advertisement were proper. It is possible that the Borough did not think any other local agency would be interested in the day care program's administration as the local government had initially approached Dr. Gold and asked him to administer the program in July of 1976. If the State were made aware of other potential candidates for the administration, it is their duty to inform the local government of such concern. Also, the guidelines for future subcontractors as recommended and mutually-worked out by the Borough and the agency were appropriate. The role of the State in carrying out its statutory authority in this program is primarily to assist the local governments--which it did in both questioning the form and extent of the advertising and working with the Borough on guidelines for future subcontractors.

D. However heavy-handed the C&RA action to discredit, the Borough chose not to challenge the State's authority and chose to accept its critical comments as basis for not renewing the day care contract with Dr. Gold.

If no fair comment had been afforded the subcontractor, we might have pointed out how unfair it was for a State agency--with all its implied power as a government authority--to barrel over a subcontractor. Obviously, given the advocacy talents of our complainant and the time he has been afforded before the Assembly to counter the C&RA comments, he was not precluded by the State from giving his side of the story.

The Borough may have based its action to nullify plans for renewing Dr. Gold's 1977 contract on the State's expressed authority mandating written approval of the exact subcontract. Or, the Borough may have based its action to readvertise the contract based on new guidelines worked out with the agency staff. Most likely, the Borough chose to accept the total accumulation of critical data from your agency along with your assertion that a subcontract with Dr. Gold would not be approved by them. The July 25 letter with the critical comments about advertising and the offer to work out better guideline proposals for subcontractors became the basis for

Dr. Gold's not getting a second year contract based on the old subcontract provisions.

In the same light, we feel it was the Borough's determination not to renew the contract, but that action was heavily based on your letter. Whether the Borough chooses to accept your authority is a matter of Borough or court jurisdiction. Whether the Assembly chooses to accept our analysis of the entire situation as a basis for reexamining their past action or future action is up to them. It is because we do not want to become overly involved in a related matter of municipal and State concern that we have offered these comments regarding action we think the State took that was justified and appropriate.

D. RECOMMENDATIONS

We hope that the review, as we have painstakenly presented it, will provide you with a careful enough review of the facts surrounding this complaint to weigh the following recommendations. It is my understanding that each recommendation has already been broached with you by my assistant. We hope these suggestions will provide you with meaningful alternatives that will tighten up the program's Statewide administration.

1. To straighten any confusion that might have been evidenced in this Fairbanks day care assistance program administration, we would suggest you begin the tedious but needed process of promulgating regulations, at least in the following areas:

A. What is the State's intent and interpretation of "permission to subcontract"? With that permission, is it then the responsibility of the Borough to determine the exact subcontractor? Other State agency examples provide for mixed interpretations as do court rulings on the authority of the State in subcontracting matters. Some rulings and agency examples reflect the contract law's strict interpretation of a due process of authority from the State to the contractor and the subsequent authority from the contractor to the subcontractor, with only minor connections from the State to the subcontractor.

B. In the application manual, it outlines how a day care assistance grant is made to a local government. However, the procedure of how one should obtain permission for subcontracting is not clear. For example, it calls for "written permission from the Department" for a

municipality to be able to subcontract. Yet, when should the permission, if so desired, be obtained? The application manual does not say, but alludes to subcontractor Articles of Incorporation as being necessary for the local government's complete grant application and possible approval. The manual also calls for subcontractor forms to be filled out after the grant is approved. Yet, with this complaint, the Borough was chastised for not seeking and/or obtaining prior written approval before it sent in the grant application for this upcoming year. One way or another, the procedure should be clarified.

C. Since the initial intent of the subcontractor option was to assist the particularly small communities, what kind of consideration should in-house vs. outside municipal subcomtract administration be given? Should a municipal government have to substantiate why it prefers to operate the program through subcontracts as you once intended? This clarification might be opportune now with other clarifications sought and, perhaps with the promulgation of regulations.

D. What does the Department infer by the local administering agency's responsibility to serve eligibles in the designated grant area? The confusion that exists through not addressing this point in the statute but addressing it rather contradictorily in the manual and the contract appendix should be clarified. It might make more overall management and planning sense to prioritize eligibles from the start of the fiscal year and apportion monthly subsidies to a determined ceiling, as now appears to be left up to the local government's or local agency's mandate to determine. If you believe the program better run (Statewide) by stricter management guidelines, then those should be clarified and made part of regulations.

E. Other specific areas brought to light by this inquiry stemming from the 1977 Fairbanks program experience should also be clarified in this review process. These areas include exact breakdown of State, contractor (or local government) and subcontractor (or local administering agency) responsibility. Appropriate termination procedures for recipients whose money begins to dwindle faster than anticipated; methods of accurately informing recipients in a properly-designated time frame to insure adequate time for easier adjustment; guidelines important for subcontractors' proposals Statewide, as well as advertising for new proposals; and a spelled-out monitoring effort regarding how problem areas are to be discussed, corrected, challenged and made a basis for disciplinary action should be readied.

Under litigation and court rulings regarding the applicability of the Administrative Procedures Act to agencies which have the permission to promulgate regulations (which you have in C&RA Day Care Assistance Program statutory authority--AS 44.47.250(b)(1), the courts have held that when you may promulgate regulations, you must.

Regulations for this program have already been discussed. Where we recognize a responsibility of your agency to establish some regulations to clarify the above-cited confusions, we would only suggest you begin work on these matters. However, if the line of agencies now awaiting regulations is too long to accommodate clarifications this year, we would suggest that the applications' manual include the needed clarifications. These additions and changes, as well as specific delineation of responsibilities might also--or might instead--be made a part of the applicable contracts and subcontracts. We are striving for equal enforcement of rules and regulations--no matter what form they should take.

An argument you have presented for not including all those points and matters within the policy manual as perspective regulations is the entire program's "armslength" attitude in its dealing with the general public. (Actually, we would like to see all manual procedures covered by regulation as the actual subsidy scale provides for the real flexibility you seem to desire in the program's administration.) Since a recipient's appeal is to Pitts' office, and since there have been recipients who have been penalized because the subsidy scale was not mandatorily followed by the administrator locally, we believe you have more of a direct link with the general public than your initial establishment of the program first indicated.

We would suggest, if you are considering these recommendations to tighten up on the mutual accountability of all agencies involved, that you expand your direct involvement with the public at large. More carefully outlining procedures and manual interpretations brings you into closer scrutiny by the public. We would suggest you further this involvement (not necessarily dramatically) and include selective recipient interviews in the field trips by your staffers. It is in this monitoring effort that you will get a more direct evaluation of a contractor or subcontractor's work effort.

As another step to involve the public, we would suggest public hearings or some public response mechanism where you might get the general response from State residents on the

matters outlined above. The public may have its own ideas about local versus State control and the guidelines for a contractor's involvement.

2. To clarify the record, which we hope we have detailed adequately to show problems with the grounds you cited for not wanting Dr. Gold involved in a subcontract for the day care program, we would recommend a clarifying letter be sent to Fairbanks Borough Mayor John Carlson and Fairbanks Borough Assembly Chairman Phil Younkers. We would hope the letter might explain the improper grounds we believe might have unfairly weighted Borough opinion against Dr. Gold. The same letter, we would suggest, also include a clarification of your apprehension of Dr. Gold as a future administrator. In talks with my assistant, you have indicated you would not protest Dr. Gold's acquiring of the contract (through criticisms or assertion of C&RA authority) if he were to abide by the guidelines worked out by you and the Borough staff. This explanation would be helpful in the recommended letter to the Borough Assembly and Mayor. Where we would appreciate a clarification of what we think are improper grounds, we would also offer that other proper grounds about Dr. Gold's administration of the program would appropriately be forwarded in this same letter. Assistance in the form of comments about other proposed administratiors would also be pertinent and proper here, we feel. Suggested monitoring efforts that might correct future problems while still insuring the Borough and local administering agency the right to due process could be included in this same proposed letter.

3. We would suggest a letter to Dr. Gold, although a copy of the above letter to the Fairbanks Borough would be appreciated as an alternative. Acceptable guidelines that would allow him to obtain the contract without any State controversy should the Borough opt to contract with him again, should be specified in this second letter. A forward, clear assessment of his past performance as an administrator; day care program spokesman before the legislature; and outspoken public critic of the Department would appropriately be outlined in this letter. And, by means of this complaint resolution, perhaps a future meeting between you, Pitts, Dr. Gold, the Commissioner and appropriate Borough contracts could take place to iron out personality conflicts that might remain.

SPECIAL FINDINGS

In the perusal of the file, we took special note of the letter Pitts forwarded to Commissioner McAnerny regarding Dr. Gold's early spring proposal for drug abuse funding. Through the A-95 grant approval process (those being specific funds administered through the State), grant proposals are routinely circulated throughout sister agencies in the hopes that others having dealt with proposed contractors will comment about the contractor in question. The process, although still somewhat rudimentary and selective in the circulation of proposals, is a good one.

The State should have a central information system which would allow cross-referencing and more complete examination of contractors. In this case, comments forwarded by Pitts, however, lead us to examine this process more closely. We find no problem with the concept of cross review of contractors' past performances within the evaluating agency. But, Pitts' assessment of Dr. Gold's proposal is inappropriate. The two-page evaluation (for reasons we have not been able to justify) recommends that another contractor/administrator be found for the Fairbanks drug treatment program. In the six lengthy paragraphs critical of Dr. Gold's drug program proposal, only one paragraph deals with Pitts' direct dealing with Dr. Gold through the day care program he actually oversees. The memo to C&RA Commissioner McAnerny was written on April 27 by Pitts--a day after the Commissioner was hand-delivered an inflammatory letter by Dr. Gold about Pitts' actions in regard to Brewer's controversial field trip to Fairbanks in April.

As there are no regulations, laws, procedures, or even standard practices exercised in the review of A-95 grant application proposals, we cannot find direct fault in Pitts' action except to say it was inappropriate.

Since the comments apparently did not get to the Drug Abuse Review Board in time for their full consideration and since they chose to award the contract to Dr. Gold for this upcoming year, we suggest no future action in this matter. We do feel that the process of cross referencing evaluations be reviewed toward insuring objectively, accountability and due process so that a valuable tool does not become a "blacklist".

We would recommend that future evaluation by C&RA staff of A-95 proposals be restricted to specific past

involvement with the contractor and that it be as precise as possible. Hopefully, through central agency, the Division of Policy Development and Planning personnel, there will be adequate response mechanisms afforded the contractor in question so that a fair evaluation is afforded by the State.

In summary, we hope this exhaustive look at the record has been helpful in your own review of the inquiry to our office by Dr. Gold. We have given much thought to the recommendations and options presented for your consideration in the hopes of bettering the program while setting the past record straight. In constantly weighing the findings and recommendations, we have attempted to set reasonable goals, which we believe are not arbitrary, given your initial discussions with our office last month. Please let us know if you have any questions or comments. We would like some response, even if it is an oral response within a week.

We are forwarding the exact copy of these findings, except for the section which details the staff situation and the details of any specific day care recipients as those names are confidential, to Dr. Gold, the complainant.

As everything but the names and files of day care assistance subsidy recipients are already part of the public record, in light of our prior consultation with you in regard to this matter, and the Borough's involvement as the prime contractor, we will make this report available to the Borough pursuant to their request as is outlined in the letter attached from Mayor Carlson. We will do this unless you have a reasonable objection to this procedure. If so, please give me a call this weekend (October 22 or 23; we plan to be in the office for a good part of the weekend) or call us on Monday or Tuesday, October 24 or 25.

We appreciate your cooperativeness in this matter and thank you for your consideration.

Sincerely,

Frank Flavin
Ombudsman

CA:FF:

cc: Jan Brewer, C&RA Anchorage staff
Harvey Pitts, Day Care Coordinator, C&RA Anchorage staff
Commissioner Lee McAnerny, C&RA
Dr. Frank Gold, former Fairbanks Day Care Assistance Program Adminstrator

STATE
of ALASKA

MEMORANDUM

DEPARTMENT OF COMMUNITY AND REGIONAL AFFAIRS

TO: Eric Lee, Director of Community and Rural Development

DATE: January 23, 1978

FILE NO:

TELEPHONE NO.

FROM: F. Harvey Pitts
Child Care Programs Coordinator

SUBJECT: Recommendations by the Ombudsman in his Octobet 20, 1977 letter to you concerning Dr. Gold's complaint

Herein are my comments regarding the several recommendations for improving the DCAP which were set forth by the Ombudsman:

1. To straighten out any confusion that might have been evidenced in this Fairbanks day care administration, we would suggest you begin the tedious but needed process of promulgating regulations, at least in the following areas:

   A. What is the State's intent and interpretation of "permission to subcontract?" With that permission, is it then the responsibility of the Borough to determine the exact subcontractor?...
   B. ...the procedure of how one should obtain permission for subcontracting is not clear. For example, it calls for "Written permission from the Department" for a municipality to be able to subcontract. Yet, when should the permission, if so desired, be obtained?...
   C. ...Should a municipal government have to substantiate why it prefers to operate the program through sub-contracts as you once intended?...
   D. What does the Department infer by the local administering agency's responsibility to serve eligibles in the designated grant area?...should be clarified. It might make more overall management and planning sense to prioritize eligibles from the start of the fiscal year and apportion monthly subsidies to a determined ceiling..."
   E. ...exact breakdown of State, contractor (or local government) and subcontractor (or local administering agency) responsibility. Appropriate termination procedures for recipients...; methods of accurately informing recipients in a properly designated time frame...; guidelines important for subcontractor's proposals statewide, as well as advertising for new proposals; a spelled-out monitoring effort....

2. ..., we would recommend a clarifying letter be sent to Fairbanks North Star Borough Mayor John Carlson and Fairbanks Borough Assembly Chairman Phil Younkers.

3. We suggest a letter to Dr. Gold...and, by means of this complaint resolution, perhaps a future meeting between you, Pitts, Dr. Gold, the Commissioner and appropriate Borough contacts could take place to iron out personality conflicts that might remain."

As far as I can determine, the above are recaps of the Ombudsman's suggestions with extraneous remarks omitted. The following are my suggestions:

1. First, I am opposed to regulations-any regulations. They are cumbersome, not suited to community variations, and would serve to eliminate the flexibility we have to allow different communities, with unique cultural, traditional and economic needs, to serve their residents the way the local government feels they should be served. Because they have the effect of specific law they predestine a "big brother" approach similar to the federal government's FIDCR which is the prime reason the DCAP program was designed as it is by the legislature. The intent was for a great degree of flexibility. I believe that is why the legislature in its wisdom made promulgating regulations permissive rather than manditory. Indicated by the fact that no funds were appropriated for the promulgation process. That the Department is not required to promulgate regulations, contrary to what Mr. Flavin stated, has been verified by 3 Assistant Attorney Generals. This was the opinion of Dick Bradley (now with Legislative Affairs) when he was with the Department of Law , it is the opinion of Rodger Pegues in the Juneau office of the Department of Law, and is also the opinion of Ivan Lawner, general civil section, of the Anchorage office of the Department of Law. In fact, Mr. Lawner said that courts have held that written guidelines and contracts, such as we have, have been enforced by courts in the same manner as regulations. According to Mr. Lawner, Mr. Flavin is a strong proponent of regulations, but Mr. Lawner too, could not see the need for regulations as recommended by Mr. Flavin. In summary, it my opinion that there is no need for regulations, that they would prove detrimental to the flexability intended for the DCAP by both the legislature and the administration and that we should defer in their promulgation. Perhaps at some later point in time regulations might prove helpful. However, that time would come when history stabilizes the DCAP and not while it is under metamorphosis, certainly not in the near future, if ever. Assimilation of changes into our Day Care Assistance Program Application Manual, and thereby into our contracts, would serve the same purpose as regulations, and would be much more amenable to change with the program.

In paragraph A Flavin recommends that we clarify the Department's intent and interpretation of "permission to subcontract." This recommendation has merit and I suggest we do this in the manual by rewording the 3rd paragraph in Section III on page 2 to read as follows:

> A participating government may choose to administer the program directly, and is urged to do so. However, the Department realizes that extinuating circumstances might exist in smaller or rural communities which would make it necessary for the community to subcontract for another appropriate local agency or group to perform local administrative functions. These functions include: outreach, screening of applicants, eligibility determination, authorization, payment to providers, and monthly reporting. If a community opts to subcontract for administration, it must request from and obtain the written approval of the Department to subcontract prior to execution of the subcontract. In no case will the Department allow a community to opt to subcontract or change the sub-contractor whom the Department has previously approved after a grant is made. Violation of this provision will result in immediate termination of the contract and grant.

I believe this would suffice to clarify our intentions regarding both subcontracting and the need to satisfy the Department of the qualifications of the subcontractor to adequately administer the program.

In paragraph 13 it is suggested that we clarify when permission to subcontract should be obtained. My above suggested change will also satisfy this recommendation, which too has merit.

In Paragraph C the suggestion is that we clarify whether a local government should have to substantiate why it prefers to operate the program through subcontracts. I think this suggestion has merit and I think the answer is yes they should. However, because of community variations I don't believe we will be able to spell objective criteria for acceptable needs for subcontracting that could satisfactorily encompass the entire State. Those guidelines inserted because of the above recommendation should suffice here.

Paragraph D suggests we clarify the intent of the LAA's responsibility to serve eligibles in the designated grant area. This can be done most succintly in Appendix A of the Contracts for Service by deleting the words "to serve all" and replacing them with the words "not to deny assistance to" and adding the words "regardless of the location of the family's residence" to the end of the paragraph so that it reads:

> The Contractor agrees not to deny assistance to families with reasonable access to licensed day care facilities within the Fairbanks North Star Borough regardless of the location of the family's residence.

In this same paragraph the Ombudsman also alludes to prioritizing eligibles and restricting monthly expenditures from the start of the fiscal year. It is my feeling that eligibles are prioritized in

the statute (preference shall be shown to low income and single parent families). Furthermore, establishing monthly maximums would be detrimental to the various communities wherein employment fluxuates by season such as in Petersburg and Kodiak or communities undergoing rapid development and construction. I therefore recommend retaining the stutus quo on priorities and monthly expenditures.

Paragraph E contains a mutiplicity of suggestions:

1. We should spell out the exact breakdown of State, Contractor, and Subcontrqctor responsibility. This is done in the latter half of our manual which is made a part of every contract. Any addition would be redundant, and therefore I recommend no action on this.
2. We should extablish appropriate termination procedures for recipients. At first glance this seems like an excellent suggestion. However, as I thought about ways this could be implemented, several things occurred to me... There are many reasons why clientele terminate from the program. They might marry another person whose combined income exceeds the maximum allowable. Termination in this case is simple - when the client marries, their assistance abruptly terminates. Another client might get a better paying job or might quit working. Again, termination in these cases is simple and abrupt. Perhaps a recipient family is eligible because a non working parent is suddenly incapable of caring for the child(ren) while the parent works either through accidental injury or onset of illness. Eligibility in this case, ceases when the attending physician certifies the incapacipated parent is able to resume caring for the child(ren). Although abrupt, cessation of eligibility in these instances are foreseeable in advance based on information submitted by the client's physician. Therefore, no detailed plan is necessary beyond informing the client termination is a forced cutback as a result of poor planning and administration by the LAA. With our improved monitoring of monthly expenditures this should never happen. But if it does, it obviously will be the result of poor administration of the LAA. Since it is our philosophy to allow as much local control as possible, I believe we should leave this final decision with the LAA. However, since you feel an advance notice of at least 2 weeks should be given prior to termination of assistance, this can be accomplished by adding the following sentence to item #9 in Section V, C of the Program Manual:

   "A minimum of 2 weeks notice must be given to any recipient prior to termination of day care assistance when the recipient continues to meet eligibility criteria."

3. Setting forth guidelines important for subcontractors as well as requirements for advertising for subcontractors are also recommended in this paragraph. Setting forth guidelines for acceptable subcontractors indeed merits implementation and I propose to do this by inserting the following paragraph between the existing paragraphs 3 and 4 on page 2 of the manual:

> The following criteria are established as minimum for approving subcontractors:
>
> A. REQUIREMENTS
>
> 1. Formal training or experience totalling at least four years in one of the helping professions.
> 2. Demonstrated capability to interpret and apply written instructions.
> 3. Demonstrated administrative ability to compute gross income and adjusted net income.
> 4. Administrative experience in program operation.
> 5. Experience or training in office organization or management.
> 6. Experience in administering a Social Service Program.
> 7. Must devote a minimum of 75% of administrator's worktime to the Day Care Assistance Program.
> 8. Administrative duties may not be delegated, person who meets above criteria must perform all administrative duties related to this program.
> 9. Must maintain regular office hours in a facility conducive to serving low income and single parents accompanied by children.

Insofar as advertising requirements are concerned, each municipality's ordinance or"regulation" is quite likely to be individual and distinct. I really believe that we would be infringing on local perrogative if we were to attempt to manipulate their buidding and advertising procedures. And yet, I really agree that the more notice and publicity that the municipality gives in seeking sub-contractor proposals, the better the program administration will be. Rather than discount this suggestion, I would like to think about this a bit more.

4. A "spelled-out monitoring effort" is also suggested. I feel this suggestion is redundant since this is covered in each contract, whereinthe Department reserves the right to examine documents related to the program in the body of the Contract as well as in Section V, D, paragraphs 4 and 5 on page 19 of the program manual.

The suggestion is made that "You expand your direct involvement with the public at large " including:

1. selective recipient interviews during field trips
2. public hearings or some public response mechanism from State residents

The suggestion has a great deal of merit, however, staffing and time constraints perclude its implementation. To implement this suggestion would require an additional full time Field Training Officer. However since public input is always a valuable consideration, beginning immediately we will select names on a random basis from recipient files during field trips for monitoring and will telephone a sample of recipients from each community. This will provide a forum for input by those directly affected by the DCAP. In these telephone calls we will stress confidentiality and that the calls are for obtaining public opinion only.

1. It is suggested that you send a clarifying letter to Borough officials in Faibanks regarding Dr. Gold. This you have done.

2. It is suggested that you write Dr. Gold, and that a meeting be arranged between the Director, myself, the Commissioner and appropriate Borough officials to iron out personality conflicts. I have no comment regarding the letter but agree that a meeting with Dr. Gold might prove beneficial if he were to continue to be involved. However, I see no reason to include the Commissioner since I'm sure she has no personality conflict with Dr. Gold. However, I'd like to point out that I don't consider differences of opinion Dr. Golds' defensive tirade in his letter wherein he demanded I apologize to him, a personality conflict. And even if a personality conflict did exist betweeh Gold and myself, I feel I am actualized above petty resentment.

FHP/ad

STATE
of ALASKA

MEMORANDUM

DEPARTMENT OF COMMUNITY AND REGIONAL AFFAIRS

FEB 21 1978

TO: Eric Lee, Director
Community and Rural
Development

DATE: February 14, 1978

FILE NO:

TELEPHONE NO:

FROM: F. Harvey Pitts
Child Care Programs
Coordinator

SUBJECT: Your memo of 1/25 regarding implementation of Ombudsman's recommendations.

All 6 of the directives in your above referenced memo have been implemented as of February 10, 1978.

The Appendix C's have been prepared and sent to all contractors with the exception of Fairbanks which we are holding per your instructions.

cc: Ombudsman file

FHP/ad

OCT 29 1977

STATE OF ALASKA

DEPT. OF COMMUNITY & REGIONAL AFFAIRS

DIVISION OF COMMUNITY AND RURAL DEVELOPMENT

JAY S. HAMMOND, GOVERNOR

619 Warehouse Avenue
Suite 230
Anchorage, Alaska 99501

October 27, 1977

Mr. Frank Flavin
Ombudsman
360 "K" Street
Anchorage, Alaska 99501

Dear Mr. Flavin:

Re: Ombudsman Complaint 77-1421 (findings)

We have reviewed your findings in the above referenced complaint and offer the following responses to specific items mentioned in those findings. Items not specifically referred to, we agree with or do not view as significant enough for comment. All notations are in reference to your Letter of Findings of October 20, 1977.

To set the record straight, page 2 paragraph 3 of your letter states that "he (Pitts) would extend the FY 1977 Contract to the end of September, 1976." This is incorrect. It was the FY 1976 Contract which was extended.

A major point around which you have based your findings and which we have expressed concern in the program administration by Dr. Gold is the question of who may, should, or must be served (page 3).

We would agree that, to an uninformed party, there could appear to be a conflict between the language of Appendix A to the Contract and the Day Care Assistance Manual. The phrase, in Appendix A, "The Contractor agrees to serve all families with reasonable access to licensed day care facilities within the Fairbanks North Star Borough", was included in all the Day Care Contracts after a problem arose in Petersburg with City of Petersburg, as the Contractor, wanting to refuse "service" to persons living in the adjacent community of Kupreanof. "Service", by our definition, means "accepting applications from" or otherwise not discriminating solely on the basis of the geographic location of the individual clients residence.

The phrase referred to in the Day Care Assistance Manual, which is part of the Contract, is absolutely clear that the program is underfunded and that it is not the intention to "subsidize" (as opposed to "serve") all eligible families. We are certain that all contractors and administrators were aware of this fact.

The fact that I specifically reinforced this in person with Dr. Gold is documented in my Trip Report of February 9, 1977 and referred to, by you, on page 6.

You indicate (page 15) that Dr. Gold admits a conflict in philosophy between himself and the Department. As subcontractor his duties were to perform the administrative functions necessary to deliver the required service not to establish policy. If, in fact, his philosophy of the program differed dramatically from that of the State, and his actions did lead to an imposition of his philosophy, there is a serious question of a conflict-of-interest in accepting the subcontract. Dr. Gold's direct and overt actions in the political arena (legislature) were only made possible as a result of information he had access to as a result of his contractual relationship.

As the agent for the Borough and the State, Dr. Gold was acting in a manner contrary to the policies of the agency with whom he was obligated to represent.

In this same regard, we would like to point out that contrary to your statement on page 8, paragraph 5; "During the same time Dr. Gold was testifying against Community and Regional Affairs day care proposals in front of legislative committees", the Department had no day care proposals before the Legislature. Dr. Gold on his own volition was attempting to have a supplemental appropriation introduced.

Much is made of local flexibility, by you, by Dr. Gold and certainly by Community and Regional Affairs. On page 4, paragraph 2 you indicate the law "...actually encouraged where applicable.. the local governments to subcontract to a local administering agency." The law is permissive, and permits subcontracting only with the approval of the Department. We can no where find where the law "encourages" subcontracting. You state (page 2) and we agree, that the subcontracting portion of the Statute was designed for rural areas. Fairbanks does not fall in that category.

We disagree with your chronology as portrayed on page 5, paragraph 4. Dr. Gold was instructed verbally (he never requested clarification in writing so it was never given) on more than one occasion that it was not mandatory that he cut off clients already on the program to "make room" for newer applicants with lower incomes. If this were true every program, every day, would need to realign their eligibles with each new applicant. The only requirement was that new AFDC or WIN recipients must be subsidized and an appropriate reserve of funds made available to this group only.

In paragraph 5 of page 5, we feel that Dr. Gold was fully aware that he was not obligated to subsidize all eligible families in the area. His own actions and records will indicate he did not attempt to subsidize all eligibles.

His explanation of short notice to applicants, as stated in your letter, (page 5) was that certain Legislators were working for a speedy supplemental appropriation. It would be considered poor management (and probably illegal) if we were to over expend our funds on the supposition that the Legislature might appropriate additional funds to us in the future. It was no less poor management on the part of Dr. Gold. You indicate that in fact the money was appropriated. We would point out, however, that it was not "speedy" as Dr. Gold anticipated. It in fact was not appropriated until it was too late to be utilized to any extent. Fairbanks utilized only 15 percent of the supplemental.

Your letter reports on page 7 paragraph 3 that:

> "Of the $3,068 in auditable exceptions which Brewer reported on return from her April visit, $822 were cancelled by the Department when adequate back-up paperwork was provided."

We would make note that actually $943.96 was cancelled not $822, as you report. The point is that, much of the paperwork referred to should have been done properly by Dr. Gold in the first place or in the 3-month reviews of applicant files. The matter as to who reimbursed the State is not of concern to us and is a matter between Gold and the Borough.

Page 7, paragraph 4, cites the Department for Mr. Pitts not notifying Dr. Gold of the severity of the actions in regard to denying access to the files Dr. Gold did receive a copy of the letter to Blevins from Pitts and the attached monitoring report by Ms. Brewer which clearly outlines the severity of the problem.

We would agree with the finding that the Department technically erred in that the Director did not directly communicate in writing the problem of noncompliance with Dr. Gold. The procedure will be strictly adhered to on future actions. We submit however, that Dr. Gold was fully aware of the seriousness of the problem. The mere fact that he sent the "rather inflammatory" letter to Commissioner McAnerney is an indication that he felt threatened and was concerned.

The situation as it relates to Barbara Morse was unfortunate. She was the only professional Divisional employee in Fairbanks. She also happened to be eligible for the DCAP. We would agree that this clouds her involvement. It, however, would have required undue expense to the State to have dispatched another employee to Fairbanks to undertake routine actions related to the program. For example, I specifically requested that she obtain from the Borough the information on the bidding procedures. Her activities on behalf of the Department were limited and had negligible influence on the actions taken.

You indicate that despite specific problems outlined in Brewer's April report she indicates an improvement in the administration. Improvement is only relative to the previous level and does not in any way indicate the acceptability of the "improved" level.

Findings:

A. Action found to be arbitrary

Concur in the technical sense that the procedure was not adequately followed. We do not agree that, as a result, Dr. Gold was not made aware of the seriousness of the problems.

B. Actions found to be based upon improper grounds

Item #2 and item #4

Dr. Gold had been told that there may be additional funds available later. It was indicated these would be in smaller amounts if at all.

In page 13 paragraph 1 you state "The Contract does not state, as you say, that not every eligible person in the Fairbanks area must or should be served". We still maintain that it does, in fact, state this. Article XIV Procedures and Guidelines to the Contract states:

> The Contractor shall perform all services in compliance with the procedures and guidelines as outlined in the Department of Community and Regional Affairs Day Care Assistance Program Manual (revised June 7, 1976), attached hereto and made a part hereof (emphasis added), and Alaska Statute 44.47.250-310.

The Manual (which is part of the Contract) states on page 2 paragraph 1

> It is not the purpose of this program to provide free day care to all qualifying for assistance. Current funding does not permit the State to subsidize all eligible families;...

We have previously explained the phrase "to serve" as used in Appendix A.

We would agree with you in the statement that the choice to apportion the total funding on a month-by-month average or not, is one of local flexibility, provided:

1. The interests of the State are protected;

2. The interests of the clientele are protected;

3. The local administrator has justifiable grounds to show the advantages of expending the allocated funds in a manner other than on a monthly programmed annual basis;

4. The administrator accepts the responsibility for his management decisions;

5. That the local management decisions are in keeping with the philosophy and intent of the program.

We are of the opinion that Gold applied his own philosophy to the administration of the program; that he mislead recipients, delegated program authority to inappropriate and unqualified members of his staff and did not maintain necessary supervisory controls; exercised poor judgement in expecting to receive all the necessary funding through political activity and operating the program accordingly; improperly used his position as program administrator in attempts to implement his personal policies and thus, exceeded the bounds of his contractual relationship.

Item #5

Your report consistantly refers to Dr. Gold cutting higher income clients to make room for lower clients as he felt he was obligated to do. Dr. Gold filed Monthly Statistically Reports with our office. We have indicated, and you have acknowledged, they were often late. In addition, they are of poor quality and provide conflicting information. One portion of these forms asks for the number of new families placed on the program during the month by income groups. Dr. Gold's reports indicate that he did add 9 new families in November;

not all in the lowest group, but in groups I, II and III. The reports for December, January, and February indicate that no new families were added in any group. He does not begin adding again until he feels the Legislature might act in March. His explanation and interpretation of Appendix A, that he had to cut recipients in the higher group to make funding available for new applicants in the lower group, does not correspond with what Dr. Gold was actually doing by his own reports.

You also state "Exactly how the reports should be filed, and what route each report should take through what local, Borough and State offices is unclear, ..." The Department Forms Preparation Manual for the program specifically states on page 3: "This Manual outlines the purpose of each of the above forms as well as the steps for their completion and submission to the correct governmental unit or agency." The Manual then continues to do just that for each form. Dr. Gold received this Manual and was trained in its use.

C. Action Found Unfair

It is our position that the Borough acted prematurely in informing Dr. Gold he would receive the Contract, especially, in light of my meeting with Helen Blevins in May. Our relationship with Dr. Gold was completed upon expiration of the Contract with the Borough on June 30, 1977. We felt no obligation to deal directly with him after that date. You indicate that Dr. Gold was surprised that we would not accept him as a subcontractor. His surprise must have been that a State agency asserted its authority, not that his program administration was considered unsatisfactory.

Agency Action Justified

A. Statewide perspective needed and obtained through Community and Regional Affairs monitoring.

Concur

B. Program problems properly outlined by the agency.

Concur. In addition, this experience indicates fault on our part for attempting to work out the problem areas with Dr. Gold and the Borough on an informal basis. Our obvious intent was to maintain a cordial working relationship with both. However, as you have indicated (page 16, paragraph 3), "This same patience also lent to the lack of due process..." We have already revised our procedures and taken corrective actions in this regard.

C. Suggestions for future program advertising and proposal guidelines proper and helpful.

Concur

D. However, heavy-handed the Community and Regional Affairs action to discredit, the Borough chose not to challenge the State's authority and chose to accept its critical comments as basis for not renewing the Day Care Contract with Dr. Gold.

We concur with your conclusion that it was rightfully the Borough's decision. However, we would disagree that we were "heavy-handed". You refer to Dr. Gold's emotionally charged and slanderous remarks before the Assembly as advocacy talents and conclude that "he was not precluded by the State from giving his side of the story." We expressed our position in a straight forward manner, as we feel we have the authority and responsibility to do so.

E. RECOMMENDATIONS

We are, and will continue, to consider the recommendations presented. We offer comments on some of these at this time. Others will necessitate a more thorough review to determine their impact and appropriateness. A lack of comment on these here does not indicate a lack of action. We refer to your recommendations by their reference in your letter.

1. Regulations

We have expressed to your staff our position regarding regulations. It is our experience that regulations tend to restrict program flexibility and create bureaucratic barricades. In review of the first two-years operation of the Day Care Assistance program, we agree that some regulations may be appropriate and have began an examination of the same.

The drafting and implementation of Statewide regulations cost approximately $10,000. We will discuss submission of this in our Budget to the Legislature, where they can indicate their desire for regulations or not.

2. Letter to the Borough

Concur

3. Letter to Dr. Gold.

No comment.

SPECIAL FINDINGS

Since you chose to comment on the appropriateness of the A-95 Grant Review and approval system, we would also comment:

This Division (not related to the Day Care program) has for many months been promoting a more efficient, extensive and comprehensive review process.

We would disagree that comments by agencies should only relate to that agency's experience with the Contractor. If this held true, a new applicant would receive no comments, either positive or negativ

This agency reviews several grant applications each month on a wide spectrum of subjects. They are reviewed for clarity, objectivity, budget soundness, contractor history, need for project, inter-relationship of the project to others, relationship to stated administration policies and philosophy. This is totally appropriate and in fact, absolutely necessary to objectively evaluate the merits of each proposal.

In summary, we feel the investigation of the complaint was conducted in a manner satisfactory to us. Your assistant, Kathy Allen, was very courteous and cooperative in her dealings with this office. Although, as we have indicated, we do not totally agree with your interpretations on some matters, we do completely agree with your final conclusion as stated in your October 21, 1977 letter to Dr. Frank Gold:

> Please understand that we (Ombudsman) are not in a position to determine whether or not you should have, or should now receive the subcontract for the Fairbanks North Star Borough's administration of the Day Care Assistance program this next year. We believe that position is not one that our office can, should, or would want to take in light of our own statutory jurisdiction and responsibilities.

Sincerely,

Eric Lee

Eric Lee
Director

EL/dt
cc: Lee McAnerney, Commissioner
John A. Carlson, Mayor,
Fairbanks North Star Borough
Phil Younkers, Chairman,
Fairbanks North Star Borough

Ombudsman file

DEPARTMENT OF COMMUNITY AND REGIONAL AFFAIRS

F. Harvey Pitts
Child Care Programs Coordinator

January 25, 1978

Eric Lee, Director
Community and Rural Development

Implementation of Recommendations of the Ombudsman

All directives in this memorandum are in reference to your January 23, 1978 memorandum on the subject of recommendations of the Ombudsman in his October 20, 1977 letter to you, concerning Dr. Gold's complaint. You are hereby directed to implement as soon as is possible and practical, within staff time restraints, the following:

1) Insert a clarifying paragraph dealing with permission to subcontract, per your memorandum.

2) Execute an appendix to all Contracts, redefining the term "to serve" as per your memorandum.

3) Add the Program Manual section V C relating to Notice of Termination, as per your memorandum.

4) Subcontractor criteria - Implement the changes that you recommend, with the exception of number 7, under the Requirements, requiring seventy-five percent of the Administrator's work time to the program. This needs to be reworded to allow for flexibility, dependent upon the size and nature of the community involved. Seventy-five percent is certainly reasonable for Fairbanks, however, an area such as Nome, or Kotzebue, etc. it might not be appropriate.

5) Contract advertising - I would recommend that we insert language into our guidelines that require broad public advertising of all subcontracts, and that the Contractor provide us with their advertising plan, with their permission to subcontract.

6) Direct public involvement - Implement your recommendation.

Please advise me when these directives have been carried out.

EL/dt

cc: Lee McAnerney
Commissioner

file HB 913

FRANK J. GOLD, ED. D.
Registered Psychologist
3098 Airport Way
FAIRBANKS, ALASKA 99701
(907) 456-4409

May 19, 1978

Eric Lee, Director
Division of Community & Rural Development
619 Warehouse Avenue, Suite #230
Anchorage, Alaska 99501

Dear Mr. Lee,

This is being written in response to the PROPOSED REGULATIONS for the administration of the Day Care Assistance Program.

The Department of Community & Regional Affairs, Division of Community & Rural Development, is charged with contracting with local communities for the administration of the Day Care Assistance Program; the Department has consistently voiced support for local versus state control of the Program; the Department has held the local community financially responsible for unallowable expenses (as defined by the Division) incurred in the administration of the Program.

Thus, one section in particular is of import and concern in the PROPOSED REGULATIONS: ACC .20(b). In that section, the Department proposes to eliminate the option of subcontracting for communities whose grant is in excess of $100,000. This I find inconsistent and incomprehensible--in fact, discriminatory!

The Fairbanks North Star Borough Assembly has consistently gone on record as being opposed to administering the Day Care Assistance Program "in house". The Assembly has publically stated, on numerous occasions, that it is their wish to subcontract the Program administration. During the current fiscal year, on just as many occasions, the Division has thwarted that publically-elected body's desire.

Four communities are presently receiving funds in excess of $100,000: Anchorage, Fairbanks, Juneau, and Kodiak. Two of these communities are consolidated municipalities with departments designed to handle a variety of health/social services; the third is a second class borough presently subcontracting the Program administration successfully. In spite of findings issued by the Office of the Ombudsman, and in spite of the expressed will of elected officials, the fourth community--Fairbanks--does not fall in either category. Because of the obstinance and arrogance found within the Department, the Fairbanks community has been forced to choose between eliminating the Program and operating it "in house".

FNSB Assembly
Work Session
March 16, 1978

Present:

Karen Parr, Presiding
Kevin Harun
Phil Deisher
Joe Marshall
Dave Brennen
Harry Reimer
Andy Karella
Phil Younker
Bill Stringer
Butch Stein
John A. Carlson
Bill Creighton
Ron Hauenstein
Gaye Patrick
Milt Staples
Beth Lausen

1) Day Care Assistance Program - Frank Flavin, Ombudsman, Eric Lee, Harvey Pitts

Mayor Carlson gave history of day care assistance program thus far and the problems with the subcontracting of it. Mr. Lee gave some in depth background on the program from the state's standpoint. Federal guidelines were not applicable to Alaska, so state set up its own program. Program is geared for the parent, not the child, so parent can go to work or attend school which will leak to gainfull employment. The state agencies should not directly administer the program through social services and has established the grant program with the local government paying the administration costs. The program is not forced on municipalities, but is available if wanted. It was originally designed to be administered in-house. The borough could appro riate the funds for the administration and have the program administered within the borough. They can give the responsibility to the state for the selection of the subcontractor. Mr. Lee felt the borough should operate the program in-house and all the bigger municipalities do. Smaller ones have contracted out to other social service agencies. Brennen asked if the borough was to separate itself from this service, would it still be available. Lee answered there would be no program in the borough, but the city could take over the program. It would be up to the city whether it would be limited to people within the city or not. Brennen asked why the selection of the subcontractor was not totally left to the borough and Lee answer the borough was merely responsible for the cost of it, the state has the final say and sets the guidelines. Lee stated criteria were laid out at the Aug. meeting with the mayor. Criteria are being drafted, will go to public hearing throughout the state and will become part of the Alaska Administrative Code. This is being pushed, but may take time. It will probably not be done in time for the upcoming year and bids. The current manual is the starting point and public hearings will be based on that. The state has to assumethat the proper administrator will be provided for the program. When it is in-house, the qualifications, etc., of the administrator has to be approved by the state. The parents attending question why the assembly did not want the program in-house as they felt it was far better administered. They were told the assembly felt they were overstepping the powers of the borough and it has been proven the voters do not want the assembly to have additional powers.

The parents pointed out this was a job development program, not a social service. The borough will or will not accept the program depending on the conditions and those conditions should be laid out. It should also be decided who the negotiators are to be, the assembly or the administration. The consensus was to set up agreed specifications with the state prior to putting out bid. Providers and recipients will be included in negotiations.

2) Utilization of clerk's office and borough letterhead

Ms. Parr stated clerk's office and equipment was not to be used by assemblymen. A typewriter is available to move into assembly offices. Policy was set for using letterhead only for borough business and assemblymen should have their own stationery for personal use.

3) Code of Ethics

Younker suggested Nordale review ordinance with amendments. Karella felt the enforcement of this could only be done in court. The ordinance states borough employees and elected officials have to check with borough attorney on future job positions if there might be a conflict. Parr suggested an alternative to putting this on the attorney would be to form an ad hoc committee of the attorny and 2 or 3 others. This would not be a standing committee, but formed for each case. Consensus was to form committee to do in depth study of ordinance. Committee to be: Karella, Parr and Brennen - also notify Marshall & Younker.

4) Budget and Community Services Requests

Mayor Carlson stated they are looking at about 8.4 mill rate as the budget presently stands. The assembly needs a definition of TVA's goals. Stringer said TVA will be moving from the borough offices and a meeting of TVA board and the assembly would be useful. One portion of a work session will be set aside for TVA.

Shouldn't some of the sommunity service requests be under P&R budget? Brennen suggested a non-revenue fund for community services. If the fund became large enough, the grants could be funded from the interest. Deisher would like to see a percentage of P&R's budget go toward the preforming arts. Younker believes the P&R commission should be directing how the budget is spent. Stein said symphony and theater are not government function and should not be funded.

Terese Kaptur, Fairbanks Symphony, stated all orchestras are supported in part by some of tax support dollars. They are asking for educational and promotional grant. Mailing list is 150 very small fraction of population. All money would be spent in the borough for the borough. This would not be a continuing request. This is their first request because they have found ticket sales do not cover costs. Average attendance is 600 with tickets at $4.00 general and $1.00 students.

Phil Gilbert, Hospitality House, stated they would continue mental health program as is now and add about 9 needed services. They need 25% match funding and endorsement with state matching fund with 75%.

Brennen stated endorsement can be given to all applicants for grant and state will pick best bidder. They have most of their 25% money and are only asking for endorsement as suitable group for grant. Consensus was that assembly is not qualified to consider this and cannot endorse one group without listening to all.

Linda Hulbert, Adult Learning Center, stated this is non-profit, private organization. The borough does not offer basic adult education program. Provide no charge service and serve Fairbanks and all interior villages. Rural funding comes from native corporations. They are asking for funding for teachers for special classes, i.e., English as second language, GED. State provided $124,000 last year and native corp. $50,000. Younker felt this should be under the school board budget. School board will not get into operating adult education.

5) Chena Wayside

Consensus was not to take it from the state unless it is completed or they will add administrative costs to the offered $269,000.

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF COMMUNITY & REGIONAL AFFAIRS

OFFICE OF THE COMMISSIONER / POUCH B – JUNEAU 99811

May 11, 1978

The Honorable Charles Parr
Chairman, House Health, Education
& Social Services
Pouch V
Juneau, AK 99811

Dear Representative Parr:

It is the Department's opinion that HB 913 will accomplish two things:

1. HB 913 will make the promulgation of regulations for the Day Care Assistance Program mandatory rather than permissive.

The Department has no objection to this change since regulations have already been drafted and should be set in place by this summer. Public input concerning changes will be open through July 31. However, we feel this change is purely academic as regulations are already being written.

2. HB 913 will severely impair the Department's ability to ensure competent administration by a subcontractor on the local level.

The Department is opposed to this change. While the Statutes (AS 44.47.250 - 310) require the Department to administer the Day Care Assistance Program, HB 913 would severely impair our ability to do so. To administer the program adequately, we feel the Department must have the authority to ensure that the Day Care Assistance Program administrator, whether subcontracted or not, has the ability to serve the clientele effectively. In addition, certain minimum performance standards, as set forth in our proposed Day Care Assistance Program regulations, are necessary to best serve families in need of assistance, such as the accessibility of the administrator to the public. (If the committee feels that the $100,000 minimum grant clause for authority to subcontract is inappropriate, the Department will delete this from the proposed regulations in line with your recommendations).

Since the Day Care Assistance Program benefits low-income parents, we are very concerned that poor administration of the Day Care Assistance

Program would affect the parents receiving this assistance. We have found this to be the case in the past when subcontractors have not administered the program in an acceptable manner. We have also found that contractors rely heavily on the Department to train the subcontractor and monitor the program, and the contractor does very little, if anything, of this nature.

Due to the above stated reasons, the Department opposes this bill.

Sincerely,

for Lee McAnerney
Commissioner

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF COMMUNITY & REGIONAL AFFAIRS

DIVISION OF COMMUNITY & RURAL DEVELOPMENT

519 Warehouse Ave., Suite 230
Anchorage, Alaska 99501

April 24, 1978

The Honorable Charles H. Parr
House of Representatives
Pouch "V"
Juneau, Alaska 99811

Dear Representative Parr:

Under the provisions of Chapter 2, AS 44.62.190 (a), we are pleased to provide you with the enclosed copy of our proposed regulations for the Day Care Assistance Program and the Child Care Revolving Loan Fund.

Public comments are being solicited and any comments received prior to 4:30 p.m. on July 31, 1978 will be taken into consideration prior to adoption of these proposed regulations.

Sincerely,

Eric Lee

Eric Lee
Director

EL/dt

Enclosure

Ombudsman

Frank Flavin

State of Alaska
360 "K" Street, Room 246
Anchorage, Alaska 99501

(907) 276-4011

Rep. Charlie Parr
Pouch V
Juneau, Alaska 99811

Dear Charlie,

As per your request, please find the enclosed copy of both our recommendations and findings to the Department of Community and Regional Affairs regarding the Day Care contract in regards to the complaint filed in our office by Dr. Frank Gold.

We have also included the agency's official response as well as two follow-up memos from Division Director Eric Lee regarding implementation of the Ombudsman recommendations.

Please let us know if we can be of further assistance.

Sincerely,

Frank Flavin

Frank Flavin
Ombudsman

ca/ff

4-3-78

Rocky —

Pls call Frank Gold, find out whether he knows of other municipalities in state which are involved with C+K on contracting out services.

456-4409

Don Fisher

they have on exchanging info between public assistance and social services (info dealing with a client being served by both).

Thanx Charlie

Problems → Margot Dick - Juneau - training

Jerry Madden -

Rocky - pls hold

Bill Request - House HESS Committee

See 44.47.250 is repealed and re-enacted to read: The department shall:

(1)
(2)
(3)
(4)
} as is

(5) contract with municipalities to perform its duties under §§ 250-310 of this chapter within that municipality; the municipality may subcontract with another organization in the community to perform administrative duties;

(6) existing (4)

(7) existing (1)

Rocky —
Pls get me copy
of regulations on
Municipality-run
day care.
Thanx
Charlie

HB 571 — Hl Ltst.

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF COMMUNITY & REGIONAL AFFAIRS

DIVISION OF COMMUNITY & RURAL DEVELOPMENT

Bayview Commercial Bldg., Suite 230
619 Warehouse Avenue
Anchorage, Alaska 99501

March 6, 1978

Mrs. Karen Parr
Presiding Officer
Fairbanks North Star Borough
Box 1267
Fairbanks, Alaska 99707

Dear Mrs. Parr:

Thank you for your invitation to meet with you and the Assembly on March 16 regarding the Alaska Day Care Assistance Program.

I am concerned that you and the Assembly are confusing the matter related to the FY '78 Contract, subcontract and Dr. Gold with the general overriding concern for administration and operation of the program in and by the Fairbanks North Star Borough.

It must be clearly understood that there has been a final administrative decision on the proposed subcontract with Dr. Gold. Upon advise of the Attorney General, it would be inappropriate for me to discuss this specific matter further with you. Therefore, a meeting, as outlined in your letter to me of February 28, which included Dr. Gold, would serve no useful purpose.

I would be more than happy to meet with you regarding the overall general problem of contracting procedures, program administration as it relates to the future of the program in Fairbanks. The March 16 date would be satisfactory or another date could be arranged.

I hope to hear from you soon.

Sincerely,

Eric Lee

Eric Lee
Director

EL/dt

cc: Lee McAnerney, Commissioner
Rod Pegues
Charles Parr
Lisa Rudd
Joe Orsini
John Carlson

CONTRACT FOR SERVICES

ALASKA STATE DAY CARE ASSISTANCE PROGRAM

BETWEEN

THE

DIVISION OF COMMUNITY AND RURAL DEVELOPMENT

DEPARTMENT OF COMMUNITY AND REGIONAL AFFAIRS

AND

The City and Borough of Juneau

July 1, 1977
Date

CONTRACT FOR SERVICES

ALASKA STATE DAY CARE ASSISTANCE PROGRAM

THIS AGREEMENT, entered into as of July 1, 1977, by and between The City and Borough of Juneau (hereinafter called the "Contractor", and the DEPARTMENT OF COMMUNITY AND REGIONAL AFFAIRS (hereinafter called "Department"),

WITNESSETH THAT:

WHEREAS, the Department desires to engage the Contractor to render certain technical and administrative services hereafter described in connection with the program known as the Alaska State Day Care Assistance Program authorized under AS 44.47. 250-310, SLA 75:

NOW, THEREFORE, the parties hereto do mutually agree as follows:

ARTICLE I. Employment of Contractor. The Department hereby agrees to engage the Contractor and the Contractor hereby agrees to perform the services hereinafter set forth in connection with the Program of the Department under Day Care Assistance Program Grant Number DCAP 78-004.

ARTICLE II. Scope of Services. The Contractor shall do, perform and carry out, in a satisfactory and proper manner, as determined by the Department, the following services:

The specific services to be performed by the Contractor are set forth in Appendix A, attached hereto and made a part hereof.

ARTICLE III. Personnel. The Contractor represents that:

(a) He has or will secure at his own expense, all personnel required in performing the services under this contract. Such personnel shall not be employees of or have any contractual relationship with the Department.

(b) All services required hereunder will be performed by the Contractor or under his supervision, and all personnel engaged in the work shall be fully qualified and shall be authorized under State and local law to perform such services.

(c) None of the work or services covered by this Contract shall be subcontracted without written approval of the subcontract by the Department.

ARTICLE IV. Period of Performance. The period of performance shall commence on July 1, 1977, and expire on June 30, 1978.

ARTICLE V. Forms to be Provided to the Contractor. All forms required for reporting purposes to the Department shall be furnished to the Contractor without charge by the Department. The Department will provide the Contractor with the necessary training required to use the forms properly.

ARTICLE VI. Compensation. The Department agrees to compensate or reimburse the Contractor for actual payments made to Day Care Providers on behalf of eligible parents under the Procedural Guidelines and Recommendations established by the Department. Payment will be made on a monthly basis upon receipt by the Department of the following:

(1) Monthly Local Agency Statistical Report Form
(2) Billing for reimbursement for actual assistance payments made during the reporting period.

The total amount of this contract is not to exceed $173,036.

The total cost incurred by the Contractor for direct or indirect administration of the program will be borne by the Contractor. No administrative costs will be reimbursed by the Department.

ARTICLE VII. Termination of Contract for Cause. If, through any cause, the Contractor shall fail to fulfill in timely and proper manner his obligations under this Contract or if the Contractor shall violate any of the covenants, agreements, or stipulations of this Contract, the Department shall thereupon have the right to terminate this Contract by giving written notice to the Contractor of such termination and specifying the effective date thereof, at least five (5) days before the effective date of such termination. In that event, all records of the Contractor in connection with the Contract shall, at the option of the Department, become its property, and the Contractor shall be entitled to receive just and equitable compensation for any services rendered in compliance with the Contract prior to the termination date.

Notwithstanding the above, the Contractor shall not be relieved of any liability to the Department for damages sustained by the Department by virtue of any breach of the Contract by the Contractor for the purpose of setoff until such time as the exact amount of damages due the Department from the Contract is determined.

ARTICLE VIII. Additional Contract Provisions. Appendix B, attached hereto and made a part hereof, sets forth additional general Contract Provisions of this Contract.

ARTICLE IX. Changes. Appendix C attached hereto and made a part hereof sets forth any changes or additions that were made to this Contract. (If Appendix C is not attached hereto, there have been no such changes or additions.)

ARTICLE X. Interest of the Contractor. The Contractor covenants that he presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services required to be performed under this Contract. The Contractor further covenants that, in the performance of this Contract, no person having any such interest shall be employed.

ARTICLE XI. Confidentiality . All information relating to this Contract or persons who serve under the Contract shall remain in strictest confidence. Such information shall be kept confidential and shall not be made available to any individual or any organization by the Contractor without the prior written approval of the Department.

ARTICLE XII. Audits and Inspections. At any time during normal business hours and as often as the Department deems necessary, there shall be made available to the Department and/or its representatives all records with respect to all matters covered by this Contract. The Department reserves the right to audit, examine and made excerpts for transcripts from such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, conditions of employment and other data relating to all matters covered by this Contract or any related subcontract.

ARTICLE XIII. Program Monitoring and Reporting. The program will be monitored by the Department of Community and Regional Affairs. Necessary reports as defined herein, will be required as a prerequisite to reimbursement.

ARTICLE XIV. Procedures and Guidelines. The Contractor shall perform all services in compliance with the procedures and guidelines as outlined in the Department of Community and Regional Affairs Day Care Assistance Program Manual (Revised June 23, 1977), attached hereto and made a part hereof, and Alaska Statute 44.47.250-310.

IN WITNESS WHEREOF, the parties have executed this contract.

CONTRACTOR:

BY _____

TITLE _____

DATE _____

STATE OF ALASKA:

C/RCA
(Department or Agency)

BY Les McCutcheon

Commissioner
(Title)

DATE 28 July 77

APPROVED:

Department of Administration

Approved as to form.

City-Borough Attorney

IN WITNESS WHEREOF, the parties have executed this contract.

CONTRACTOR:

BY_____

TITLE_____

DATE_____

STATE OF ALASKA:

_____
(Department or Agency)

BY_____

_____
(Title)

DATE_____

APPROVED:

_____
Department of Administration

Appendix A

For FY '77 Contract Between
The State of Alaska
and the

City and Borough of Juneau

The contract is made pursuant to the Alaska Day Care Assistance Program funded by the Department of Community and Regional Affairs, Division of Community and Rural Development. The Contractor will perform the following services:

(1) All services defined and in the manner described under the State of Alaska Day Care Assistance Program Application Manual (Revised June 23, 1977) Article V, Sections B & C.

(2) Will supervise and monitor all subcontracts relating to the local administration of the Alaska Day Care Assistance Program.

(3) The Contractor shall give priority in eligibility determination to single parent families and those families demonstrating the greatest financial need.

(4) The Contractor or his agent will make all eligibility determinations in accordance with the Community Differential Subsidy Scale hereto attached and made a part hereof.

(5) The Contractor agrees to serve all families with reasonable access to licensed day care facilities within the City and Borough of Juneau.

(6) The Contractors shall hold confidential any information regarding day care subsidy recipients under this contract.

Appendix B

Article B1. Definitions.

(a) The term "Contracting Officer" as used herein means the person executing this contract on behalf of the State and includes a duly appointed successor or authorized representative.

(b) The term "Department" means the Department which has executed this Contract for the State of Alaska. Article B2. Inspection and Reports.

(a) The Department shall have the right to inspect, in such manner and at all reasonable times as it deems appropriate, all activities of the Contractor arising in the course of its undertakings under this contract.

(b) The Contractor shall make progress and other reports in such manner and at such times as the Department may reasonably require.

Article B-3. State Saved Harmless.

The Contractor shall hold and save the State, its officers, agents and employees, harmless from liability of any nature or kind, including costs and expenses, for or on account of any or all suits or damages of any character whatsoever resulting from injuries or damages sustained by any person or persons or property by virtue of performance of this contract.

Article B-4. Equal Rights.

The Contractor shall comply with all State and Federal laws and lawful regulations relating to equal rights.

Article B-5. No Assignment.

The Contractor shall not assign this contract, nor any part thereof, nor any right to any of the monies to be paid him hereunder.

Article B-6. No additional Work.

No claim for additional services, not specifically herein provided, done or furnished by the Contractor, will be allowed by the Commissioner or the head of the agency, nor shall the Contractor do any work or furnish any material not covered by the contract, unless such work is ordered in writing by the Contracting Officer.

BASE DIFFERENTIAL SUBSIDY SCALE

INDEX FACTOR: Base 100.00

INCOME GROUP (Adjusted net Dollars)			STATE SHARE	PARENT SHARE
	Minimum	Maximum		
GROUP I	0	5,999	95-100%	0-5%
GROUP II	6,000	7,999	70-95%	5-30%
GROUP III	8,000	10,999	45-70%	30-55%
GROUP IV	11,000	12,999	20-45	55-80%

Appendix C

1. The Department is fully aware that the Contractor is the owner of the Cedar Park Day Care Center and that the Contractor leases said day care facility to a Day Care Provider who has, in the past, qualified for day care assistance and is likely to qualify for such assistance during the term of this contract. The Department has reviewed the relationship of the Contractor and said Day Care Provider and finds that said relationship does not, on its face, constitute a conflict of interest prohibited under Article X of the contract.

APPENDIX C
FOR FY ' 78 CONTRACT BETWEEN
THE STATE OF ALASKA
AND THE
CITY AND BOROUGH OF JUNEAU

In accordance with ARTICLE IX of the Contract for Services for the Alaska State Day Care Assistance Program between the Division of Community and Rural Development, Department of Community and Regional Affairs and the City and Borough of Juneau for the period of July 1, 1977 to June 30, 1978, the following changes are made:

1. Paragraph (5) of Appendix A is deleted in its entirety, and the following paragraph is inserted instead:

   "(5) The Contractor agrees not to deny assistance to families with reasonable access to licensed day care facilities within the City and Borough of Juneau regardless of the location of the family's residence."

2. That portion of ARTICLE XIV Procedures and Guidelines which reads "(June 23, 1977) is deleted and the phrase "(January 26, 1978)" is inserted instead.

3. That portion of Appendix A, paragraph (1) which reads "(Revised June 23, 1977)" is deleted and the phrase "(Revised January 26, 1978)" is inserted instead.

IN WITNESS WHEREOF, the parties have executed this Appendix.

CONTRACTOR

BY [signature]

TITLE Maj. P.

DATE 2/21/78

STATE OF ALASKA

CRA
(Department or Agency)

BY [signature]

Director
Title

3/3/78

HB
917

COMMITTEE REPORT

5/5/78

HOUSE

FURTHER: _____

_____

Date: _____

Mr. Speaker:

The Committee on HESS has had HB 917

"An Act relating to an Alaska Medical Facility Authority; e.d."

under consideration and (a majority of the committee) (the committee reports it back as follows)

( ) 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 _____ ( ) new title ( ) same title

( ) AND attaches a Letter of Intent ( ) New Fiscal Note

( ) reports it back without recommendation

( ) and recommends it be referred to the _____ Committee

MEMBERS SIGNING DO PASS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

OTHER RECOMMENDATIONS:

_____

_____

_____

_____

_____

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_____

_____

_____

_____
Chairman

H 60 (rev. 6/77)

LA21 3584 18.26 05/16/78 JA01 0002 07.24 05/17/78

TO: CINDY, JNU
FROM: APRIL, FBX

PLEASE DELIVER THE FOLLOWING MESSAGE TO ALL MEMBERS - HOUSE:

REQUEST YOUR FAVORABLE VOTE WEDNESDAY, CSHB 917, WHICH WILL MEAN LOWER HOSPITAL COSTS TO CITIZENS OF OUR STATE. THE STATE'S FINANCIAL CONSULTANT AGREES THIS IS THE MOST VIABLE WAY TO FINANCE HOSPITAL CONSTRUCTION AT NO COST TO STATE. PRESENT CERTIFICATE OF NEED LAW WILL PREVENT OVERBUILDING AND COMMISSION CREATED BY CSHB 917 TIES INTO STATE HEALTH AUTHORITY. THIS LEGISLATION WILL SAVE THE PATIENTS AT FAIRBANKS MEMORIAL HOSPITAL MILLIONS OF DOLLARS IN HOSPITAL BILLS OVER THE NEXT SEVERAL YEARS. THIS LEGISLATION IS NEEDED NOW. THANKS FOR YOUR SUPPORT.

RON WERLAND
CHAIRMAN, FAIRBANKS COMMUNITY HOSPITAL FOUNDATION

PLEASE ACK WHEN MESSAGE DELIVERED. THANKS. /A/ EOM

SECTIONAL ANALYSIS: HB 917

Sterling Gallagher
Commissioner of Revenue

The Alaska Medical Facility Authority is designed to aid in the construction and equipping of established and potential medical facilities through financing in the municipal bond market. Similar financial assistance is available to municipalities that wish to expand medical services via medical facilities through the Municipal Bond Bank. This bill provides an additional means of financing to those profit or non profit medical entities which are not municipally owned or eligible for participation in the Municipal Bond Bank. Section 103 of the Internal Revenue Code permits tax exempt financing for these purposes.

18.26.010. The Legislative finding and policy section is necessary to establish the public purpose under which medical facilities can be financed in the municipal market. The Legislative findings are that there are inadequate medical facilities in certain localities. One of the policies is to provide alternative methods of financing and assistance in obtaining financing for the purpose of building or upgrading medical facilities in those localities.

18.26.020. Creation of the authority as a public corporation and instrumentality of the state within the Department of Revenue, but with a separate and independent legal existence.

18.26.030. Establishes the Commissioner of Revenue as chairperson of the Board of Directors, and the Commissioner of Community and Regional Affairs and Commissioner of Health and Social Services as the other two members of the Board.

18.26.040. This section establishes a quorum of two for the Board to function and states that members will serve without salary and that they may hire an Executive Director. Notice of meetings must be given in accordance with regulations adopted by the board and all meetings must be open to the public.

18.26.050. The powers of the authority are set forth in this section. They are comparable to those of similar bodies created in the state.

18.26.060. This section states that the Authority may not maintain or operate any medical facility except as provided in a trust indenture under default.

18.26.070. All expenses incurred by the authority are the sole obligations of the authority and no liability will accrue to the state.

18.26.080. The authority may borrow money and issue revenue bonds after the Board finds by resolution that the operator of the medical facility is financially competent to operate the facility and to retire the debt. Also a resolution may be passed establishing the public purpose of the particular facility and its projected cost. The bond resolution shall set out all the terms and conditions on the sale of the bonds. Bonds are negotiable instruments for purposes of the Uniform Commercial Code. The bond resolution must provide for the establishment of a special fund and may specify contractual terms. The superior court has jurisdiction to hear and determine actions or proceedings relating to the authority.

18.26.090. The authority may issue Bond Anticipation Notes under terms and conditions set by resolution.

18.26.100. This section states that the bonds may be secured by trust agreements.

18.26.110. There is no personal liability for the members of the authority or the person executing the bonds.

18.26.120. All notes and bonds issued against any special funds are a valid claim against that fund.

18.26.130. No member of the board, advisory employees or consultants may vote on a resolution or influence any decision where she/he has a conflict of interest. If violated, monetary gain must be returned, and person may be fined and jailed.

18.26.140. Any pledge of revenue or assets by the authority is binding from the time the pledge is made against any party irrespective of the actual notice.

18.26.150. The revenue bonds issued by the authority are not either directly, indirectly or contingently obligations of the State; they are paid solely from the revenue of the authority.

18.26.160. The rights of bondholders to protect investments via court intervention is specifically established.

18.26.170. The authority may invest its funds in prudent investments as defined in AS 37.10, but may pay no higher price for the investments than the offering or market price.

18.26.180. The bonds are legal security for banks, trust companies, savings and loans and other fiduciaries.

18.26.190. The State of Alaska pledges that it will not alter or limit the rights vested in this authority with respect to outstanding obligations.

18.26.200. The authority shall keep accurate accounting and shall make a report each year to the Governor and the Legislature. The Governor may investigate the affairs of the authority, may examine the property and records of the authority, and may prescribe methods of accounting and the rendering of periodical reports in relation to projects undertaken by the authority.

18.26.210. All medical facilities are subject to state requirements for public buildings and structures.

18.26.220. All facilities shall meet state licensing requirements and shall obtain a certificate of need before financing under this authority.

18.26.230. The bonds of the authority are exempt from all taxes except for gift, inheritance and estate taxes. However real and personal property that is leased to a third party is subject to all local taxes.

18.26.240. All earnings of the authority excess to its needs are the exclusive property of the state.

18.26.250. The authority is not a political subdivision of the state for purposes of AS 37.10, a municipal corporation for purposes of AS 29. or a state agency for purposes of AS 37.

18.26.990. Definition of terms.

POSITION PAPER/Department of Health and Social Services

HOUSE BILL 917

"An Act relating to an Alaska Medical Facility Authority."

Accessibility to adequate medical care is not available to all Alaskans due to the lack of certain medical facilities and the inadequacy of other medical structures throughout the State.

Planning surveys indicate a need for additional mental health centers, public health centers, facilities for the developmentally disabled, rehabilitation facilities and drug abuse and alcoholism treatment facilities. Architectural surveys of hospitals, nursing homes and intermediate care homes often indicate a need for modernization or replacement of many of these facilities. As the population increases, additions to these facilities may be needed Many of Alaska's existing facilities do not meet Life Safety requirements and are not functionally designed to operate efficiently or to provide cost savings through such means as energy conservation.

The intent of House Bill 917 is to establish a means of financing the construction and equipping of medical facilities for which a community-based need has been demonstrated. By providing an economic mechanism to finance such facilities, efforts to contain spiraling health care costs could be enhanced. Both municipal, non-profit and profit-making entities are eligible to apply to the proposed Alaska Medical Facility Authority for funding, thus enabling all potential consumers of service to take advantage of the cost-savings realized through the financing mechanism.

As a part of its efforts to contain rising health care costs, the Department of Health and Social Services is naturally concerned about curbing the unnecessary proliferation of medical facilities. Section 18.26.220 stipulates that any medical facility assisted in any way by the proposed Medical Facility Authority would be subject to those licensure and determination of need provisions currently a part of the Alaska Statutes. Any additional requirements promulgated at a future date would also need to be satisfied before eligibility for application was granted. Even those facilities "grandfathered in" under special provision of AS 18.07 must meet the community-determination of need test before being eligible for funding from the proposed Medical Facility Authority. These provisions not only assist the State in guarding against the over-building of medical facilities, but ensure that those facilities utilizing this source of State support benefit from inclusion in the comprehensive State and regional planning process.

The establishment of an alternative financing mechanism for non-municipally owned medical facilities would assist communities in developing the services necessary to meet the health needs of their residents in the most cost-effective manner possible.

POSITION PAPER/Department of Health and Social Services

Recommended by: D. Sharon Osborne Date 4/19/78

D. Sharon Osborne, Coordinator
Office of Planning and Research

Approved by: Helen D Beirne Date 4/19/78

Helen D. Beirne, Commissioner
Department of Health & Social Services

Attachment

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

April 18, 1978

MEMORANDUM

SUBJECT: Medical Facility Authorities (W.O. #25/R)

TO: The Honorable Lisa Rudd

FROM: Snarman Haley
Research Analyst

I spoke with Mary Alice Lightle, a finance specialist for the American Hospital Association head office in Chicago, about medical facility authorities in other states. She informed me that Alaska is one of only four states that do not already have such authorities. The other three are California, Hawaii, and Nevada. There are a few more states in which the authorities are not yet active.

The trend toward state medical facility authorities began in 1966 in Connecticut. In many states the authorities' jurisdiction includes educational facilities as well as health facilities. In a few states the industrial development bond act was amended to include health facilities. A uniform health and educational facilities authority act has been developed and adopted by several states, including South Dakota. A copy of the South Dakota statute is attached. A copy of the uniform act is in the mail to me, along with a membership list for the Council of State Health Facility Financing Authorities, and an information sheet listing all fifty states.

I expect you will have further questions on particular aspects of this subject, so please let me know your wishes.

SH:dh
Attachment

April 12, 1978

Representative Lisa Rudd, Chairman
House Community and Regional Affairs
Committee
Pouch V
Juneau, AK 99811

Dear Representative Rudd:

We the undersigned, representing varied public and private interests in our community, are in support of House Bill 917. This act, creating a bonding mechanism to provide additional alternatives to medical facilities for issuing bonds under a State authority, is a necessity in the Fairbanks area and in other areas throughout the State. This act would provide a mechanism for Fairbanks Memorial Hospital to finance its new addition and thus would save an approximate six million dollars in interest costs. We are extremely supportive of House Bill 917 and urge your committee to take immediate action on this bill.

NAME	ADDRESS	OCCUPATION
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NAME	ADDRESS	OCCUPATION
1. Ralph A. Dow	S.R. 70071 FBKS.	Food Serv. MGR.
2. Joan Worthington	Box 60223 N. Pole	Dietitian
3. Joan Perkins	4508 Dartmouth Rd.	Dietitian
4. Dallas A. Kain	1919 Lathrop	Physician
5. U.D. Failor	SR 20005	M.D.
6. Roger F. Harding	102 10TH ST FBKS	MD
7. James L. Shepard	SR Box 31446 FBKS	Physician
8. Bill [illegible]	2 Miles FBKS	Pathologist
9. Pat Carr	5950 Lemar St	Business office
10. Sam Zamora	162 Allen Loop	Manager
11. Virginia Pitts	5041-H Kaye St Fbks	Billing clerk
12. Anita Hawken	104 B	
13. Joanne Swanson	5050-D Stacy Fbks	Billing clerk
14. Mary Ann Evans	P.O. Box 5057 Fbks	Medical Lab. Tech.
15. Tom Meyer	116 Craig Street	Hospital Administrator
16. Kyle [illegible]	1000 Bluebell	X-Ray Tech
17.		
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April 12, 1978

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House Community and Regional Affairs
Committee
Pouch V
Juneau, AK 99811

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	NAME	ADDRESS	OCCUPATION
1.	Wm R. Wood	665 TENTH AVE. FAIRBANKS, AK., 99701	President (Emeritus) University of Alaska
2.	[illegible]	1020 [illegible]	Merchant
3.	[illegible]	[illegible]	[illegible]
4.	Paul O Smith	4273 Birch Lane FBKS	Public Health Officer
5.	Ralph H Haugh	2519 Ruby Ave	DAC
6.	[illegible]	[illegible]	[illegible]
7.	Dave Baker	235 Farewell	Fairbanks Manager NC Mach.
8.	[illegible]	541-4 73 FBKS	President,
9.	[illegible]	425 Glacier	Attorney
10.	Earl H Beistline	Box 80148, FBKS 99708	Univ. of Alaska
11.	[illegible]	[illegible]	[illegible]
12.	[illegible]	[illegible]	RCA Alascom
13.	Dale Goodwin	Box 529 FBKS	Late Insurance
14.	[illegible]	[illegible]	[illegible]
15.	[illegible]	Box 60532	Fairbanks - Rasher
16.	[illegible]	304 College Rd	[illegible]
17.	[illegible]	[illegible]	[illegible]
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STATE OF ALASKA
THE LEGISLATURE
LEGISLATIVE AFFAIRS AGENCY

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907 465-3800

MEMORANDUM May 15, 1978

SUBJECT: CSHB 917, establishing the Alaska Medical Facility Authority (W.O. #5518)

TO: Representative Charles H. Parr, Chairman
Health, Education and Social Services Committee

FROM: John B. Chenoweth, Legislative Counsel

You have asked for a response to two points of objection made with respect to CSHB 917 by Al Comosso, Administrator of Anchorage's Providence Hospital. Neither of the writer's objections, to my mind, asserts a valid point of opposition which is of constitutional dimension.

Mr. Comosso's telegram states that the committee substitute "is philosophically contrary to existing [state] conflict of interest legislation" in that it permits board members to benefit from decisions of the authority board merely after the disclosure of the interest. I'm not sure what objection of constitutional proportion is suggested. No constitutional provision mandates treatment of conflicts between public service and private interests in all matters involving state board or commission members in one particular fashion; no provision bars the identification of conflicting interests and the manner of their disposition. The means by which conflicts of interest are handled is, in this instance, for legislative determination; disposition may, but need not, follow the "philosophy" of existing legislation on the subject.

*

The second objection concerns AS 18.26.140, added in section 1 of the bill. That section establishes a priority for revenues pledged over subsequent claims arising in tort or contract:

> Sec. 18.26.140. PLEDGE OF REVENUES. Any pledge of revenue or other money, obligations, or assets by the authority is binding from the time the pledge is made as against any parties having subsequent claims in tort, contract, or otherwise, irrespective of whether those parties have actual notice of the prior pledge. The pledge must be noted in the board's minute book and is constructive notice to all parties. Neither the resolution nor other instrument by which a pledge is created need be otherwise recorded, nor is the filing of any financing statement under the Uniform Commercial Code or other law required to perfect the pledge. Revenue, rent, or other money, obligations, or assets so pledged and later received by the authority are immediately subject to the lien of the pledge without any physical delivery or further act.

The author of the telegram suggests that the section may violate art. 1, sec. 15 of the state constitution:

> PROHIBITED STATE ACTION. No bill of attainder or ex post facto law shall be passed. No law impairing the obligation of contracts, and no law making any irrevocable grant of special privileges or immunities shall be passed. No conviction shall work corruption of blood or forfeiture of estate. (Emphasis added.)

It should be noted, at the outset, that pledge provisions comparable to AS 18.26.140 are common in legislation governing the manner of operation of facility financing authorities in Alaska (see, for example, AS 44.58.350, relating to the Alaska Municipal Bond Bank Authority; AS 44.61.110, relating to the Alaska Industrial Development Authority; AS 18.56.120, relating to the Alaska Housing Finance Corporation). By the terms of sec. 140, as in the comparable sections of the other acts, revenues pledged may be so encumbered only in furtherance of the corporate purposes of the respective authority.

The revenue pledge provision of sec. 140 interposes no constitutional objection founded upon impairment of contract under the state constitutional provision cited. As the section indicates, the pledge of revenue constitutes a lien against assets of the Authority with respect to the discharge of the underlying obligation (presumably a debt

obligation), thereby providing the creditor (if a debt obligation, the lender or bondholder) a measure of additional security in the assets of the authority which is superior as against all others, except, as with lien law generally, those who hold prior liens on the property. The lien, which is a pledge of revenue or other asset of the Authority, is, in this instance, material not to an obligation of the contract but rather to secure the enforcement of the repayment provisions of the contract, a feature characteristic of revenue bonding procedures involving no pledge of the full faith and credit of the issuing state or political subdivision.

It is well settled law, both in federal courts with respect to interpretation of the comparable federal provision (U.S. Constitution, Art. I, sec. 10) and in state courts with respect to comparable state constitutional provisions prohibiting impairment of contract, that a state, by legislative act, may provide for the alteration of remedies available to parties to enforcement of rights in contracts without interfering with the underlying obligations, rights, and interests. Generally, it is enough, in the final instance, if the remedy remaining after alteration is adequate and sufficient.

It is not true that AS 18.26.140 "permits the [proposed Alaska Medical Facility] Authority to not be financially responsible for breaches of contract or torts." What is provided is a general scheme of prioritization as among bondholders, general creditors and others who may bring claims against the Authority by which, whenever a pledge of revenue or other asset is given by the Authority in furtherance of its purposes and recorded in the manner required, constructive notice of the pledge of revenue is provided to all parties entering subsequent claims of the subordination of their rights in those same assets to the extent of the pledge. Given the public purpose for which the Authority is proposed and the need to protect the bondholders and all other creditors of the Authority, I have no doubt that determination of priorities in the manner provided in sec. 140 would be upheld against any claim founded upon alleged impairment of contract under Art. I, sec. 15 of the state constitution.

JBC:hjd

LEGISLATIVE REVIEW & RECOMMENDATIONS
OF THE LEGISLATIVE ADVISORY COMMITTEE
OF THE MUNICIPAL HEALTH COMMISSION (Anchorage)

1. Bill number and topic: House Bill 917 - Alaska Medical Facility Authority.

2. What is the current status of the Bill? Presently in House Community and Regional Affairs with additional referral to House HESS.
What is the time frame for influencing the bill's outcome the this committee or commission? This legislative session.

3. What does the bill do? Provides for an organization in the state government that will function as a mechanism through which medical facilities (proposed or existing) can obtain financing.

4. Who does it affect? Existing and proposed medical facilities and state taxpayers.

5. How much does it cost? Unknown.

6. Is it directed to a specific geographic area? No.

7. Is it directed to a specific group? Yes.
Who? Owners and operators of existing and proposed medical facilities. How does it affect others? May affect the public through increased taxes.

8. What are its strengths? Alternative (public) mechanism for financing medical facilities.

9. What are its drawbacks, weaknesses? 1) Transfers to the State the responsibility of private medical facility to obtain funding. We question this use of public assests to enhance private enterprise.
2) Could be costly to the state taxpayers.
3) Is an added layer of bureaucracy.
4) The Board of Directors are appointed rather than elected.
5) Already have a state and federal legislation that addresses and provides two planning organizations that deal specifically with health facilities and programs. This legislation isnores those planning bodies.
6) May have adverse affects on the development of medical facilities.

10. Is the idea new? No.
Are there precedents? Yes.
Where: Federal Public Law.

11. How would this bill affect the Anchorage Health Services Plan? Would affect the Anchorage Health Services Plan adversly.

12. What is the Committee's recommendation? That HB 917 not become law for the following reasons:

MUNICIPALITY OF ANCHORAGE

MEMORANDUM

DATE: April 25, 1978

TO: Lisa Rudd

FROM: The Legislative Advisory Committee of the Municipal Health Commission

SUBJECT: House Bill 917

We attempted to send comments on House Bill 917 for the public hearing scheduled by your committee on Friday, April 21. Unfortunately, the public hearing was over before we were able to telex the information to you. We were informed by your legislative assistant that the committee would accept comments on House Bill 917 through mid week. Found attached is the Legislative Review and Recommendations we developed on House Bill 917. We hope your committee will consider our input before making any decisions on this bill.

1) It transfers to the State the responsiblity of a private medical facility to obtain funding. We question this use of public assets to enhance private enterprise.

2) It creates an added layer of bureaucracy.

3) The Board of Directors are appointed rather than elected.

4) May be costly to the State taxpayers. Anytime a new office is established secretaries must be hired, phones enstalled, letterhead printed, public announcements made etc. An office to support the Medical Facility Authority would therefore be costly to the State taxpayers. Additionally, with this legislation allowing the State to manage and operate a medical facility as well as purchase and/or construct real or personal property, the costs and expenses incurred would directly affect the State budget. The potential for cost to the State taxpayers in this case is overwhelming.

5) May have adverse affects on the development of medical facilities. Criteria does not exist in this legislation for selection of the facilities or geographic areas that would benefit from this legislation. Those not selected could be adversely affected by the States action.

6). There exists State and Federal legislation that addresses and provides for planning organizations, Health Systems Agencies, that deal specifically with health facilities and programs. The Health Systems Agencies presently through their review and planning process assess the need for medical facilities throughout the state. This proposed legislation ignores these planning bodies and their orderly plans and processes for medical facility development.

HB
940

STATE OF ALASKA

Inter-Department Route Slip

TO:
MAIL STATION NUMBER 2100

DEPARTMENT Human Rights

ATTENTION _____

☐ Approval	☐ Note & Return
☐ Signature	☐ Initial & Return
☐ Comment	☐ Return As Requested
☐ Contact Me	☐ Return For Approval
☐ Prepare Reply	☐ Necessary Action
☐ For Your File	☐ Your Information

Remarks:

FROM:
MAIL STATION NUMBER 0500

DEPARTMENT Education

BY M Cole DATE 5-4-78

02-002 (REV.10/73)

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HB-940 - An Act establishing the public school foundation
Title program special education assessment and diagnostic services formula.
Requested by House Hess Date May 3, 1978

II. FISCAL DETAIL

Agency Affected Education
Program Category Affected Education
Budget Request Unit(s) Affected Financial Support

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.			8,264.7	8,760.5	9,286.2	9,843.3
TOTAL						

FUNDING (Thousands of Dollars)

GENERAL FUND			8,264.7	8,760.5	9,286.2	9,843.3
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME			-0-	-0-	-0-	-0-
PART TIME			-0-	-0-	-0-	-0-
TEMPORARY			-0-	-0-	-0-	-0-

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

See attached

IV. DATE May 2, 1978 PREPARED BY Nathaniel Cole
AGENCY Education
PHONE 465-2800

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

33-001 (Rev. 10/76)

PERCENTAGE OF TOTAL SCHOOL POPULATION
SERVED IN SPECIAL EDUCATION

School District	Enrollment Total	Special Education Enrollment	%
ANCHORAGE	36,457	2,721	7.6
ANCHORAGE ON-BASE	3,082	408	13.23
BRISTOL BAY	241	20	8.29
CORDOVA	494	64	12.95
CRAIG	190	32	16.84
DILLINGHAM	407	76	18.67
FAIRBANKS	9,302	1,078	11.58
FAIRBANKS ON-BASE	2,489	294	11.81
GALENA	164	11	6.70
HAINES	430	105	24.41
HOONAH	276	130	47.20
HYDABURG	99	18	18.18
JUNEAU	4,459	816	18.30
KAKE	200	40	20.00
KENAI	5,719	773	13.51
KETCHIKAN	2,589	425	16.41
KING COVE	121	26	21.48
KLAWOCK	74	18	24.32
KODIAK	2,093	508	24.27
MAT-SU	3,644	429	11.77
NENANA	196	26	13.26
NOME	797	177	22.20
NORTH SLOPE	1,098	259	23.58
PELICAN	37	0	0
PETERSBURG	612	122	19.93
SITKA	1,820	264	14.50
SKAGWAY	235	35	14.89
ST. MARY'S	108+164 in mission high school	77	28.30*
UNALASKA	133	27	20.30
VALDEZ	841	224	26.63**
WRANGELL	515	116	22.52
YAKUTAT	167	47	28.14
SUBTOTAL	79,089 (+164= 79,253)	9,530	12.02
ADAK	617	44	7.13
ALASKA GATEWAY	431	77	17.86
AK. CEN. RAILBELT	352	49	13.92
ALEUTIAN REGION	238	60	25.21
ANNETTE	340	72	21.17
BERING STRAITS	472	64	13.55
CHATHAM	199	32	16.08
CHUGACH	49	8	16.32
COPPER RIVER	669	126	18.83
DELTA/GREELY	795	130	16.35
IDITAROD	278	10	3.59
KUSPUK	350	26	7.42
LAKE & PENINSULA	378	63	16.66
LOWER KUSKOKWIM	1,466	143	9.75
LOWER YUKON	905	103	11.38
NORTHWEST ARCTIC	1,546	195	12.61
PRIBILOFS	190	38	20.00
SOUTHEAST ISLANDS	333	73	21.92
SOUTHWEST	511	83	16.24
YUKON FLATS	304	43	14.14
YUKON/KOYUKUK	582	71	12.19
SUBTOTAL	11,005	1,510	13.72
STATE TOTALS	90,094 + 164=90,258	11,040	12.23

* % includes special education students attending mission school
** % includes students at Harborview Developmental Center

PERCENTAGE OF TOTAL SCHOOL POPULATION

SERVED IN SPECIAL EDUCATION

School District	Enrollment Total	ADM Entitle-ment (Units)	Spec Ed Student Enrollmt	Spec Ed Student Entitlemt	TOTAL
ADAK	615	2	44	1	121,800
CENTRAL RAILBELT	371	2	77	2	147,124
ALASKA GATEWAY	398	2	49	1	104,400
ALEUTIAN CHAIN	260	2	60	2	174,000
ANNETTE ISLAND	325	2	72	2	120,640
BERING STRAIT	512	2	64	2	179,800
CHATHAM	188	2	32	1	93,960
CHUGACH	51	2	8	0	69,600
COPPER RIVER	738	2	126	2	133,400
DELTA/GREELY	822	2	130	2	139,200
IDITAROD	278	2	10	1	134,850
KUSPUK	356	2	26	1	134,850
LAKE & PENINSULA	412	2	63	1	134,850
LOWER KUSKOKWIM	1,606	2	143	2	179,800
LOWER YUKON	934	2	103	2	179,800
NORTHWEST ARCTIC	1,563	2	195	2	179,800
PRIBILOF	175	2	38	1	130,500
SOUTHEAST ISLAND	448	2	73	1	90,480
SOUTHWEST REGION	544	2	83	1	134,850
YUKON FLATS	332	2	43	1	134,850
YUKON/KOYUKUK	651	2	71	1	134,850
REAA TOTAL					2,853,404
TOTAL ALL DISTRICTS					8,264.7

PERCENTAGE OF TOTAL SCHOOL POPULATION

SERVED IN SPECIAL EDUCATION

School District	Enrollment Total	ADM Entitlement (Units)	Spec Ed Student Enrollmt	Spec Ed Student Entitlemt	TOTAL
ANCHORAGE	34,692	2	2,721	28	870,000
BRISTOL BAY	238	2	20	1	134,850
CORDOVA	497	2	64	1	100,050
CRAIG	192	2	32	1	93,960
DILLINGHAM	373	2	76	1	34,850
FAIRBANKS	8,608	2	1,078	11	422,240
GALENA	162	2	11	1	134,850
HAINES	388	2	105	2	133,400
HOONAH	276	2	130	2	129,920
HYDABURG	112	2	18	1	93,960
JUNEAU	4,307	2	816	9	319,000
KAKE	200	2	40	1	93,960
KENAI	6,046	2	773	8	313,200
KETCHIKAN	2,484	2	425	5	203,000
KING COVE	118	2	26	1	130,500
KLAWOCK	75	2	18	-0-	62,640
KODIAK	2,136	2	508	6	259,840
MAT-SU	4,207	2	429	5	211,120
NENANA	210	2	26	1	110,343
NOME	786	2	177	2	179,800
NORTH SLOPE	1,202	2	259	3	224,750
PELICAN	37	1	-0-	-0-	32,480
PETERSBURG	591	2	122	2	120,640
SITKA	1,777	2	264	3	150,800
SKAGWAY	220	2	35	1	93,960
ST. MARY'S	101	2	77	1	134,850
UNALASKA	132	2	27	1	130,500
VALDEZ	940	2	224	3	166,750
WRANGELL	516	2	116	2	120,640
YAKATAT	187	2	47	1	104,400
DISTRICT TOTAL					5,411,253

CHARLIE PARR

ALASKA LEGISLATURE

S. R. Box 50599
Fairbanks, Alaska 99701
456-5029

Pouch V
Juneau, Alaska 99811
465-3797

May 19, 1978

Ms. Heather Flynn, Legislative Chairperson
Anchorage, School Board
4600 DeBarr Road
Anchorage, Alaska 99504

Dear Ms. Flynn:

Thank you for your letter of May 10 concerning HB 940. The Health, Education and Social Services Committee is presently working on a revision of House Bill 848 which would hopefully improve the special education picture in the state. Quite possibly the funding proposed in HB 940 will be included in the HB 848 package.

At the time of the teleconference with Anchorage residents on HB 848, a number of persons in your district expressed dissatisfaction with the special education services. Since it is my understanding that the Anchorage School District had a rather large surplus last year, it was difficult for me to assume that the weaknesses in special education services were due to a lack of money.

I am hopeful that we may be able to give you some relief but think it very unrealistic to expect that categorical funding will match needs exactly.

Sincerely,

Charles H. Parr

CHP:sg

ANCHORAGE
SCHOOL DISTRICT
4600 DeBarr Road - Anchorage, Alaska
99504
AREA CODE 907-333-9561

May 10, 1978

The Honorable Charles H. Parr
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Representative Parr:

The attached commentary expresses our need for additional funding for assessment and diagnosis of handicapped children. The need was previously expressed in a letter dated 23 March 1978 authored by John B. Peper, Anchorage School District Superintendent.

We were surprised by the $8 + million fiscal note attached by the Department of Education to SB 607/HB 940. We had computed a much lower figure, approximately $1.9 million. As an alternative, may we suggest a reduction in the Average Daily Membership (ADM) ratio for special education, from 11:1 to 8:1, or 9:1. Cost for such a change could be computed very precisely. Our Finance Department gives us the following figures:

	At 11/Unit	At 9/Unit	At 8/Unit
Separate Centers	11	11	11
District Wide	168	206	231
Total Foundation Units	*179	217	242
$	$5,086,521	$6,166,341	$6,876,749
Increase		$1,079,820	$1,790,228

*Currently Approved

In either situation, please understand our rationale for requesting additional funding. As noted on the following page, fewer than 50% of the children we psychologically tested last year were in fact placed in special education classrooms. As you can readily see, our overhead for diagnosis and assessment is far outstripping the special education funding intended to pay for these services.

Thank you for your attention to this matter. Please do not hesitate to call upon the Anchorage School District for additional information.

Very truly yours,

Heather Flynn/dc

Heather Flynn, Legislative Chairperson
Anchorage School Board

HF/bmn
Attachment

SPECIAL ALLOCATION BILLS

The Anchorage School Board supports the concept of additional state financial support for educational programs and activities which have unusually high costs. Examples of such costs are to be found in the special education and bilingual education areas. When the foundation support program was designed, it allowed a higher than normal allocation for special education students, but changes in laws and regulations have caused average costs to exceed the compensatory nature of the formula. In a similar vein, the requirement to provide bilingual education did not exist when the foundation plan was instituted. Since bilingual education is now law, the Anchorage School District must provide tutorial services to 458 students. The budgeted cost of the program for the coming year will be $489,866. Relief from the state on a direct allocation basis for these students is necessary since federal fund scurces have ceased to exist.

The district's position of supporting an increased allocation of state funds for student assessment is based upon a financial analysis of the special education vs. regular education programs in Anchorage. During the 1977-78 fiscal year, the school district budget of $106 million reflected a $32,760,000 or 30.9% contribution by local taxpayers. The special education portion of the same budget showed that local taxpayers contributed $3.6 million or 37.7% of a total of $9.5 million.

The primary reason for this difference is the high overhead associated with assessment of students to determine if they fall into one of the several special education categories. Under state and federal law, the district must be able to provide screening and diagnostic services for all students who might be candidates for special education. During the past year, the district tested or otherwise evaluated 4,090 students.

To provide comprehensive screening and testing required by state and federal law, the district maintains a staff of psychologists, speech pathologists, psychometrists, and other professionals.

Fewer than 50% of the children we psychologically tested last year eventually were entered into special education classrooms where they qualified for additional state support. Our concern lies primarily with that period of time and expense between a student's initial entry into the testing and evaluation phase and eventual placement into a special education classroom or return to a regular educational setting. Increased support in this area is necessary to catch up to the increased obligations on school districts caused by new state and federal laws and regulations.

HB
945

ALASKA CERTIFICATION TASK FORCE

Subcommittee on Career Ladders and Alternatives
Routes to Teacher Certification

Elementary Teacher

What standards?

An initial certificate will be issued to an applicant who meets the standards for that certificate.

Alternative routes to meeting those standards are as follows:

1) Completion of an approved Teacher Education Program at an institution of higher learning.
2) Completion of an approved Teacher Preparation Program through a series of career ladder steps. (Guidelines attached)

Standards applied for approval of teacher preparation program at institutions of higher learning and career ladder programs conducted by districts are to be the same. The review body using the standards to measure the programs is to be the same. (PTPC/TECAB?)

Proposed Guidelines

The teacher in training will go through a carefully sequenced series of steps designed to develop a teacher who can meet the approved standards. Two types of training will be used. A portion of the prospective teachers training will be conducted in a traditional manner by an approved institution of higher education on the campus of the institution or at the location of a school in which training is being conducted. Other portions of the prospective teachers training will be conducted by an approved master teacher at a school in which training is being conducted.

Using these standards as a starting point, a program of studies can be devised to reach them by the end of the period of study. A sample program is shown below.

For the purposes of this draft the Standards recommended by the National Association of State Directors of Teacher Education and Certification (revised) are used.

~~STANDARDS I & II~~

I. Each curriculum for the preparation of teachers should be a program planned for teaching in the area of specialization and should include: (a) general education (those academic courses planned for all degree candidates) designed to prepare the student for purposeful and responsible living as an individual and a citizen in a free society; (b) appropriate content and experiences in his particular field of specialization to relate to and give background for his teaching service in public schools; and (c) the sequence in basic professional education designed to prepare the student for his role as a teacher in the public schools. The curriculum should be designed to develop the student's unique interests and capabilities through a system of academic guidance and free electives.

A. General Education. General education is based on those studies known as the liberal arts, which embrace the broad areas of the humanities, mathematics, the biological and physical sciences, and the social and behavioral sciences.

1. STANDARD I - The content of general education, selected with discrimination from the aggregate of human experience, should embody the major ideas and principles of the various divisions of knowledge as they bear on common concerns. More specifically, the general education program should:

a. Foster individual fulfillment and nurture free, rational, and responsible adults

b. Cultivate appreciation for the values associated with life in a free society and for wise use of the power which accompanies citizenship

c. Develop leaders who are intellectually competent, imaginative, and vigorous

d. Contribute fundamentally to and give direction to the use of professional knowledge

e. Stimulate scholarship that will give understanding to concepts not now extant and help prepare people for rapid adjustment to essential change

f. Encourage discernment in examining the values inherent in foreign cultures to the end that a clearer understanding of other peoples will reduce world tensions

2. STANDARD II - In the belief that a general education program relevant to the future is attained by a carefully selected sequence of experiences which increase in depth as the student matures, each institution approved for the education of teachers shall be responsible for building a sequential program of general studies which will help the college student attain an understanding and appreciation of:

   a. Language skills as essential tools in communication

   b. World literature with emphasis on but not limited to, the writings of English and American authors

   c. The aesthetic values in human experience expressed through the fine arts

   d. The scientific and mathematical concepts upon which contemporary civilization depends

   e. Contemporary world culture

   f. Social, geographic, political, and economic conditions and their impacts on current problems in the Nation and the world

   g. The growth and development of the United States as a nation and its place in world affairs

   h. The principles of physical and mental health as they apply to the individual and the community

   i. American culture and heritage.

Proposed method of meeting the Standard.

These standards can best be met by asking the teacher in training to attend an institution of higher learning or through the same instruction delivered to the field. Examples of such training would be courses in the following areas:

Methods of Written Communication
Advanced Composition
Modern English Grammar
Introduction to Philosophy

Public Speaking
Instroduction to Psychology
Social Sciences (Anthropology, Economics,
Geography, History, Political Science,
Psychology, Sociology)
Concepts of Mathematics
Biology
Physical Science

B. Professional Education. Professional education is based on those studies which include foundations of education and methods and materials of teaching with supervised laboratory experiences designed to provide competencies required in the education professions.

~~STANDARDS III & IV~~

3. STANDARD III - Stated Objectives. Each program should have a clearly stated set of objectives for the professional education component of its teacher education program. It is essential that programs have the freedom to develop diverse and innovative teacher education programs. Each professional education program should be evaluated in terms of its stated objectives.

4. STANDARD IV - Planned Sequence of Studies. The program of professional preparation for teaching should encourage individualization of the student's program while providing a range of studies and experiences to develop:

   a. Knowledge of the processes of human growth, development, and learning, and the practical application of this knowledge to teaching

   b. Knowledge of research, methods, materials, and media appropriate to teaching. The special emphasis should be in the student's field of teaching specialization

   c. Ability to teach effectively and to work ethically and constructively with pupils, teachers, administrators, and parents

   d. Understanding of the historical, philosophical and sociological foundations underlying the development and organization of public education in the United States

e. Understanding of the purposes, administrative organizations, and operation of the total education program of the school

f. Ability and willingness to analyze the teaching act as a means of continually improving his teaching skills

This Standard can be met by:

This model requires a carefully selected, highly trained master teacher who would pass the examination of a review board made up of three (3) administrators who have a daily working contact with classroom teachers, one (1) teacher who has been identified as a master teacher and the district superintendent or his/her designee. The master teacher should have responsibility for an elementary school classroom, three (3) hours per day and devote the remainder of the day to working with the teacher in training. No more than two (2) teachers in training should be assigned to one master teacher. The master teacher should be under the supervision of a recognized teacher trainer who will provide guidance when necessary.

Using a master teacher who would work with a teacher in training on both the theoretical bases within the behavorial sciences that contribute to modern educational practice, provide a model classroom laboratory where the teacher in training can observe these theories being put into practice, and practice their application.

Areas of study for these Standards should be:

Child Growth and Development
The Study of Man
Anthropology of Natives of Alaska
Sociology of Education
Psychology of Education
Philosophy of Education

C. The Experience Component. An early in-depth experience with children and youth should be provided for all students who have not had a demonstrably equivalent experience. Every program should develop a comprehensive curriculum of carefully designated basic experiences in a variety of realistic settings within the core of its professional curriculum. In addition, the college should make available a wide range of laboratory, clinical, and practicum experiences to individualize learning patterns to meet each student's needs. An in-depth professional evaluation should be provided as an essential part of professional

counseling for the student as a person and for admission to the profession.

5. STANDARD V - In considering the approval of teacher education programs, the following statements should be used as a basis for evaluating the experience component. These statements are not all-inclusive. Teacher preparing programs should be encouraged to develop experience components of a quality superior to that implied.

   a. Admission to the experience component. The student should be permitted to engage in the component only after a comprehensive professional review of his/her record indicates that scholarship, performance in an area of specialization, competence in the professional sequence, performance in previous professional experiences, and personal characteristics qualify him for these responsibilities. The master teacher should be provided in advance with the professional and personal information about the student that is essential for adequate understanding and guidance.

   b. Intensity. The experience component should be a full time experience. It should include the full range of activities of a teacher in a typical school situation.

   c. Length of Program. A good experience component provides for intensive and continuous involvement. The length of this component should depend upon the performance of the teacher in training. It should continue until he/she has achieved the objectives previously agreed upon.

This portion of the model will require use of the master teacher as described above.

Areas of study for these Standards should be:

Elementary School Art
Elementary School Music
Math for Elementary Teachers
Orientation to the Teaching Profession
Competency Development in Teaching Art, P.E., and Music
Competency Development in Teaching Social Studies
Competency Development in Teaching Beginning Reading

Competency Development in Teaching Science
Competency Development in the Use of Instructional Media
Competency Development in Diagnosis and Prescription Writing
Competency Development in Applied Psychology
Competency Development in Teaching Exceptional Children in the Regular Classrooms
Competency Development in Teaching Children's Literature
Competency Development in Teaching Reading and Language Arts
Competency Development in Teaching Math
Competency Development in Teaching

Dennis Demmert

479-7871 - office

452-8898 - home

Notify when bill on teacher cert coming up (per attached)

Michael - please see me.

next calendar

April, 1978
Certification task force
For discussion only
Proposed by D. Demmert

PROPOSED STATUTORY AMENDMENT REGARDING TEACHER CERTIFICATION

The Law currently reads as follows (page 35, Compiled School Laws):

Sec. 14.20.020. Requirements for issuance of certificate. (a) The department shall issue a teacher certificate to every person who meets the requirements in (b) and (c) or this section.

(b) A person is not eligible for a teacher certificate unless he has received at least a baccalaureate degree from an institution of higher education accredited by a recognized regional accrediting association or approved by the commissioner. However this subsection is not applicable to

(1) persons employed in the state public school system on September 1, 1962;

(2) persons issued an emergency certificate during a situation which, in the judgment of the commissioner, requires the temporary issuance of a certificate to a person not otherwise qualified.

* * * * * * * * * *

The Certification Task Force seems to favor the establishment of alternative routes to certification. NEA-Alaska, the Alaska Federation of Natives and the Alaska Native Education Association have also taken positions in support of establishing alternative approaches. Several recent court decisions also can be interpreted to mean that diplomas, as essential requirements for job qualification, are in violation of the law.

It is proposed that item (3) be added under the above as follows:

(3) persons who meet such other requirements as the Board of Education may prescribe.

WORK ORDER REQUEST FORM

IR? 5393

KEYWORDS: Labor Organizations

ASSIGNED TO Rosenstein

REQUEST FOR: BILL ☐ RESOLUTION ☐ RESEARCH ☒ OTHER ☐

SUBJECT Labor Organizations

REQUESTED FOR Rep. Parr BY M. Morin EXT. _____

* DELIVER TO _____ TAKEN BY Walker

INSTRUCTIONS, EXPLANATIONS Some unions associated with construction of the oil pipeline has a reputation for "roughness." Looking toward construction of the gas pipeline what controls can the state exert? Specifically, (1) what are the requirements for establishing a union local in the state, and (2) are "outside" unions required to establish locals in Alaska?

Note: Ken, after you have the chance to think about this, contact Rep. Parr to better define your inquiry.

OBTAIN

SPECIAL DRAFTING INSTRUCTIONS ATTACHED ☐

AUTHORIZED TO CONFER WITH _____

RETURN _____

_____ TO REQUESTER

APPROVED: DTW Director, Legal Services

_____ Director, Research

REVIEWED _____

IN 4/19/76 DUE _____

TYPED - Draft _____ DATE _____

Final _____ DATE _____

PROOFED _____ DELIVERED _____

SPECIAL INSTRUCTIONS TO TYPIST/PROOFREADER

DRAFT ☐ FINAL ☐

LA-L 10

NEA - Alaska position paper presented to D.O.E. Certif. Task Force Winter/spring 1977

IPD CERTIFICATION

CERTIFICATION RIGHTS AND RESPONSIBILITIES

1. Educator certification is necessary. It assures the public that the licensed practitioner has completed teacher-training programs that meet standards of quality and that he/she can be expected to perform satisfactorily in professional capacities.

2. Public, "consumer", and professional interests must be addressed in establishing certification standards. These interests include an assurance that students are served by well-prepared school personnel and standards in the teaching profession are maintained and advanced.

3. All educators involved in delivering educational services in public and private schools, K-12, and personnel in certain Department of Education positions shall hold teaching certificates. Para-professionals may work under the direct supervision of a certificated teacher but will not be certified. There shall be two basic certificates. The first shall be a teaching certificate with several endorsements available for instruction, administration, supervision, vocational education, and other assignments. A second certificate shall be issued for specific non-teaching positions such as nurses, psychologists, and psychometrists. Letters of authorization for recognized experts shall not be granted. (Resource centers can provide assistance.)

4. NEA-Alaska does not favor emergency certificates. A case-by-case approach should be used by the independent Licensure Commission in issuing emergency certificates. Guidelines should include the following criteria:

   a. Emergency certificates are short term - one year or less.

   b. Emergency certificates are non-renewable unless proof is submitted that the applicant is enrolled in a program leading to eligibility for certification. Then such certificates may be renewed once.

   c. Special consideration may be given by the Licensure Commission to small communities facing emergency situations. It will be very difficult, if not impossible, for teachers in larger communities to obtain emergency certificates.

5. Certified teachers shall be hired as substitutes unless the district can show that none is available, except that after 19 consecutive days the position shall be filled with a certified teacher for a specified period of time.

LICENSURE STANDARDS

1. Certification shall be a state function. (Rationale: Individual employment requirements can be handled at the local level through policy formulation, inservice training, and negotiations.)

2. Certification shall continue to be granted upon the successful completion of Approved Program(s) until such time as the Licensure Commission can explore alternative mechanisms by which an individual candidate's qualifications can be assessed. The Licensure Commission should investigate the desirability of establishing a "trial year" internship program.

3. A Special Task Force shall be established to develop guidelines for (a) the identification and training of classroom teachers who supervise teacher trainees and (b) the conditions under which they function. This task force shall comprise classroom teachers, higher education representatives, DOE representatives, administrators, and representatives of students enrolled in teacher-training programs.

4. Approved Programs shall provide early and extensive classroom experience.

5. NEA-Alaska supports development of alternative programs, provided that such programs meet or surpass present certification standards.

ENDORSEMENTS

Endorsements serve as recognition and authorization of preparation and experience which will tend to improve the quality of instruction, a protection for the public and for the profession.

1. Definitions. "Endorsement" refers to areas of major preparation/training. "Area of Expertise" is a strong recommendation to employing districts about additional area of educator competence and training.

2. Process. The responsibility for obtaining certification endorsements and areas of expertise rests with the professional educator. He/she shall apply to the Licensure Commission for the recognition and shall provide the necessary documentation. If such an application is denied by the Commission, a clear and specific program for the achievement of that endorsement/area of expertise shall be provided by the Commission.

3. Alternative Methods for Obtaining Endorsements and/or Areas of Expertise.

   The Licensure Commission shall develop specific criteria and procedures for alternative methods which shall include:

   a. College major or minor field, certified by institution;

   b. Course work or approved program not leading to a degree;

   c. Work experience;

   d. Successful teaching experience;

6. Appeals. An individual teacher or Education Association may appeal any violation of certifications regulations relating to assignments to the Licensure Commission which shall serve as a board of review. The Commission shall have the authority to investigate, to make public its findings, and to inform a delinquent School Board of its obligations under regulations.

7. Small High Schools. NEA-Alaska does not recommend any dilution of the endorsement process for small secondary schools in rural Alaska. It recommends increased foundation program funding for rural high schools so that secondary teachers will be available to such schools on a 4:20 ratio (no high schools with fewer than 4 teachers). (Rationale: With increased state funding to provide for a minimum of four teachers, rural school boards can reasonably be required and expected to recruit teachers with combinations of endorsements necessary to fulfill the basic requirements of a high school program.)

8. Orientation for Rural Teachers. NEA-Alaska and its local affiliates should strongly encourage local districts to provide rural training sessions in regional population centers for newly-hired teachers prior to their arrival at duty stations. This training should be planned and delivered by former teachers, local boards, community members, DOE personnel, NEA-Alaska, etc. in order to help rural teachers obtain orientation to community life and develop realistic expectations.

CERTIFICATE RENEWAL

In keeping with the movement toward increased teacher input into the development of effective preparation programs for entry into the profession through NCATE approval, and recognizing that licensure connotes a minimal level of preparation required for entry into the profession, NEA-Alaska supports the principle that once obtained the license remains valid for life. Adequate means should be provided to motivate the licensed educator to strengthen the initial preparation which led to certification through incentives such as salary-scale differential for advanced degrees, rewards for in-service participation, professional assignments, etc.

However, for the immediate future NEA-Alaska believes that professional certificates should be renewed periodically under the following conditions:

1. Professional certificates shall be valid for a period of five years and may be renewed. (Rationale: Since field of knowledge, professional skills, and teaching strategies change, renewal of the professional certificate provides evidence that the educator continues to be aware of current professional information and practices through a planned program of professional development.)

2. The Licensure Commission shall determine those professional activities which are appropriate for certificate renewal and shall develop standards and criteria for evaluation of activities. Such activities shall include appropriate university courses, travel, workshops, district-sponsored inservice education, etc.

3. The Licensure Commission shall establish procedures for certificate renewal.

A CRITIQUE

OF

TEACHER CERTIFICATION IN ALASKA

FEBRUARY, 1977

Prepared for the

AFN CERTIFICATION GROUP:

SAM KITO MARY MOSES

JOHN KITO STEVE CROSBY - AFN Talent Search - ASNES

By

Dennis Demmert

A CRITIQUE OF TEACHER CERTIFICATION IN ALASKA

-by Dennis Demmert

"A person may not be employed as a teacher in the public schools of Alaska unless he possesses a valid teacher certificate." (AS 14.20.010)

Teacher certificates are issued by the State of Alaska.

Certification procedures in Alaska are in need of major revision. Some critical problems in Alaska are:

1. CERTIFICATION IS NOT BASED ON QUALIFICATIONS REQUIRED FOR TEACHING.
Certification is awarded, basically, for completing an approved teacher eduction program. A recent Supreme Court ruling indicates that this may be illegal.

2. THE ONLY WAY TO OBTAIN "TYPE A" CERTIFICATION IS TO COMPLETE A TEACHER EDUCATION PROGRAM, NORMALLY 4 YRS.
Paraprofessional experience, for example, adds nothing to certification eligibility. This may be in violation of Title VII of the Civil Rights Act of 1964.

3. CERTIFICATION DOES NOT REQUIRE ALASKAN-RELATED QUALIFICATIONS.
Many states mandate state-related requirements (e.g., state history). Alaska, with its diverse population and geography, has no such requirements.

4. "RECENCY" CREDITS NEED NOT BE EDUCATION-RELATED.
A certificate is valid for 5 years. Recertification requires 6 credit hours of study. (These are called "recency" credits.) There are no restrictions on what must be studied. Anything, including belly-dancing, presumably qualifies.

5. THE "ENDORSEMENT" CONCEPT IS NOT GEARED TO SMALL HIGH SCHOOLS. IT IS TOO RESTRICTIVE FOR SMALL STAFFS.
"Endorsements" indicate the areas in which a teacher is certified to teach. For example, an elementary ed. endorsement or a high school English endorsement.

6. TEACHER CERTIFICATION IS CONTROLLED LARGELY BY PROFESSIONAL EDUCATORS WITH LITTLE CLIENT PARTICIPATION
NEA-Alaska's latest proposal seeks even more control for educators over teacher certification.

1. CERTIFICATION IS NOT BASED ON QUALIFICATIONS REQUIRED FOR TEACHING. "Certification" implies that a certified person is qualified to teach. That implication is not necessarily correct. Evaluation is required in order to certify that an individual is indeed qualified. No such evaluation is required for certification.

The main requirement for certification is graduation from and a recommendation from an "approved" teacher education program. The correlation between that graduation/recommendation and qualification must be inferred. The inference is not necessarily correct. In Griggs v. Duke Power Co., the U. S. Supreme Court said:

> "The facts of this case demonstrate the inadequacy of broad and general testing devices as well as the infirmity of using diplomas or degrees as fixed measures of capability..... diplomas and tests are useful servants, but Congress had mandated the common-sense proposition that they are not to become the masters of reality."

If Alaska were to establish a standard of qualification for evaluating Alaskan teaching, most new candidates probably would not qualify, since most teachers were educated outside Alaska. One way to deal with the problem would be to provide "provisional" certification until the candidate came up to an acceptable standard. Some states do provide provisional certification.

If carefully revised, teacher certification procedures in Alaska can almost certainly assure that we have qualified teachers to a greater degree than do the current procedures. Unless this happens Alaska may be susceptible to court action.

2. THE ONLY WAY TO OBTAIN "TYPE A" CERTIFICATION IS TO COMPLETE AN APPROVED TEACHER EDUCATION PROGRAM - NORMALLY 4 YEARS.

Approved teacher education programs are not the only way a person might learn to teach satisfactorily, but they are the only way presently available for obtaining certification. There may be solid grounds in the Civil Rights Act for court action. Note the following:

> "An important series of court cases decided under or in conjunction with Title VII of the Civil Rights Act of 1964, have specifically held that large segments of the population have in fact been illegally "locked out" of teaching and other professions by present certification standards. These cases have required licensing officials to revamp their methods and assure that all job requirements are demonstrably related to attributes actually need to perform well on the job."[1].

The Equal Employment Opportunity Commission (EEOC) has established legally binding guidelines to ensure enforcement of the Civil Rights Act. Alaska's restrictive certification procedures may be in violation.

The teaching profession should not be thrown wide open. Control is necessary, but the control must directly address the issue of qualification - not merely training.

Job descriptions for Alaskan teaching may be required. A candidate for certification would then have to meet the requirements of such a job description.

---

1. The Study Commission on Undergraduate Education and the Education of Teachers. Teacher Education in the United States: The Responsibility Gap. Lincoln: The University of Nebraska Press, 1976. pp. 120, 121.

Besides teacher training in an approved program, a person might gain some qualification toward teaching through (1.) independently-obtained expertise, or (2.) paraprofessional experience in education.

Neither expertise nor paraprofessional experience are enough, by themselves, to qualify a person to become a satisfacory teacher. With an adequate job description, however, a person's abilities could be measured against the job description. Deficiencies in qualification could then be identified. Once an expert's or a paraprofessional's deficiencies were identified, it would seem possible to provide reasonable means for overcoming those deficiencies. Certification would then become achievable for persons who have the potential to qualify, but who, for a variety of reasons, cannot spend 4+ years in an approved program.

The procedure, then, for providing certification on the paraprofessional track would be (1.) establish fair and adequate job descriptions for teaching in Alaska, (2.) establish fair and valid means for identifying deficiencies in qualifications, and (3.) provide a mechanism (courses, etc.) for overcoming those deficiencies.

The paraprofessional track need not - and should not - be second class. A well thought-out and well organized program could produce high quality teachers.

3. CERTIFICATION DOES NOT REQUIRE ALASKAN-RELATED QUALIFICATIONS.

The United States is such a diverse nation that a single uniform standard for the selection of teachers is not entirely appropriate andywhere in the country. Alaskans are certainly aware of - and usually very proud of - being different from Americans in other parts of the country. And yet, Alaska subscribes to only national standards for the certification of teachers.

In fact, it is possible to obtain certification without ever having seen Alaska. For example, graduates of approved programs at Wartburg College, in Iowa, or Prairie View A & M College, in Texas, or Ozark College, in Arkansas, all may qualify for Alaskan certification simply because the have graduated from those approved schools. No Alaskan-related skills or orientation are required.

Education, including teacher preparation, must be geared to Alaskan needs and goals. Unless teachers are oriented to those needs and goals and tho character of their assignments in a methodical way, we have no right to expect consistently satisfactory results from their teaching.

The Native community is especially susceptible to damage from poorly qualified teachers. If teachers are allowed to perform while having minimal awareness of or respect for Native needs, values, aspirations or sense of identity, it is not likely that they will serve us well. The record, to date, bears this out.

4. "RECENCY" CREDITS NEED NOT BE EDUCATION-RELATED.

A certificate is valid for five years. Six credits are required for recertification. There are no requirements regarding the content of those six credits. Both the five-year term of certification and the lack of requirements regarding the content of recency credits should be seriously questioned.

The majority of Alaska's new teachers still come from outside the state. We cannot be so restrictive that we prevent the access we need to those new teachers. We do not, however, need to accommodate their security so easily as we do currently.

Certification can be provided for any period of time, including life-time certification (which NEA-Alaska is proposing). It can also be cut to two years, with the requirement that within those two years, the teacher must study within a range of subjects which would promote his or her ability as a teacher in Alaska.

A strong recertification program which mandates the acquisition of Alaskan-related teaching skills and abilities at the earliest possible date may require some subsidy from the state. A teacher who is compelled to spend part of a summer or summers studying early in his or her career simply may not be able to afford it. On the other hand, we cannot afford to maintain a stream of under-qualified teachers who do not necessarily master teaching in Alaska.

5. THE "ENDORSEMENT" CONCEPT IS NOT GEARED TO SMALL SCHOOLS.

("Endorsements" indicate the areas in which a teacher is certified to teach. For example, an elementary ed. endorsement, or a high school English endorsement, etc.)

Tobeluk v. Lind (the Hootch case under a new name) mandates the creation of small high schools in Alaska. Tobeluk v. Lind envisions an acceptable standard of education in those schools; however, there is a problem.

The very small size of some of those new high schools, plus the teacher specialization which is so common in high schools will cause staffing problems. How can a high school with less than twenty students provide an adequate program for those students?

Small high schools will need generalists, who can satisfactorily teach a variety of courses, rather than specialists who would teach only one subject.

Endorsements should be based on teaching abilities - not on need alone. We should not certify a teacher to teach anything and everything simply because he or she will be teaching in a very small high school That would be short-changing the students who are most in need of qualified teachers.

Endorsements is not solely a certification issue. In conjunction with certification development regarding endorsements, Alaskan teacher education programs must address the issue and provide answers. A failure to respond adequately to small high school needs may violate the intent of Tobeluk v. Lind.

6. TEACHER CERTIFICATION IS CONTROLLED LARGELY BY EDUCATORS.

Teacher certification in Alaska is tied closely to teacher education in "approved" programs. That is, a person must graduate from an approved teacher education program in order to obtain certification. Teacher education programs in Alaska are approved by the Teacher Education Certification Advisory Board (TECAB). TECAB is responsible to the State Board of Education. TECAB is made up of nine members: (1.) an elementary teacher nominated by NEA-Alaska, (2.) a high School teacher nominated by NEA-Alaska, (3.) an NEA-Alaska representative, (4.) a University of Alaska School of Education representative, (5.) a representative of private institutions' schools of education, (6.) a representative of the Commissioner of Eduction, (7.) a School Superintendent's Association representative, (8.) a Professional Teaching Practices Commission representative, and (9.) a representative of the Alaska Association of School Boards.

TECAB is the nearest thing Alaska has to a certification board. At least eight of its current membership are professional educators. Most, if not all, of those are or have been practicing teachers in Alaskan public schools.

NEA-Alaska is recommending a "Licensure Commission" composed of no less than 15 members, with 80% practicing licensed teachers.

There is a clear, logical and defensible rationale for public control (as opposed to professional control) of teacher certification.

Educational needs and goals must be defined by the Alaskan community. In turn, those needs and goals should determine the nature of the educational facilities and personnel needed to meet the needs and fulfill the goals. The characteristics and qualifications of the required educational personnel cannot be determined independently of the needs and goals defined by the community served.

In addition, the interests of teachers and the rest of the public are not one and the same. In spite of some overlap, there are also diametrically opposed interests. For example, the public is the employer, and the teacher is the employee. The public has one set of interests, as employer, and the techers have another set of interests as employee.

It is not the employee who determines the qualifications of other employees - it is the employer who has the prerogative to determine the qualifications of employees. The public interest must take precedence.

Teacher participation is probably desirable on a teacher certification board, but the teacher role should be limited. A teacher might provide some insight into the feasibility of certain actions which the board might consider. A teacher member of a certification board should not be free to represent the special interests of teachers. That is not what certification is about.

HB
950

613 Fourth Street
Juneau, Alaska 99801
May 2, 1978

Dear Representative Charles Parr:

I recently heard that there is a bill in the Legislature that would enable students to borrow money through the state's student loan program in order to finance education at foreign schools.

Several years ago I attended Nova Scotia College of Art and Design in Halifax, Nova Scotia. I chose that school not only because I was interested in seeing Nova Scotia, but also because I was unable to find any school in the United States at that time which offered a degree in environmental design with an emphasis on rural land use planning. American universities were almost solely offering urban planning which held no interest for me. I would like to return to school in Halifax but recently discovered that the student loan program cannot lenf for foreign schools. This would mean that I would have to postpone my plans for continuing my education or search for an American school which may not have the specific courses that interest me.

I believe that the loan program was established to aid Alaskans in pursuing higher education and feel that the restrictions on where those schools may be to be a hindrance to my pursuit of an education in rural land use planning. If the problem is one of accreditation, perhaps the list of veteran's approved programs could be a guideline for state loan program approval as well.

I strongly support this bill and urge its passage in the Legislature.

Sincerely,
Pamela Lesh
Pamela Lesh

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HB 950

Title An Act relating to student loans for foreign colleges

Requested by HESS Date May 2, 1978

II. FISCAL DETAIL

Agency Affected Education

Program Category Affected Education

Budget Request Unit(s) Affected Alaska Commission on Postsecondary Education

EXPENDITURES (Thousands of Dollars)

		FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100	PERSONAL SERVICES						
200	TRAVEL						
300	CONTRACTUAL						
400	COMMODITIES						
500	EQUIPMENT						
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.						
	TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

No Fiscal impact.

IV. DATE May 2, 1978 PREPARED BY [signature]

AGENCY Alaska Commission on Postsecondary Education

PHONE 465-2854

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

33-001 (Rev. 10/76)

STATE OF ALASKA

ALASKA COMMISSION ON POSTSECONDARY EDUCATION

JAY S. HAMMOND, GOVERNOR

907-465-2855
Pouch F — State Office Building
Juneau 99811

M E M O R A N D U M

TO: The Honorable Charles Parr
Alaska House of Representatives

FROM: Kerry D. Romesburg, Executive Director
Alaska Commission on Postsecondary Education

DATE: April 21, 1978

I understand that Mr. Lloyd Robinson has discussed some changes in the student loan program with you. Specifically, he would like students attending foreign institutions (approved by the Commission) to be eligible for participation in the State student loan program. He has asked that I send you suggested language which would accomplish this, since the current legislation prohibits such eligibility.

If you wish to amend our law to provide for this possibility, I would suggest the following:

Amend Sec. 14.40.763 (b). The loans may be used to attend a career education program approved by the Commission, [OR] a college or university accredited by the accreditation association for the region in which the college or university is located, or a foreign college or university approved by the Commission.

HB
952

Michael - packet, pl

04-D3LH

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF REVENUE

OFFICE OF THE COMMISSIONER | POUCH S – JUNEAU 99811

May 1, 1978

The Honorable Charles Parr
Chairman
House Health, Education &
Social Services Committee
Alaska State Legislature
State Capitol Building - Room 112
Juneau, Alaska

Re: House Bill No. 952

Dear Mr. Parr:

House Bill No. 952, an Act providing for the issuance of general obligation bonds in the amount of $194,859,907 for the purpose of paying the cost of constructing, repairing, equipping and upgrading school facilities, was introduced in the House on April 28, 1978 and was referred to the House Health, Education and Social Services Committee and the House Finance Committee.

The State's Bond Counsel, Mr. C. Richard Walker of Orrick, Herrington, Rowley and Sutcliffe has advised that general obligation bonds of the State and nearly all other state and local government bonds are issued in the denomination of $5,000, the standard unit.

Using House Bill No. 952 as an example, according to Mr. Walker, this would result in issuing less than the total amount of bonds authorized or in issuing one odd bond in the denomination of $4,907 along with 38,971 bonds in the usual denomination of $5,000.

Issuing a bond in an odd denomination requires extra time, expense and confusion in connection with the preparation of the resolution, notice of sale, official statement and other documents relating to the bonds, the printing of one odd bond with all of its special coupons, and all of the accounting and paying activities.

On the other hand, it would be highly unusual to find an estimate of expenditures, used in connection with determining the principal amount of nearly a one hundred and ninety-five million bond issue, that was within $5,000 of being a perfectly precise estimate. Consequently, it is respectfully recommended that your Committee round off the principal amount of the proposed bond issue to the nearest $5,000 and make an adjustment of one of the projects enumerated in the bill to conform with the adjustment.

Reference is made to Section 3 of the bill which provides in part that the amount of $68,000 or as much of that amount as is found necessary is appropriated from the general fund of the state to the state bond

committee to carry out the provisions of the Act and to pay expenses incident to the sale and issuance of the bonds authorized in the Act.

It appears that either an arithmetical or typing error was made in listing the amount of $68,000 for selling expenses. The normal formula for calculating selling expenses is to use a factor of .0035 times the principal amount of the bonds to be issued.

Thus the principal of $194,859,907 X .0035 would result in the amount of $682,009 for selling expenses or rounded to $680,000.

Very truly yours,

R. D. Stevenson
Special Assistant

cc: The Honorable Steve Cowper
Chairman
House Finance Committee
Alaska State Legislature
State Capitol Building
Juneau, Alaska

Sterling Gallagher
Commissioner of Revenue
Secretary, State Bond Committee

David Klemmer, Debt Manager
Treasury Division
Department of Revenue

HB
955

Mitchell -

04-D3LH

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF REVENUE

OFFICE OF THE COMMISSIONER

POUCH S -- JUNEAU 99811

May 3, 1978

The Honorable Charles Parr
Chairman
House Health, Education &
Social Services Committee
Alaska State Legislature
State Capitol Building - Room 112
Juneau, Alaska

Re: House Bill No. 955

Dear Mr. Parr:

House Bill No. 955, an Act providing for the issuance of general obligation bonds in the amount of $48,841,900 for the purpose of paying the cost of capital improvements for constructing, repairing, equipping, and upgrading school facilities, was introduced in the House on May 1, 1978 and was referred to the House Health, Education and Social Services Committee and the House Finance Committee.

The State's Bond Counsel, Mr. C. Richard Walker of Orrick, Herrington, Rowley and Sutcliffe has advised that general obligation bonds of the State and nearly all other state and local government bonds are issued in the denomination of $5,000, the standard unit.

Using House Bill No. 955 as an example, according to Mr. Walker, this would result in issuing less than the total amount of bonds authorized or in issuing one odd bond in the denomination of $1,900 along with 9,768 bonds in the usual denomination of $5,000.

Issuing a bond in an odd denomination requires extra time, expense and confusion in connection with the preparation of the resolution, notice of sale, official statement and other documents relating to the bonds, the printing of one odd bond with all of its special coupons, and all of the accounting and paying activities.

On the other hand, it would be highly unusual to find an estimate of expenditures, used in connection with determining the principal amount of nearly a forty-nine million bond issue, that was within $5,000 of being a perfectly precise estimate. Consequently, it is respectfully recommended that your Committee round off the principal amount of the proposed bond issue to the nearest $5,000 and make an adjustment of one of the projects enumerated in the bill to conform with the adjustment.

Reference is made to Section 3 of the bill which provides in part that the amount of $17,100 or as much of that amount as is found necessary is appropriated from the general fund of the state to the state bond committee to carry out the provisions of the Act and to pay expenses incident to the sale and issuance of the bonds authorized in the Act.

It appears that either an arithmetical or typing error was made in listing the amount of $17,100 for selling expenses. The normal formula for calculating selling expenses is to use a factor of .0035 times the principal amount of the bonds to be issued.

Thus the principal of $48,841,900 X .0035 would result in the amount of $170,946 for selling expenses or rounded to $170,900.

Very truly yours,

R. D. Stevenson

R. D. Stevenson
Special Assistant

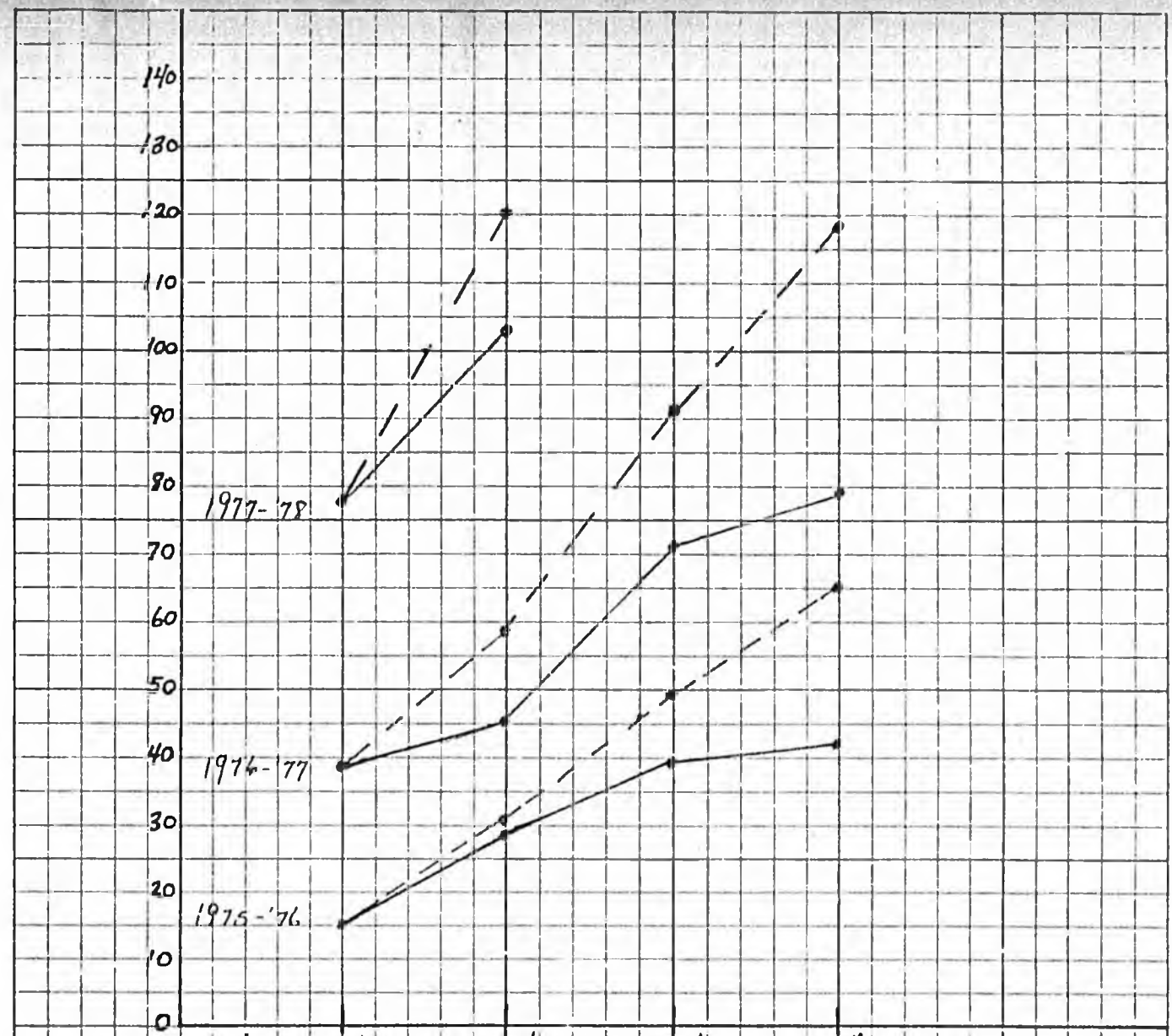
cc: The Honorable Steve Cowper
Chairman
House Finance Committee
Alaska State Legislature
State Capitol Building
Juneau, Alaska

Sterling Gallagher
Commissioner of Revenue
Secretary, State BOnd Committee

David Klemmer, Debt Manager
Treasury Division
Department of Revenue

HB
973

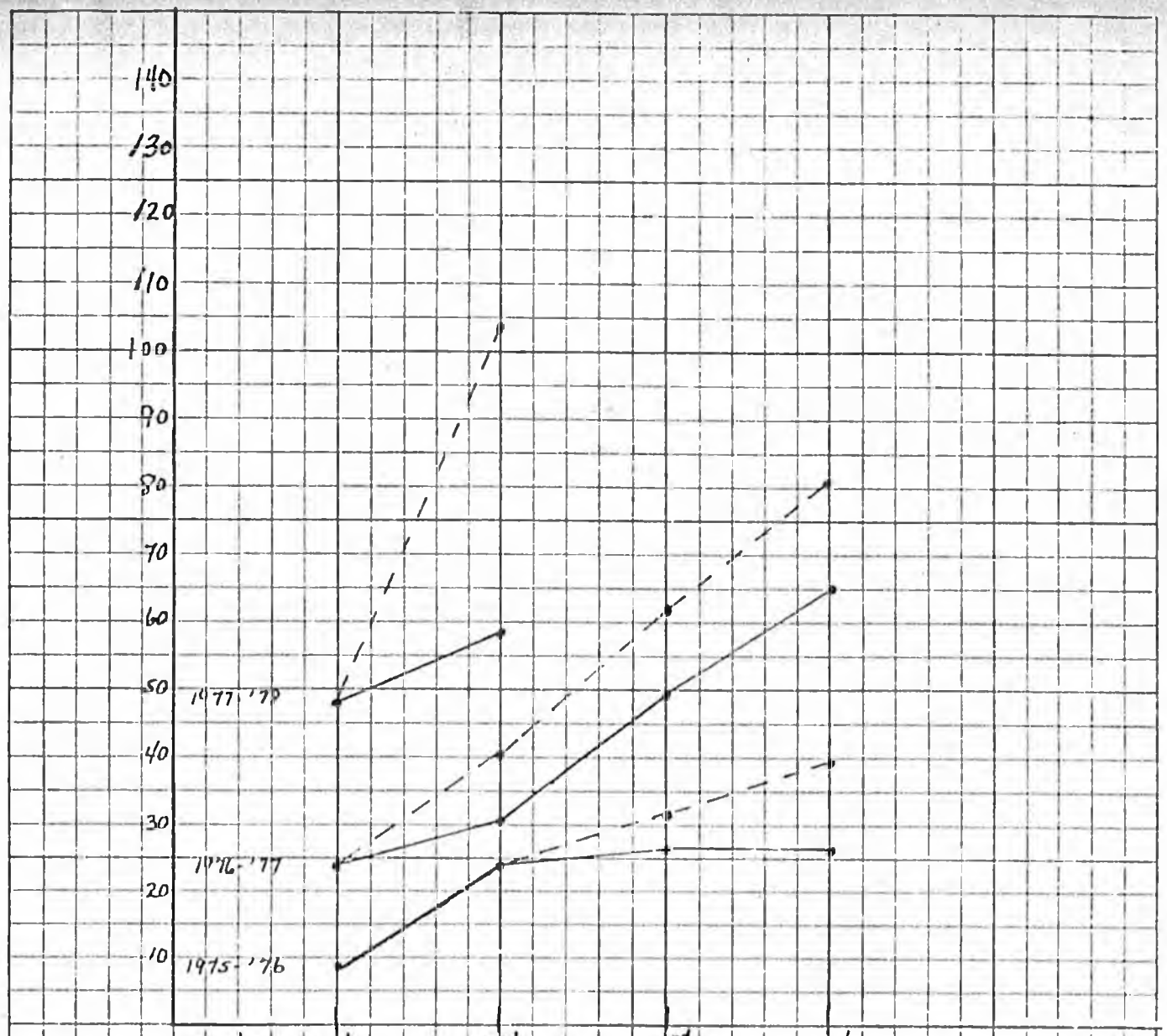
Number of Students



Year	Quarter	Number of Active Students Per quarter	Cumulative by year
1975	1st	15	15
1975	2nd	28	30
1976	3rd	39	49
	4th	42	65
	1st	37	37
	2nd	45	58
1977	3rd	71	91
	4th	79	118
	1st	77	77
	2nd	103	120

20MA-100 5X5 PER INCH
LITHO IN U.S.A.
TELEDYNE POST

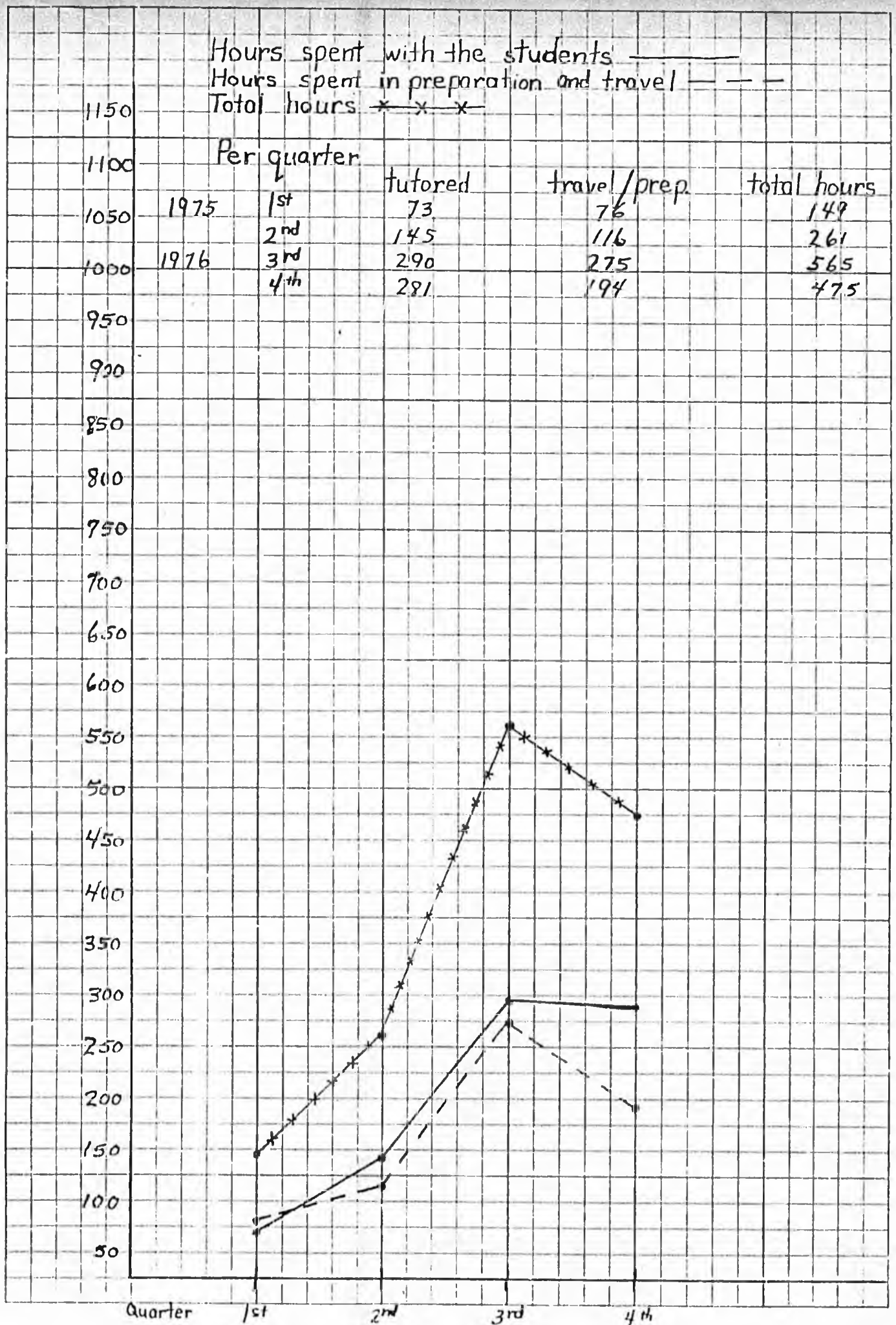
Number of Tutors



Year	Quarter	Number of Active Tutors Per quarter	Cumulative by year
1975	1st	9	9
	2nd	24	24
1976	3rd	26	32
	4th	26	39
	1st	24	24
	2nd	30	40
1977	3rd	49	62
	4th	65	81
	1st	47	47
	2nd	57	104
1978	3rd		

20MA100 SXS PER INCH
LITHO IN U.S.A.
TELEDYNE POST

Volunteer Hours for Fiscal Year 1975-76

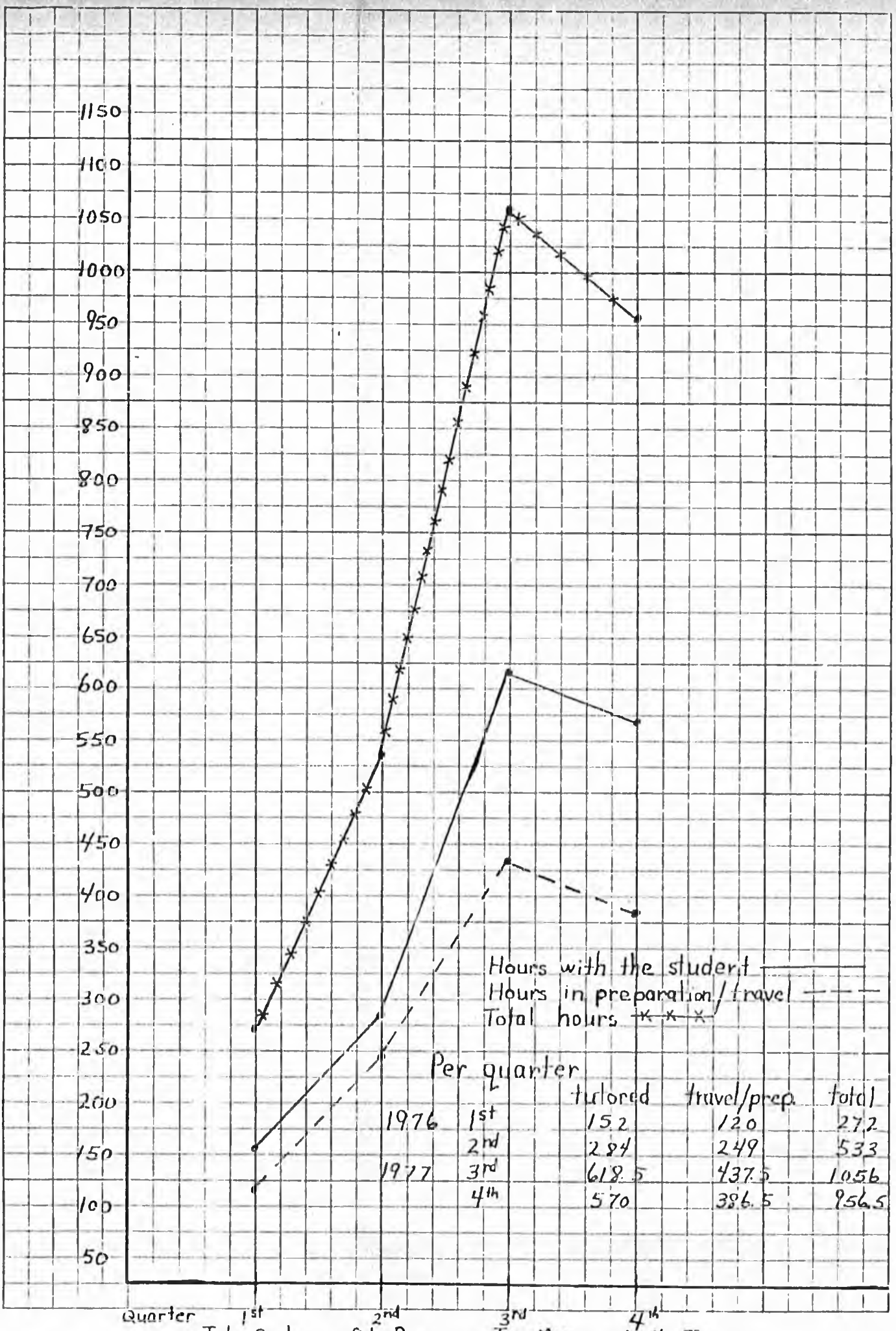


Per quarter

		tutored	travel/prep	total hours
1975	1st	73	76	149
	2nd	145	116	261
1976	3rd	290	275	565
	4th	281	194	475

20MA-100 SIS PER INCH
LITHO IN U.S.A.
TELEDYNE POST

Volunteers Hours for Fiscal Year 1976 - 77

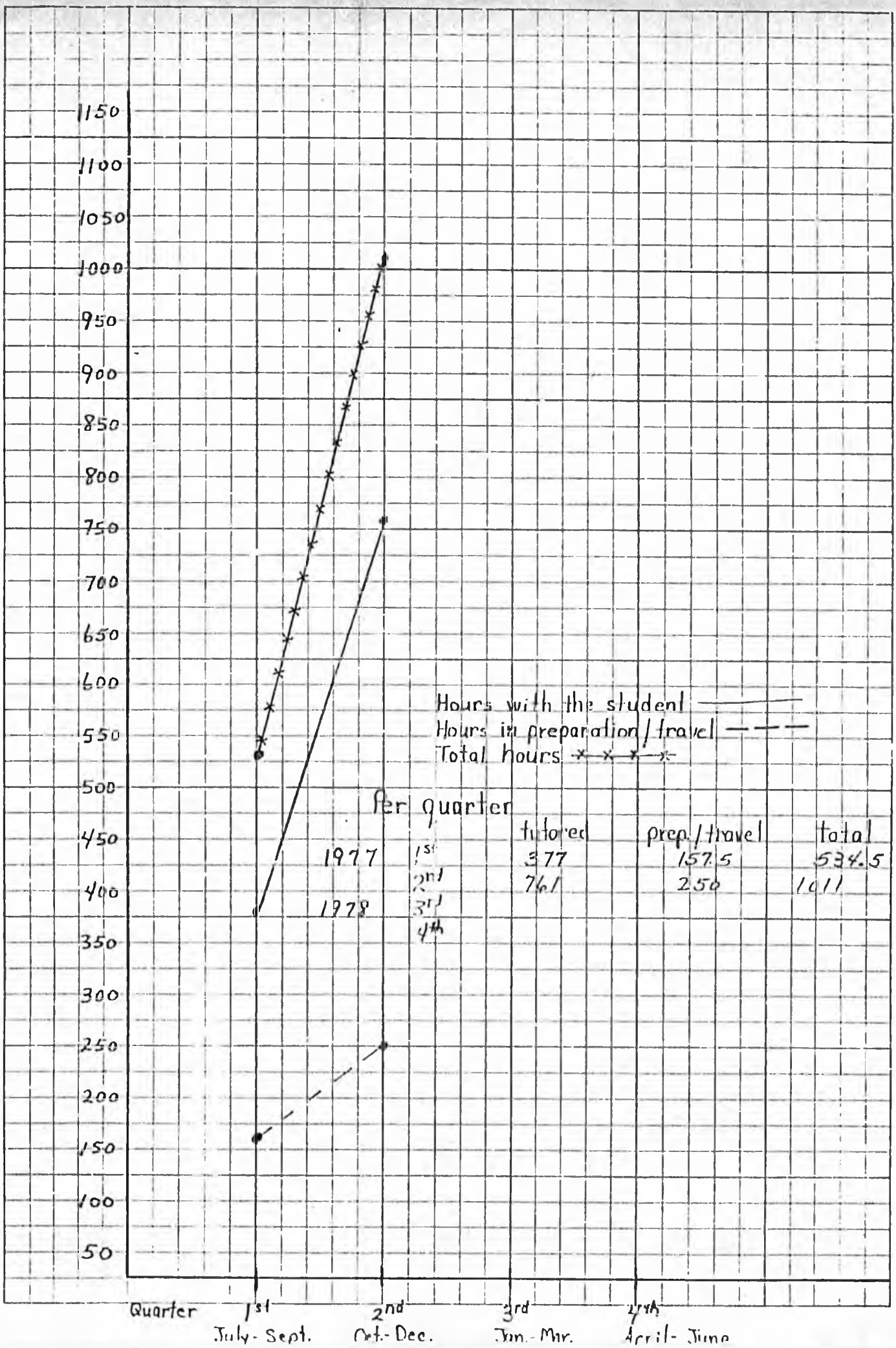


Per quarter

		tutored	travel/prep.	total
1976	1st	152	120	272
	2nd	284	249	533
1977	3rd	618.5	437.5	1056
	4th	570	386.5	956.5

ZONA-100 5X5 PER INCH
LITHO IN U.S.A.
TELEDYNE POST

Volunteer Hours for Fiscal Year 1977-'78



20MA-100 SES PER INCH
LITHO IN U.S.A.
TELEDYNE POST

PROPOSED BUDGET

FOR

SENATE BILL 363

"An Act creating a state program for individualized reading instruction."

A detailed budget to implement SB 363 is presented in this document. The budget was developed with information provided by the four State Literacy Projects.

In Fairbanks alone, an estimated 200 adults would be served in one year. With a training program traveling to bush areas, students in many villages in the Interior could be reached eventually teaching as many as 500 additional students. In Bethel, a training workshop was presented in 1976. Now, 15 villages are using our methods and materials and 200 students are involved.

The proposed budget would be supported by State, local, and in-kind resources, as follows:

Source	Amount	Percent
State grant	$175,200	32%
Local funding	36,350	7%
In-kind services	309,870	56%
Other	26,400	5%
	$547,820	100%

Our hope is that anyone bearing any responsibility concerning this bill will show an interest in it and work toward the implementation of programs for this long neglected field.

For further information, please contact:

THE LITERACY COUNCIL OF ALASKA

916 Third Avenue

Fairbanks, Alaska 99701

Jean Straatmeyer, Director

456-6212

ANCHORAGE LITERACY PROJECT
3300 Wyoming Drive
Anchorage, Alaska 99503
Contact: Frances Jones, Director
278-4123

LITERACY VOLUNTEERS OF JUNEAU
Juneau-Douglas Community College
Adult Learning Center
P.O. Box 1447
Juneau, Alaska 99802
Contact: Connie Munro, Director
586-2521

KODIAK LITERACY PROJECT
Box 946
Kodiak, Alaska 99615
Contact: Beverly Horn or Carol Hagel
486-3390

BUDGET PROPOSAL

FOR

STATE FUNDING

	SERVICE AREAS				
	KODIAK	ANCHORAGE	JUNEAU	FAIRBANKS	TOTAL
Director	$ -0-	$20,000	$20,000	$20,700	$ 61,400
Secretary	-0-	13,800	6,800	6,000	26,600
Bookkeeper	-0-	-0-	-0-	4,000	4,000
Reading Specialist	-0-	-0-	9,000	-0-	9,000
Trainer-Coordinator	4,800	-0-	-0-	22,000	26,800
Outreach Assistant	-0-	-0-	-0-	8,000	8,000
Materials Developer	-0-	-0-	-0-	11,000	11,000
Training and Teaching Resources	-0-	2,500	-0-	-0-	2,500
Teacher Trainer Contractual Services	-0-	-0-	3,800	-0-	3,800
Supplies, Materials and Equipment	700	7,000	2,000	3,000	12,700
Travel	1,800	2,500	-0-	1,200	5,500
Overhead	2,800	-0-	-0-	1,100	3,900
Total	$10,100	$46,500	$41,600	$77,000	$175,200

Budget Notes:

1. Benefits are included in staff positions.
2. Required State Department of Education administrative expenses would be added to the total figure of $175,200.
3. This budget does not include funds for audio and video training as provided in Section 14.53.030.

March 1, 1978

BUDGET PROPOSAL

SHOWING

OTHER SOURCES OF SUPPORT

	SERVICE AREAS				
	KODIAK	ANCHORAGE	JUNEAU	FAIRBANKS	TOTAL
Cash:					
United Way	$ -0-	$ -0-	$ -0-	$ 5,000	$ 5,000
Materials Developed (Sales)	-0-	100	-0-	10,000	10,100
Books purchased by students/tutors	-0-	3,000	-0-	3,000	6,000
Program Service Fees	-0-	700	70	400	1,170
Membership Dues	-0-	300	30	150	480
Donations	-0-	12,000	100	1,500	13,600
Sub-total	$ -0-	$ 16,100	$ 200	$ 20,050	$ 36,350
In-Kind:					
Volunteer-					
Tutoring *	14,000	154,000	30,000	56,000	254.000
Preparation	-0-	-0-	-0-	28,000	28,000
Tutor Training	-0-	-0-	1,000	12,600	13,600
Accounting	-0-	11,000	-0-	600	11,600
Travel	-0-	1,500	-0-	1,170	2,670
Sub-total	$14,000	$166,500	$31,000	$ 98,370	$309,870
Staff Positions:					
VISTA	-0-	4,800	-0-	-0-	4,800
CETA	-0-	-0-	-0-	7,500	7,500
Sub-total	$ -0-	$ 4,800	$ -0-	$ 7,500	$ 12,300
Other:					
Student Services	-0-	6,000	-0-	1,500	7,500
Occupancy	-0-	6,600	-0-	-0-	6,600
Sub-total	$ -0-	$ 12,600	$ -0-	$ 1,500	$ 14,100
Total	$14,000	$200,000	$31,200	$127,420	$372,620

* Computed at $9.00 per hour

March 1, 1978

Statistics: Literacy Council of Alaska

1. COST PER STUDENT

FY '77 = 1,624.5 contact hours

FY '77 = $93,000 (federal Right to Read funds; this total excludes funding from United Good Neighbor, materials sold to students and tutors, and fees for developing materials)

Since approximately 75% of staff time goes into recruiting and training volunteer tutors and recruiting and testing students, the operational cost for FY '77 was $69,750 from federal Right to Read funds alone.

Cost per student contact hour was $42.94.

2. SALARIES IN PROPOSED FY '78 BUDGET ($77,000)

Full-time positions:

Director	$20,700	
Trainer/Coordinator	$22,000	$42,700

Part-time positions:

1/4-time Bookkeeper	$4,000	
1/2-time Secretary	$6,000	
1/2-time Outreach Asst.	$8,000	
1/2-time Materials Dev.	$11,000	$29,000
	TOTAL	$71,700

These monies have been requested from the State Dept. of Education. The Literacy Council already receives $20,000 in revenue ($5,000 from United Good Neighbor, anticipated revenue of $10,000 from materials developed, plus donations).

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB-973
Title An Act creating a state program for basic literacy instruction
Requested by House HESS Date 5/16/78

II. FISCAL DETAIL
Agency Affected Education
Program Category Affected Elementary and Secondary Education
Budget Request Unit(s) Affected Program Evaluation

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL			200,000	200,000		
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL			200,000	200,000		

FUNDING (Thousands of Dollars)

GENERAL FUND			200,000	200,000		
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME			-0-	-0-		
PART TIME			-0-	-0-		
TEMPORARY			-0-	-0-		

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

Contracts with non-profit organizations for Secs. 010 and 030 of this act pursuant to department proposals to be developed.

IV. DATE May 18, 1978 PREPARED BY Nathaniel Cole, Deputy Commissioner
AGENCY Education
PHONE 465-2800

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

33-001 (Rev. 10/76)

FAIR

Literacy Council of Alaska 916 Third Avenue, Fairbanks, Alaska 99701
Telephone: (907) 456-6212

March 23, 1978

The Honorable Chancy Croft
Pouch V
Juneau, Alaska 99811

Dear Senator Croft,

You requested a letter from me as per our phone conversation of March 21, 1978 listing my questions and concerns about SB363.

1. We are committed to the volunteer approach to literacy since we are affiliated with Laubach Literacy, Inc. We believe that basic training and tutoring should be done person-to-person, but could also be supplemented by audio and video means. We would also like to point out that individualized instruction is not necessarily the same as "one-to-one" volunteer tutoring. The success of our volunteer program is dependent, to a large extent upon the activities such as promotion and coordination of a small central staff.

2. Lines 15 and 16 of SB363 read "no grant may be made or contract awarded to a religious or other private educational institution." Aren't we considered a private educational institution? If not, a definition of terms is in order. Line 26, page 2, also uses this term.

3. Lines 24 and 25 read ". . . overcoming reading deficiencies suffered by person of any age." I was under the impression that this was strictly an adult reading program. If not, won't it conflict with schools? -- or will schools benefit from the passage of this bill?

4. I was advised that this bill was strictly for adult volunteer literacy programs but line 29, page 1 and lines 1 and 3, page 2 say, "(2) leadership training for local reading program administrators and instructional personnel, including volunteers. (3) provision for technical assistance and dissemination of information to local school districts and other appropriate nonprofit agencies.

Now, to me, local reading program administrators and instructional personnel means literacy project staffs. However, I was informed by Linda Hulbert on Friday, March 17, that those lines means local school administrators and teachers -- she mentioned Jr. Hi. teachers specifically.

5. There has been confusion about the fiscal notes attached to SB363. The amount you quoted to me on the phone of $245,000 is probably the dollar amount suggested by Ellen Case, who was instrumental in writing the bill. If you'll notice, #3 of the budget notes on the "Budget Proposal for State Funding" I sent you says "This budget does not include funds for audio and video training as provided in Section 14.53.030." I hope that note clears up some of the misunderstanding.

6. Lines 17 and 18 read "the preparation and distribution of information and study course material to be used in conjunction with a course or program." The word "a" could allow us the freedom to produce low level reading materials, but I have a feeling it means "the" course or program (above)" which would limit production to only audio or video materials.

The production of low reading level/high interest adult materials is an extremely important part of our program. As the bill stands, there is no provision for that.

I feel I need to address the question as to why we are needed when there are other supposedly "overlapping" programs. The Regional Adult Learning Center here in Fairbanks is an ABE program that I understand many of the Legislators feel should be doing the same thing we do. The fact is, they could do the same things we do, but they are set up to handle a completely different clientele from ours. We feel that we work together. They handle people who read on a higher level than ours. We send (or graduate our students) to the Adult Learning Center when they are ready to begin work on their GED requirements. The Adult Learning Center refers students to us who need special individual attention and are reading on a third grade level or below. ABE programs and other adult educational programs use certified teachers and/or regular class room environments for their students. The students we have in our program cannot fit into regular programs like that because of various reasons:

Some are handicapped or ill and require instruction at their homes or institutions.

Many are mothers with small children that cannot afford transportation and babysitting costs.

Our students live throughout the Borough, from North Pole to Fox.

Most do not have drivers' licenses and access to transportation.

Many have jobs during the day or at irregular hours that do not allow them to attend regular classes.

Some have failed in school many times before and cannot face the possibility of failure in a group situation. They are willing, however, to have a friend help them.

Some have family responsibilities or problems that make it necessary to cancel classes frequently.

Some do not speak English.

Some have excellent jobs which they may lose if their employers find out about their reading problems before they are taken care of.

Some have limited learning spans.

Some have been told they are not capable of learning to read.

Others have been or are in ABE classes, but are unable to keep up.

Using volunteers, our program has the ability to tutor on a one-to-one basis at any time of the day or night in any home or other location and has the flexibility to change for each student as the situation merits. If we did not use volunteers, the costs of such a program would be tremendous. It is financially more realistic to train a volunteer in North Pole to teach her neighbor down the road until the person is able to function in a small group or classroom situation.

A side benefit of the volunteer program is that hundreds of individuals in the community who have taken the time to tutor now know first-hand the problems of an illiterate adult. These volunteers help them find jobs, open checking accounts, pay taxes, and become better members of the community. They have also become an important source of referral. They realize that the reason an employee does not do a written list of

assignments is because he cannot read it or that the reason paperwork is not done is the person can't write well and they refer the employee to us instead of firing him.

While I am well aware of the problems concerning SB363, I am hopeful that these problems can be solved. We feel that volunteer literacy programs are significant in the fight against illiteracy. But to get volunteer programs working, funds are needed for the recruitment and placement of both tutors and students. Periodic testing of students is necessary for good program evaluation. New materials need to be created that are on the correct reading level and also relevant to Alaskans. Volunteers must be trained and new programs need to be implemented.

Thank you for your kind consideration of these matters. If you need any more information from me, please don't hesitate to call or write.

Thank you in advance for sending me a copy of the fiscal note. I would also be very much interested in how the passage of SB363 could take funding away from ABE.

Sincerely,

Jean Straatmeyer

Jean Straatmeyer
Director

cc: Frances Jones

ANCHORAGE LITERACY PROJECT

3300 WYOMING DRIVE
ANCHORAGE, ALASKA 99503 278-4123

"EACH ONE TEACH ONE"

Thelma Buchholdt
Pouch V
Juneau, Ak. 99811

May 1, 1978

Dear Thelma:

Thank you for your letter of April 18th and for returning the telephone call to Frances Jones on the 26th. We are interested in the progress of SB 363.

Enclosed is a copy of a letter to Senator Hackney stating our position that audio or video educational productions are suitable as supplementary educational materials, but not as core teaching materials or to replace the teacher/tutor.

Our other concern is that the term, "individualized instruction", 14.53.010 line 19, is open to interpretation. We think "one-to-one instruction" is more specific because it includes the teacher/tutor. It rules out the possibility of a student receiving "Individualized" study program such as a tape cassette with no teacher present to help with interpretation and re-inforcement.

We hope some provision will be made for travel funds for volunteer tutor training teams, or for volunteers who have to travel in order to receive training.

As for your question about Anchorage Literacy Project funding - yes, we need money. The second-language part of our program in growing rapidly and will soon equal the basic English section in members of students served and volunteers being trained. We are becoming too large to be administered by volunteers, even with the help of a part-time secretary. Unless we can find a full time 40 hour week volunteer by the end of this year, we will need to either hire a coordinator or cut back the services we offer.

Our dream budget is enclosed. The student coordinator's report shows 99 students being tutored by volunteers this month. Our dream is to be tutoring 200 students by the end of this year. Next week we will be recognizing more than 20 volunteers who have tutored 40 to 100 hours this year.

If you are in Anchorage, May 4th, we will be honored to have you come to our Annual Meeting, time, 7:30 P.M. and bring greetings.

Thank you for your interest in Anchorage Literacy Project. We are enclosing our last newsletter.

Sincerely,

Winifred Corbett

Winifred Corbett
Chairman

WC/jlc
CC: all legislators from the South Central District

ANCHORAGE LITERACY PROJECT

Proposed Cash Budget and Accumulated Operational Resources Statement
July 1, 1978 - June 30, 1979

Student Services		
1. Student Newspaper	$2,100	
2. Books & Pamphlets	750	
3. Library Services	200	
4. Book Club	500	
5. Teaching Resources	1,000	
6. Scholarships	90	
7. Special Classes	1,000	$5,640
Tutor Services		
1. N.A.L.A.	250	
2. In-service Training	4,750	
3. Scholarships	250	$5,250
New Programs and Promotions		
1. Brochures	1,000	
2. Visual Aides, Tapes, Films & Slides	3,580	
3. Newspaper, Radio & TV Ads	750	$5,330
Administrative Expenses		
1. General Office		
a. Postage	700	
b. Telephone	700	
c. Supplies	500	
	1,900	
2. Salaries		
a. Co-ordinator	20,700	
b. Secretary	13,800	
c. Insurance	500	
	35,000	
3. Public Relations	700	
4. Equipment, Repair and Maintenance	1,645	$39,245
Total Cash Requirement		$55,465

Michael - hold for SB coming over, pls.

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

2301 Peger Road, Fairbanks, Alaska 99701

March 21, 1978

Jean Straatmeyer, Director
Literacy Council of Alaska
916 3rd Avenue
Fairbanks, Alaska

Copy

Dear Jean:

In an effort to give credit where credit is due, I would like to give an account of a young man I know who has received help through your organization. His name is Gary Manns, and he first came to work for what was then the Department of Highways Equipment Shop on August 19, 1975 on a rehabilitation basis through the Office of Vocational Rehabilitation. He had been badly injured in a motor cycle accident, and had had brain damage. He showed such willingness to learn, and improved so much, that he was hired on a permanent basis as a mechanic helper for the Equipment Shop in February, 1976.

When he first began, he could not make out his time book without help, and could hardly read at all. He started receiving Laubach tutoring through the Literacy Council, and little by little began blooming like a person reborn. He is now reading at high school level, and his vocabulary has improved amazingly.

I work in the office of the Equipment Shop, and have seen his growth. We are all very proud of him, and thankful to the Literacy Council for their part in his achievement.

Sincerely,

Shirley Weiler

Shirley Weiler
Dispatcher

25A-T2LH

HB
978

HB 798 file

TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
PHONE: 586-6440
JUNEAU, ALASKA 99801

#

14007 NL KODIAK ALASKA 65 05-31 1047A ADT

PMS REP CHARLIE PARR, CHAIRMAN, HESS

JUN

DEAR REPRESENTATIVE PARR REFERENCE HB978 SECTION 18.20-065--
I STRONGLY OPPOSE ANY REQUIREMANT ATTEMPTING TO LEGISLATE THE
KINDS AND FREQUENCY OF MEDICAL CARE DONE BY PHYSICIANS ON
HOSPITALIZED PATIENTS. IT IS UNREALISTIC AND TERRIBLY EXPENSIVE.
THE REQUIREMENT FOR A PHYSICIAN ON DUTY AT ALL TIMES IN THE
HOSPITAL IS UNREALISTIC AND COSTLY FOR ALASKA HOSPITALS. I
RECOMMEND YOUR OPPOSITION TO THAT PORTION OF THE BILL.

DR RUD WASSON

HB 978 file

TELEGRAM

GCA ALASKA COMMUNICATIONS, INC.
PHONE 586-6440
JUNEAU, ALASKA 99801

#

14024 NL KODIAK ALASKA 65 05-30 458P ADT

PMS CHARLIE PARR, CHAIRMAN, HESS

HOUSE OF REPRESENTATIVES

JUN

REGARDING HB 978, CAPTIONED BILL REQUIRING HOSPITALS TO HAVE A PHYSICIAN ON DUTY AT ALL TIMES WOULD GREATLY INCREASE HEALTH CARE COSTS. REQUIRING A PHYSICAL EXAMINATION AT LEAST TWICE DAILY ON EACH HOSPITAL PATIENT IS UNREALISTIC AND IMPRACTICAL. THIS WOULD TAKE THE PHYSICIANS VALUABLE TIME THAT SHOULD BE DEVOTED TO PATIENT CARE. YOUR EFFORTS TO DEFEAT THIS BILL WILL BE GREATLY APPRECIATED.

ROBERT L GROFF, HOSPITAL ADMINISTRATOR KODIAK ISLAND HOSPITAL

4/21/78

SUGGESTED MEDICAL LAWS BY CLIFF WARREN

Many Alaskans are dying needlessly because of the lack of house or resident doctors on duty at all times. Therefore, I would propose the following:

I

All hospitals or other medical facilities with a fifty bed capacity or over shall have a doctor or doctors on duty at all times. Such doctor or doctors shall check all patients in that facility at least twice daily and be on call at all times. Such doctor or doctors' duties shall be to inform the attending physician of any medical problem developing in any patient or existing in any patient.

Such doctors shall always be readily available for life or health threatening situations in the intensive care units. In all hospitals or medical facilities having under a 50 bed capacity, the emergency room doctor or doctors shall preform the above required duties required of hospitals or other medical facilities having 50 beds or over.

II

Much of the purpose of the staff set up in the hospitals has now detoriated so that instead of disciplining the doctors, it is being used for cover-up and to interfere with the patient-doctor relationship as to treatment.

The California appeals court has recently ruled that no hospital staff can interfer with the doctor-patient relationship, and that such interference stifles medical progress. If you are not capable of praticeing medicine in a hospital, you don't deserve a medical license. No hospital or other medical facility or medical staff of such facility shall interfer with the doctor-patient relationship or the treatment of the patient agreeded upon between the doctor and patient, or refuse a licensed doctor use of the facility

Any person who observes a crime being committed who doesn't report it is guilty of a crime. So should those in the medical industry who stand by and watch malpractice or wrongfull death taking place.

III

It shall be the duty of any doctor or any other person in the medical industry to report acts of malpractice or wrongful death to the proper authorities. Refusal or failure to do so constitutes a crime. Any doctor or other medical person who through gross neglience cause the death of a patient should be charged with negligent homicide.

IV

Any doctor or medical personnel who through gross negligence cause the death of a patient shall be guilty of the crime of negligent homicide and subject to the penalties for that crime.

The state medical boards are inefficient in removing physicians' licenses because of their fear of reprisals by their peer group. The board needs to be changed to one composed of no doctors in the majority or a new board created.

V

The Alaska state medical board shall be restructured to be composed in the majority by non doctors.

A new medical board shall be created composed in the majority of non-doctors, for the purposes of reviewing charges against doctors and removing their medical licenses when the evidence warrents it.

Many times doctors and nurses stand by and watch persons being injured or life threatened without making an effort to prevent the injury. They should be relieved of the present pressures where they cannot act.

VI

Any person who within their medical knowledge who fails to act when a persons' health or life is being endangered shall have committed a crime and shall be subject to the penalties of_____.

Much needs to be done to assure the protections of patients in medical facilities. I think it is time to creat an inspector of medical facilities.

VII

There shall be created an office of medical facility inspector, whose duties shall be to inspect all medical facilities in the state of Alaska to insure that the proper life saving equipment is available in good condition; to see that adequate series of checks and double checks is used to insure the proper administrations of medicines, foods etc , and that doctors and adequate medical personnel are on duty to insure the safety of all patients, and to perform any other duties guaranteeing Alaskans of safe and adequate medical care, etc.

Please consider any other ideas you may have to improve the health and safety laws in Alaska.

Thank you for your courtesy

Cliff Warren

HCR
36

HCR 36 CSP

MINUTES OF HOUSE HESS COMMITTEE

April 4, 1977

The meeting was called to order by Chairman Parr at 3:05 p.m. Members present: Parr, Nakak, Chatterton, Ose and Phillips with Dr. Beirne and Mr. Cotten coming in later.

Absent: Bennett & Buchholdt

Committee Substitute for HB 205 was passed around for signature.

Bills before the committee today were: HCR 36, HB 360, HB 361, HB 362, BH 363 and HB 344. Chairman Parr announced that Mr. Larry Peska from Legislative Audit was present to answer any questions. Mr. Parr also announced that there were two Committee Substitutes before the committee, one that he had made up and one that Representative Miles had prepared, both regarding HB 361.

Both Committee Substitutes were gone over Section by Section and discussed. There was discussion by the members and those present as to how the federal monies for the University are presently handled. Mr. Parr felt there would be a lot of grant money the University would lose if it was run through the State. Mr. Peska stated most of the grants are being passed through the State now. Mr. Chatterton stated there were a lot of grants that were not federal and said some of the corporations etc. that make grants to the University now would not be so eager to make them to the State.

There was discussion as to the transfer of funds within the University now.

With reference to bringing the University under the State accounting guidelines, there was much discussion as to whether the word "Shall" should be used or "may". It was the feeling that the Commissioner of Administration should not run or manage the university, just maintain the accounting procedure.

HB 361 Action

With reference to HB 361,Mr. Ose moved that line 24 be amended to read after the word "Alaska' insert "and"and change the word "setting" to "set." There being no objection the motion carried.

HB 361 Action — Mr. Parr moved on line 27 to delete the word " "comptroller" and insert "Board of Regents". There being no objection the motion carried.

HB 361 Action — Mr. Chatter moved to adopt Mr. Miles Section 7 of his committee substitute in place of Mr. Parr's. There being no objection the motion carried.

HB 361 Action — Mr. Chatterton moved to pass out HB 361 as a committee substitute as amended. There being no objection, the motion carried.

HB 362 Action — Mr. Parr asked the committee' pleasure of HB 362. Mr. Ose moved to pass it out of committee. There being no objection the motion carried.

HCR 36 ACtion — Mr. Parr asked the committee's pleasure on HCR 36. Mr. Chatterton moved to table the bill. There being no objection, the bill was tabled.

HB 344 Action — Mr. Parr asked the committee's pleasure on HB 344. Mr. Chatterton moved that it be passed out with indidividual recommendations. After discussion Mr. Chatterton withdrew his motion and offered a motion to table the bill. Mr. Phillips objected. After discussion on the bill, a vote was taken and the motion to table the bill passed.

HB 360 Action — The next bills before the committee were HB 360 and HB 363. With reference to HB 360, Dr. Beirne said he was not sold on the manager team. Mr. Phillips spoke in favor of it. Mr. Chatterton then moved to table HB 360 and 363. Dr. Beirne seconded the motion. After discussion on the motion, Mr. Chatterton eliminated HB 363 from his motion. The motion to table HB 360 carried.

HB 363 Action — The next bill before the committee was HB 363. Mr. Ose moved to pass the bill out. There being no objection, the motion carried.

Mr. Parr announced to the Committee that a piece of legislation has been introduced by Lisa Rudd asking the Regents not to rehire Hiatt. He said he had heard by the grapevine that they weren't going to keep him on anyway but just wanted to alert the committee that there was the possibility of another bill regarding the University coming before the Committee.

Mr. Parr then passed a breakdown by district on a fiscal note to the committee regarding HB 212 which will be before them at the meeting tomorrow and asked the committee to look it over before the next meeting.

The meeting adjourned at 4:40 p.m.

HCR
128

STATE OF ALASKA
DEPT. OF HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH
COMMUNICATIVE DISORDER PROGRAM
JAY S. HAMMOND, GOVERNOR
3401 East 42nd Avenue
Anchorage, Alaska 99504

PUBLIC HEALTH AUDIOLOGY IN RURAL ALASKA

An Inter-agency Approach

David R. Canterbury, ED.D.

For many years otitis media has been recognized as a major health problem in rural Alaska. Perhaps the highest prevalence of this condition in the United States is found in the Alaskan Natives. This fact has been documented on numerous occasions and as the identification and evaluation techniques have evolved, the true scope of the problem has become increasingly evident. The Communicative Disorders Program of the Alaska Department of Health and Social Services, working cooperatively with other state and federal agencies, is attempting to establish identification, evaluation, referral and remedial programs in perhaps the most challenging geographic area in the continental United States from the health services delivery perspective.

While the State's land mass of 586,500 square miles is larger than California, Montana and Texas combined, the population only slightly exceeds 400,000 people. Most of these individuals reside in the Anchorage area but there are 150 communities with populations of less than 5,000 people and 40% of all Alaskans are located in communities of less than 1,000. Most of the rural communities are accessible only by light aircraft and in the cases of larger villages, by scheduled airline services. Road systems to rural areas are almost non-existent and distances between these villages are substantial e.g. distances from Anchorage, the largest city, to various outlying communities are; Adak 1,209 miles, Barrow 722 miles, Ketchikan 768 miles and Bethel 420 miles. The entire State west to east spans a distance equivalent to that

from California to Florida. The terrain and climate vary widely from the deep cut fjords of the Southeast Panhandle where rainfall averages exceed 150 inches per year, to the tundra of Northern and Western Alaska with predictable winter lows in excess of -50° Fahrenheit. In Northern and Western Alaska exists one of the most unique human environments known in the State as "the bush". The term refers to the predominately Native villages of the area. Although urban conveniences are being introduced to these villages, they are not modern in character nor do they share much in common with America's small towns. "In bush" telephone and television are not common and in many locations residents rely upon shortwave radio. "The bush" is not connected internally or with other portions of the State by road network. Boats in the summer, snow machines in the winter and small airplanes are the most common means of travel. Residents participate in a market economy, still substantially relying on the land and water resources near their home to meet their subsistance needs. About one sixth of the State's population is Alaskan Eskimo or Alaskan Indian. There are six major languages with over twenty significantly different dialects.

There are four organizations in the State of Alaska supplying hearing health care to residents of rural areas. These include:

1. The Community Health Aide Program.
2. The Alaska State Public Health Nurses.
3. Physicians of Federal Indian Health Service.
4. Audiologists of the Alaska State Communicative Disorders Program.

COMMUNITY HEALTH AIDE PROGRAM

Since 1968 Community Health Aides have been employed by the Regional Native Health Corporations. Health Aides are Native residents of the villages who are trained in primary health care at basic and advanced levels by accredited

programs provided through the University of Alaska. There are 205 full time Aides located in 171 villages. They operate under the medical direction provided by physicians of the Indian Health Service Hospitals and their activities are monitored by the State Board of Medical Examiners. They are often the only full time health providers in residence in smaller villages and carry much of the responsibility for intervention in cases of acute otitis media and the ongoing care of chronic otitis media conditions which are quite prevalent. They operate from an established set of standing orders and are in frequent radio/telephone contact with physicians of the Indian Health Service Hospitals. It is estimated that the Community Health Aide Programs conduct 200,000 patient encounters annually for all types of problems. Otitis media is one of the most frequent causes of referral.

ALASKA STATE PUBLIC HEALTH NURSES

Approximately 60 public health nurses supply a wide range of health care to even the most remote of the Alaskan villages. These nurses are based in larger villages and itinerate out to the less populous areas on a scheduled basis as do the physicians of the Indian Health Service. In addition to their other duties, nurses receive training from the Communicative Disorders Program audiologists to provide specific services to the hearing handicapped including pure tone and impedance screening techniques, basic threshold testing, first level counselling, making of earmold impressions for prospective hearing aid users and the fitting of ear plugs as a protection against noise induced hearing loss. Nurses may also provide medication to clients with middle ear disorders from established medical standing orders. The Communicative Disorders Program provides an audiometer for each nurse involved in direct services and the nurses are responsible for administering and/or performing hearing screening activities according to established guidelines. These activities call for all children to be screened on a scheduled basis through their

pre-school and school years. While the school systems share responsibility for the implementation of screening programs for school age children, this is often done by the public health nurse in less populous areas. Local volunteers and health aides are trained to work with the nurse in screening activities.

Screening failures receive pure tone threshold tests and sometimes tympanometry from the public health nurse during his/her village visit. All test results are sent to the Communicative Disorders Program audiologists for review, interpretation and recommendations for further management. The nurses also make earmold impressions for prospective hearing aid wearers so that custom fitted ear molds are available when an individual is seen by an audiologist for a hearing aid evaluation and possible fitting. This service provided by the public health nurse often eliminates the necessity of transporting the client out of the village more than once to see the audiologist.

INDIAN HEALTH SERVICE

Physicians of the Federal Indian Health Service program staff hospitals in six outlying areas of the State and in addition a large Indian Health Services Hospital, located in the community of Anchorage. The Anchorage facility contains a staff of two to three Ear, Nose and Throat physicians and one audiologist. They see approximately 300 patients per year for surgery and conduct an ongoing out-patient program. Most of the surgeries scheduled are tympanoplasties. One of the outlying hospitals located in the Southeast section of the State (Mt. Edgecumbe Hospital) also has the services of an Ear, Nose and Throat specialist on a philanthropic fellowship routed through an Eastern university training program. Referrals are made to the ENT programs from the health aides, public health nurses, physicians functioning out of rural hospitals and from the audiologists.

AUDIOLOGY-COMMUNICATIVE DISORDERS PROGRAM

Three levels of services are provided in audiology by the Alaska Communicative Disorders Program.

1. Regional Clinic Services (located in Anchorage, Mt. Edgecumbe, Fairbanks and Bethel).
2. Community or large village clinics.
3. Remote village services.

1. REGIONAL CLINICS

Regional clinic services are provided by a staff of eight audiologists who function out of four regional clinics. Each audiologist devotes about 50% of his or her time to providing the full range of audiology services through the clinic. Regional clinics are fully equipped diagnostic facilities including two channel audiometers, clinical impedance equipment, sound level meters, hearing aid analyzers, etc. Most regional clinics also have either double or single wall sound proof rooms. These facilities form the nucleus of audiology services and are located in, or are highly coordinated with, Indian Health Service and/or nursing facilities. Clients flown in from villages receive evaluations, are fitted with hearing aids, are counselled and are referred for medical management. These regional clinics also serve as training facilities. Before each public health nurse assumes her field station a required orientation into the management of hearing disorders is provided by the audiologist. Periodically, more extensive additional training is accomplished to further enhance the level of skills. Fifty-five nurses attended such extensive training programs in 1977.

2. COMMUNITY OR LARGE VILLAGE CLINICS

Community or large village clinics are held on a scheduled basis three to six times annually. (Presently there are fifteen sites in the State which receive this type of service. All are accessible by commercial jet

service or the limited road system.) When the audiologist leaves the regional clinics to visit these areas he customarily takes with him a portable pure tone audiometer with speech circuitry, portable impedance instrumentation and the necessary supplies for conducting a clinic. Down filled parkas and bunny boots (cold weather boots) are also standard equipment for bush travel during the winter months. The case load during these clinics is referred by physicians, community health aides and public health nurses from their activities in those communities and the surrounding more remote villages. Computer print outs from a recently developed audiology data system integrates diagnostic audiology, nursing and medical information f m all sources. This facilitates the follow up of cases seen previously. Medical referral to Indian Health Service Hospital facilities is usually possible at these sites.

3. REMOTE VILLAGES

Remote villages are accessible only by light aircraft flown by "bush pilots". When traveling to these villages it is necessary to also take along a down filled sleeping bag and enough food to last the duration of the trip (two to five days). Since no other accomodations are available, visitors often resort to sleeping in the school house, church or health aides office and eating food stuffs that are brought along. The audiologist works directly with the community health aide, an itinerant public health nurse or itinerant Indian Health Service physician. He performs audiological evaluations, provides counselling, fits hearing aids, and provides training for the nurse or health aide. The nurse or health aide in turn initiates medical standing orders when necessary on identified cases. Some cases are then referred into the regional or community clinics for more extensive management.

In the past a large number of remote villages were visited annually by the audiologist but as the case load in the regional community clinics has risen, so has the ability of the health aides, and public health nurses to manage and refer. Presently only about twenty remote villages are visited each year by the audiologist. Because of the small populations in these areas and travel expense, these clinics, when attended, are for everyone in the village regardless of age, referral source or hearing complaint.

The Central Office of the Communicative Disorders Program (in Anchorage) offers direct support to the audiologists and nurses by furnishing audiometers, impedance testing equipment, supplies, testing forms and calibration services. Annually and as needed all of the 90 audiometers owned by the program are calibrated. This service is also supplied to the few school-based hearing conservation programs at cost. In addition, the computer based data collection system incorporating audiological, nursing and medical information into one ongoing patient management and statistical system was implemented in 1977 and is based in the Central Office.

EXTENT OF HEARING LOSS ENCOUNTERED

Acute otitis media and its chronic sequellae, including hearing loss has been recognized as a leading cause of medical referral among Alaskan Natives for at least the last three decades. This high prevalence of otitis media has been documented by numerous publications including, the McGrath's Project (1962); Brody (1964); Brody et al (1965); Reed and Brody (1966); Reed et al (1967); Maynard (1969); and Reed and Dunn (1970). The most comprehensive study was begun in 1960 by the Arctic Health Research Center, Kaplan et al (1973). This investigation included 643 live births occuring

between October 1960 and December of 1962 in 27 Eskimo villages in the Yukon-Kuskokwim River Deltas. In addition to periodic visits of a research nurse to these villages through the initial years of study, 489 of these children were evaluated by a physician, a nurse, an audiologist and a psychologist in a follow-up done in 1969, 70, and 71. The findings of these studies revealed that perforations and scarring of the tympanic membrane were present in 41% of the children evaluated. A hearing loss of 26 decibels (PTA) or greater was present in 16% and an additional 25% had a measurable conductive hearing loss less than 25 decibels (for a total of 41% with measurable conductive hearing impairment). Children with a history of otitis media prior to age two and a hearing loss in excess of 26 decibels for the middle speech range had a statistically significant loss of verbal ability and were behind in reading, math and language development. In addition, the children who possessed a conductive component but had hearing better than 26 decibels (PTA) were also adversely affected in verbal areas. The number of otitis media episodes was related to the tympanic membrane abnormalities observed, the amount of hearing loss and low verbal ability on achievement test scores.

Use of impedance audiometery for identification and diagnosis was begun in the early 1970's and today is used extensively throughout urban and rural Alaska. The result has been the collection of a great deal of information about the prevalence of middle ear pathology in the State. Data collection during 1975 to 1978 by the Communicative Disorders Program once again, revealed the scope of the problem encountered. During that period of time, several different age groups were monitored to establish prevalence figures. Of the pre-school population seen, middle ear effusion or tympanic membrane perforations were found in 20% of the children in Southeast Alaska and 38% of the same age group in Southwestern Alaska. Statewide prevalence is about 27% for pre-schoolers. Impedance documented negative middle ear pressure exists in

roughly 20% of this group (In excess of -100mm negative pressure). Most of the problems identified are due to serous otitis media presenting at various stages. The numbers of chronic tympanic membrane perforations are being steadily reduced due to an active surgical program but bush communities of Southwestern Alaska still have an alarming number of cases (the Bethel Alaska area, population about 15,000 had approximately 200 unilateral and bilateral surgeries performed during the 1977-78 fiscal year utilizing both State and Federal resources. Most of these were tympanoplasties).

The hearing status of high school age children from Northern villages has been monitored for more than four years by the audiology facility at Mt. Edgecumbe, (Kimball (1975). Conductive hearing losses have been found in 20-39% of the cases seen each year, sensory neural loss was found in 9-17%, Kimball (1977). The latter finding is believed to be due to noise induced hearing loss from excessive exposure to snow mobiles, rifle fire, light aircraft, motor boats etc.

The amount of ear pathology in Alaska is substantial and the continued efforts of all health care providers will be needed to eventually bring the situation to a manageable level. Prevention efforts are being emphasized through early identification and health education on several programmatic fronts and as the system of management between the many parties involved continues to develop a more and more efficient client management system should result.

The Alaska Communicative Disorders Program is partially funded by Maternal Child Health Special Project Grant (10H 82000309)

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STATE of ALASKA

MEMORANDUM

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

TO: The Record

DATE: December 9, 1977

FILE NO:

TELEPHONE NO:

FROM: David A. Spence, M.D., Chief
Section of Family Health

SUBJECT: Prevalence listing of otitis media with perforation.

The attached, unduplicated prevalence listing has been compiled by Cozzi Alward, R.N., and Michelle Riccardi, R.N., from the following sources: October and November, 1977, observations of perforations by field and ENT physicians, public health nurses, and audiologists (442) ears; and previous listings of persons awaiting tympanoplasties (501 ears). This is not a listing, per se, of persons for whom a tympanoplasty has actually been recommended, but it follows that a very significant number of them will be so classified once they have been evaluated by an ENT surgeon.

The bar chart shows the age distribution of the individuals under 21 years of age with chronic otitis media with perforation. In this disease, recurrent, closely-spaced or inadequately treated acute infections (which proceed to perforation and drainage) lead eventually to a rising prevalence of non-healing of the perforation. Below age five years there is inconsistent reporting since surgery has not been recommended for these ages. Further study and analysis will be required to reveal any changing incidence of perforation within the last five to ten years.

It must be noted that 119 persons have received tympanoplasty surgery at the Bethel Hospital within the last eight months and are thus not included in this listing.

Three conclusions seem warranted from this information: (1) consideration of an improved reporting format for otitis media, (2) a continued cooperative effort should be made to reduce this backlog of persons needing ear surgery, and (3) preventive measures should be undertaken to lower the incidence of new cases.

DISTRIBUTION:

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RECEIVED
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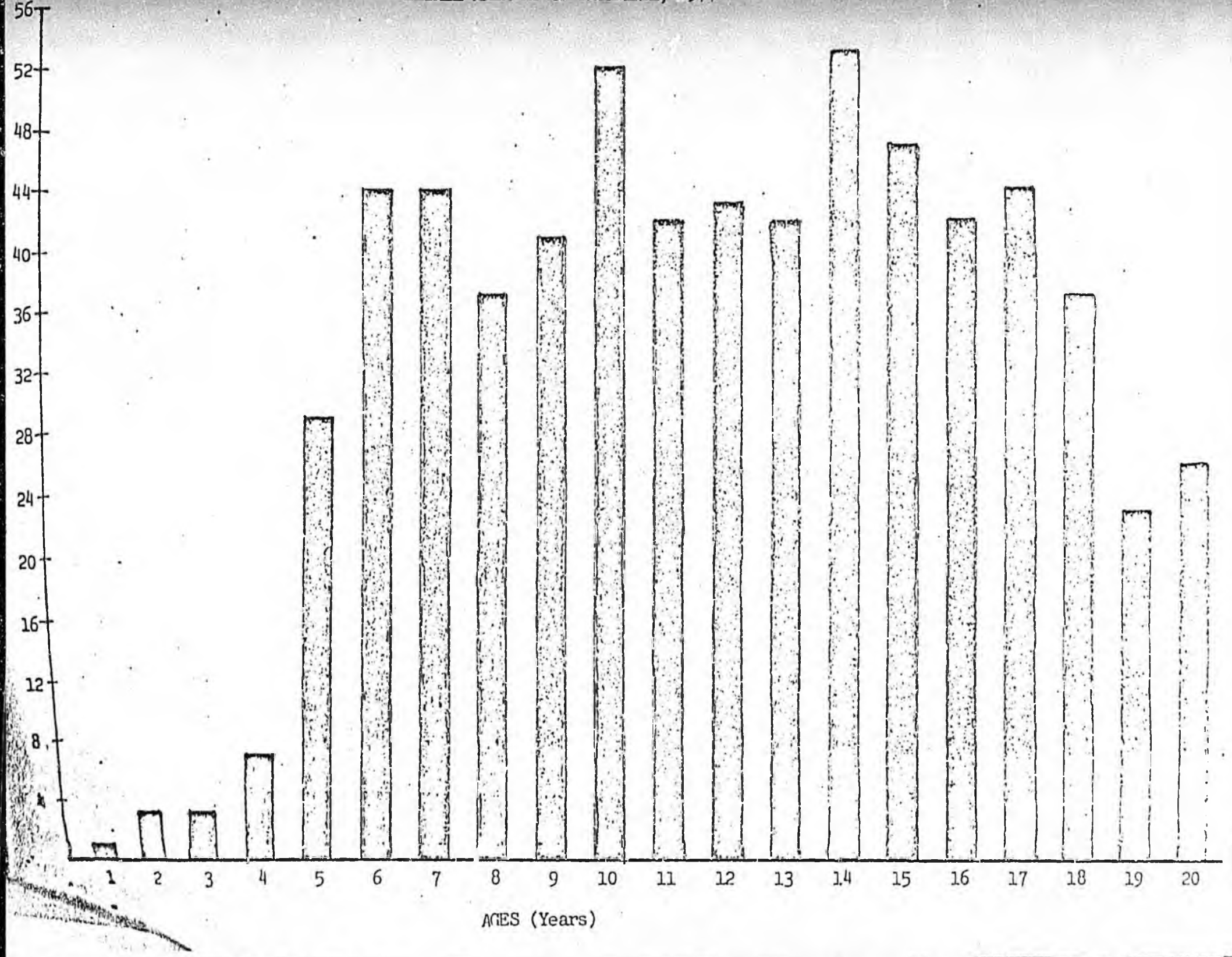
Speech-Hearing Program


56
52
48
44
40
36
32
28
24
20
16
12
8
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
AGES (Years)

[illegible] MEDIA WITH PERFORATION IN 45 VILLAGES IN THE BETHEL AREA

	Persons with birthdates of 1/1/56 or later (under 21 years of age)		Persons with birthdates Prior to 1956 (over 21 years of age)		
	Unilateral Perforation	Bilateral Perforations	Unilateral Perforation	Bilateral Perforations	Total Ears Perforated
Alakanuk	27	12	3	0	54
Akiachuk	18	15	0	0	51
Akiak	1	1	0	0	3
Aniak	9	1	0	0	11
Anvik	0	1	0	0	2
Atmautluak	3	1	0	0	5
Bethel	69	20	14	2	127
Chauthbaluk	3	0	0	0	3
Chefornak	9	3	1	0	16
Chevak	29	2	4	0	37
Eek	0	1	0	0	2
Crooked Creek	5	0	1	0	6
Emmonak	26	5	1	0	37
Greyling	0	0	0	0	0
Holy Cross	7	3	0	0	13
Hooper Bay	30	7	3	0	47
Kasigluk	8	1	2	0	12
Kipnuk	28	15	0	0	58
Kongiganak	11	7	2	0	27
Kotlik	18	2	3	0	25
Kwethluk	28	2	4	0	36
Lower Kalskag	2	2	0	0	6
Lime Village	"Several"	"Several"			
Kwigillingok	5	1	0	0	7
Marshall	5	2	2	0	11
Nekoryuk	13	0	0	0	13
Mountain Village	42	15	4	0	76
Napakiak	7	6	3	0	22
Napaskiak	7	3	0	0	13
Newtok	5	7	1	0	20
Nightmute	7	5	1	1	19
Nunapitchuk	4	0	0	0	4
Oscarville	6	0	0	0	6
Pilot Station	19	9	0	0	37
Pitka's Point	1	0	0	0	1
Quinhagak	8	6	0	0	20
Russian Mission	5	0	0	0	5
Scammon Bay	7	0	0	0	7
Shageluk	3	0	0	0	3
Sheldon's Point	9	0	0	1	11
Sleetmute	4	1	0	0	6
Saint Mary's	12	1	0	0	14
Stony River	4	1	0	0	6
Toksook Bay	15	3	1	0	22
Tuluksak	7	0	1	1	10
Tununtuliak	2	0	0	0	2
Tununak	15	1	2	0	19
Upper Kalskag	8	1	1	0	11
45 Villages	551 Persons	163 Persons	57 Persons	5	943

STATEMENT OF PROBLEM

For many years otitis media has been recognized as the major cause of morbidity in rural Alaska. Studies done in the middle and late 1950's reported unusually high incidence & prevalence rates of this disease among the Natives, (Haymen and Koster 1957, and the McGrath Project 1962). An infant morbidity and mortality study begun in 1960 revealed that 38% of a cohort group of Alaskan Eskimo infants had at least one episode of draining ear during their first year of life (Maynard and Hammes 1970). By 1964 otitis media was recognized as the second highest cause of morbidity among Alaska Natives. In 1965, Reed, in a follow up on the Alaska Eskimo cohort group, found that 62% of the children had had one or more episodes since birth. In the same year, Reed and Dunn also found that 63% of the children examined in six Eskimo villages showed past or present evidence of otitis media.

In the most recent studies, Kaplan, Fleshman, Bender, Baum and Clark studied 489 Alaska Eskimo children who had been followed through the first ten years of life; 76% had one or more episodes of otitis media since birth. Of these, 78% had their first attack during the first two years of life. Perforation and scarring of the tympanic membrane were present in 41%. A mild hearing loss of 26 decibels or greater was present in 17% and an additional 25% were in the normal range but had measurable conductive hearing loss. Children with a history of otitis media prior to two years of age and a mild loss (26 dB or greater) had a statistically significant loss of verbal ability and

were behind in total reading, total math and language development. In addition, children who had an early onset of otitis media but now had normal hearing with a conductive component were also adversely affected in verbal areas. The number of otitis media episodes was related to the tympanic membrane abnormality, hearing loss and low verbal ability in achievement scores.

Data collection during the first half of FY 1975 by the Communicative Disorders Project once again revealed the scope of the problem encountered. During that period of time, three specific groups were studied in detail. One group consisted of twelve preschool and Head Start classes located in Southeast Alaska. Of the 328 children tested using impedance audiometric techniques, 20% showed indications of tympanic membrane perforations or middle ear effusion, and 27% showed substantial negative middle ear pressure which indicates lack of eustachian tube functioning. This negative pressure is often a prelude to middle ear difficulties and these children could be considered at high risk.

A similar study was conducted in ten villages in the Bethel area where 211 children were seen. Of these, 33% were medical referrals, and 22% showed evidence of eustachian tube malfunctions. These two preschool studies indicate that there is still a substantial incidence of early occurance of middle ear pathology. This is especially significant since if uncorrected these hearing losses will undoubtedly affect school performance, cause emotional problems, and significant deficits in language ability. Such a hearing loss occurs at an age when speech and language readiness is at its peak.

The problem of ear pathology in rural Alaska is not a transitory one as is indicated by our third FY 1975 study which included the total

Incoming population of new students to the BIA high school at Mt. Edgecumbe. A total of 256 students were evaluated with total diagnostic batteries. About 97, or 38% of those seen demonstrated a significant hearing loss. Of those 97 individuals, 63% were conductive losses, 30% were sensori-neural, and 7% mixed. The high incidence of sensori-neural losses found in this relatively young population (ages 14 through 16) indicates either that these impairments may be due to the secondary effects of otitis media, or to excessive noise exposure or perhaps both. Alaskan Natives are exposed to an inordinate amount of high intensity noise originating from snowmobiles, rifle fire, light aircraft and motor boats. This is another problem which will receive more attention during the coming year. (For more detailed breakdown of these three specific studies, please refer to the progress report for FY 1975.)

Studies accomplished in the first half of Fiscal Year 1976 also confirm earlier findings. During that period of time, 617 Head Start children located in villages throughout the state were examined by impedance and pure tone testing procedures. Of these children, ages 3-5 years, 166 (27%) had middle ear conditions which necessitated medical referral. An additional 106 children (17%) demonstrated negative middle ear pressure, a condition associated with eustachian tube malfunction which often occurs prior to the development of serous otitis media. Another 34 children could not be tested. Only 271 (43%) were found to have no indications of middle ear problems. A summary of these findings is enclosed in Appendix C.

During Fiscal Year 1975 there were 1,745 individuals (mostly children) who were referred for medical attention by the Communicative Disorders

Program. During the first half of Fiscal Year 1976, 1,115 clients were referred for medical attention. While these referrals represent the full range of pathology, a great many of these suffer from serous otitis media.

In addition to problems encountered in attempting to deliver services in a large geographic area with poor transportation availability, Alaska has multiple layers of state and federal governmental agencies operating. Many of these have services which are of value to communicatively handicapped individuals; however, fragmentation or geographic isolation has significantly reduced any impact they may have upon the state as a whole. The programs that have established services are usually restricted to relatively small geographic areas. Few attempts to reach the communicatively handicapped individual in rural Alaska have been made.

A child with a communicative disorder has been one of the most neglected of the many health and educational problems. (Otitis media is no doubt contributing to this problem significantly.) There are virtually no clinical speech pathologists who routinely serve children in rural Alaska. When such positions have been established they have been filled with inadequately trained individuals who soon become overwhelmed by the scope of the pathology with which they are confronted. Their tenure is consequently of short duration in most cases. Staff turnover in rural Alaska is a persistent problem because of the break thus created in the continuity of services. If quality personnel are acquired for programs within the state, staff retention problems persist because there is very little that can be done to obtain on going enrichment

professionally. Funds are restricted for out-of-state travel to short courses and seminars.

Examination of the scope of the problem, areas of need and possible approaches to amelioration of the situation have been discussed from various perspectives from time to time. Some fruitful activities have developed on the clinical level and efforts expended in the area of prevention and surgical management of acute and ch otitis media have been outstanding examples of productivity by the Public Health Service field hospitals and the ear, nose and throat section of the Alaska Native Medical Center.

Answers to the problem of serous otitis media, however, remain unresolved.. This condition, which is evident in a very high percentage of children in rural Alaska, has only become evident in the last several years. Whether this condition was previously overlooked in light of the presence of more severe pathology and less sensitive diagnostic tools, or whether this is a secondary effect of antibiotic treatment representing incompletely resolved bacterial infections of the middle ear is unknown. The following is an exerpt from the 10th edition of the Textbook of Pediatrics which refers to the condition of serous otitis media specifically.

> SEROUS OTITIS MEDIA. Serous effusions of the middle ear are believed to originate as a physical phenomenon secondary to blockage of the eustachian tube and negative pressure in the middle ear cavity. The inciting cause of the obstructing edema or lymphoid hyperplasia may be nasopharyngeal inflammation, allergy or barotrauma, as from rapid descent in a nonpressurized aircraft cabin. The increasing recognition of serous otitis in the antibiotic era suggests that some cases represent incompletely resolved bacterial infections of the middle ear, but proof of this hypothesis is lacking. Attempts to isolate

viruses from serous effusions have generally been unsuccessful, but viruses may play an indirect role by setting the stage for tubal dysfunction accompanying nasopharyngitis.

The serous fluid produces a sensation of fullness in the ear, decreased hearing and a popping or clicking sound with swallowing or jaw movement. The tympanic membrane is bulging and dull, with a few injected vessels or a diffuse, dusky hue, but there is much variation in the appearance, and pneumatoscopy may indicate fluid when the membrane looks almost normal. Later in the couse when the fluid becomes viscous ("glue ear") there may be retraction, with the prominence of the short process of the malleus, and the drum may acquire a blue-white coloration.

Electroacoustic impedance testing procedures are a highly sensitive method of identifying and diagnosing this problem. However, the availability of such instrumentation is presently restricted to the audiologists in the state and needs to be extended to other health care providers. Since the condition of serous otitis is very difficult to diagnose by an otoscopic examination, the health care provider who is treating the case of serous otitis and does not have impedance instrumentation has no way to tell when the condition resolves. Consequently, the effectiveness of various remedial measures is poorly documented.

There is a lack of consensus among the medical community concerning what type of management is appropriate for serous otitis. Some individuals believe that this is a highly transient phenomena which is of short duration and do very little in the area of medical treatment of the condition. (Preliminary studies by the Communicative Disorders Project on Alaskan children indicate that it is often of longer duration. More study of this factor is needed, however.) Others believe that treatment with antihistamines and decongestants is a proper approach. Still others are quite uncertain as to whether or not these medications have any effect but use them nevertheless as a precautionary measure. There is

no unanimity concerning how long such decongestants should be administered and what should be done should the child fail to respond to such treatment.

There is also some disagreement concerning the advisability and the feasibility of using polyethelene tube insertions with persistent cases of otitis. This is relatively standard practice by otolaryngologists practicing in cities. It has never been utilized to any extent in bush Alaska.

A medical, audiological and educational policy for the treatment of serous otitis media is needed at this time. Multidisciplinary course of pathology studies on representative populations could answer some of these nagging questions. For example, serial audiologic examinations using impedance and pure tone audiometry performed monthly on representative groups could for the first time give some solid indications as to what the seasonal variations of serous otitis are, how much hearing loss is involved, and what the duration of various stages of the condition are. A longer term study would be necessary to evaluate the functional impact of this disease upon language and educational abilities of the children so affected. Studies confirming the effectiveness or lack of effectiveness of various medications and surgical procedures necessitates the full cooperation of the medical community. One such study is being undertaken at this time by the Rural Alaska Community Action Program in eleven Head Start villages in the Bethel area. The Communicative Disorders Project has worked cooperatively with this agency to initiate this undertaking. It will be a demonstration project of the effectiveness of the utilization of polyethelene tubes in the treatment of serous otitis. (See Appendix C)

This outline is a description of the segments of the overall problem on which there appears to be lack of complete information that is quantifiable or lack of clearly defined and/or commonly known policy and procedure.

PHASE II

DEFINITION OF THE PROBLEM AND STATEMENT OF NEEDS

Otitis Media in Alaska

EPIDEMIOLOGY	NEEDS
age of onset projected course of pathology seasonal variation (sanitation) (housing) (nutrition)	With each of the areas of concern listed more intensive study needs to be undertaken to establish some quantifiable measures the parameters of the problem.
PREVALENCE	
by geographic area by size of village	The development of a functional and comprehensive data system should facilitate the gathering of data on specific geographic areas within the state and the grouping of high incidence areas according to village size, climate, frequency of medical care, etc.
DIAGNOSIS	
sereus acute chronic	A consensus of opinion needs to be developed among all health care providers concerning an operational definition with each type of pathology. There not only needs to be a consensus on the labels which are used with each condition but also specific observations which are necessary to classify the person in each category should be clarified to all health care providers.

MANAGEMENT CRITERIA

A. History	Documentation on representative population of health history.
B. Audiologic Evaluation	Extention of duties to PHN's and Health Aides (training and equipment needed).
C. Physical Examination	PHN and Health Aide training needed.
D. Medication	Agreement on medication needed for each condition.
E. Follow up	Use of data system for follow up. Coordination with AHEC.
F. Referral for Medical	Clarification of referral channels to all medical providers. Check at specific locale on effectiveness of referral channel.

IMPACT OF CARE

Effectiveness of medication	Course of pathology studies on the local level.
Effectiveness of surgery	Post surgical follow up results obtained via data system.

FUNCTIONAL IMPACT

Educational Speech, Language Psycho-social	Documentation of effect of otitis media on performance in each area by well controlled investigations. Coordination of efforts with: 1. Local and regional educational agencies (Regional Resource Center - Regional Educational Attendance Areas). 2. Speech pathology 3. Psychologist and social worker 4. Native Health Corporations

Otitis Media

U.S.P.H.S. - I.H.S.

Dr. Fleshman 279-6661

ext. 200 or 273

19 years service in Alaska

cannot be immune

1956 "McGrath Project"

RA18 Alaska
.C1 1962

~~earaches not treated~~ !!!!

10% → 3% Native kids

always scarred - always have abnormal ears unless surgery

geographic difference
Bristol Bay
Yukon - Kuskokwim
high prevelance of disease

Dr. Fleshman

"Otitis media"
inflamation
of the middle ear

rupture - pus runs
drum perforated - hearing loss

<u>machine</u> measures ear fluid

"serous" - fluid
otitis media

4-19-78 Dr. Gleskman
Otitis Media

Resolution

not really a problem

health of children improving in general

see where problem really is - statistics

Feds have envt $ now

more TB problems in Alaska

living conditions improve ↳ health improve

ear infections related to cold - related to general health

health aides
- knowledge doesn't always equal change -

Health - Nutrition - Anthropology

not contageous

Public Health Nurse

mothers care for children deal w/ the young family

people keep in tune w/ their bodies

damaged children → language disability

- problem is not a lack of money -
- poor communication -

Native Corps.

- no encourage breast feeding -

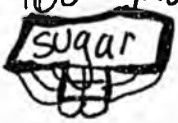
Wainwright

10,000 soda pop
214,000 soda pop

no increase in pupulation

Canadian Arctic high incidence of ear infection

diet was too much carbo.



many damaged people

need good health screening program -

possibly mandated by law -
done in Washington

drain fluid

get copy of Rural cwp contract -

HCR → wipe out Otitis Media

plan done by H&SS

complete w/ $ & time

get facts!!

McCabe

3100
Spence

ALASKA
STATE LEGISLATURE

MEMORANDUM

Dr. McCabe
-early treatment best -
not preventable
virus
bacteria

call I.H.S.
ask docs
where needs are -
Prompt diag & treatment

4500

common organism

X533-021864

6-1600

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Examination of the scope of the problem, areas of need and possible approaches to amelioration of the situation have been discussed from various perspectives from time to time. Some fruitful activities have developed on the clinical level and efforts expended in the area of prevention and surgical management of acute and chronic otitis media have been outstanding examples of productivity by the Public Health Service field hospitals and the ear, nose and throat section of the Alaska Native Medical Center.

NEW INFO INDICATES THERE IS STILL A GREAT NEED IN THIS ESPECIALLY PREVENT

Answers to the problem of serous otitis media, however, remain unresolved. This condition, which is evident in a very high percentage of children in rural Alaska, has only become evident in the last several years. Whether this condition was previously overlooked in light of the presence of more severe pathology and less sensitive diagnostic tools, or whether this is a secondary effect of antibiotic treatment representing incompletely resolved bacterial infections of the middle ear is unknown. The following is an exerpt from the 10th edition of the Textbook of Pediatrics which refers to the condition of serous otitis media specifically.

> SEROUS OTITIS MEDIA. Serous effusions of the middle ear are believed to originate as a physical phenomenon secondary to blockage of the eustachian tube and negative pressure in the middle ear cavity. The inciting cause of the obstructing edema or lymphoid hyperplasia may be nasopharyngeal inflammation, allergy or barotrauma, as from rapid descent in a nonpressurized aircraft cabin. The increasing recognition of serous otitis in the antibiotic era suggests that some cases represent incompletely resolved bacterial infections of the middle ear, but proof of this hypothesis is lacking. Attempts to isolate

viruses from serous effusions have generally been unsuccessful, but viruses may play an indirect role by setting the stage for tubal dysfunction accompanying nasopharyngitis.

The serous fluid produces a sensation of fullness in the ear, decreased hearing and a popping or clicking sound with swallowing or jaw movement. The tympanic membrane is bulging and dull, with a few injected vessels or a diffuse, dusky hue, but there is much variation in the appearance, and pneumatoscopy may indicate fluid when the membrane looks almost normal. Later in the course when the fluid becomes viscous ("glue ear") there may be retraction, with the prominence of the short process of the malleus, and the drum may acquire a blue-white coloration.

Electroacoustic impedance testing procedures are a highly sensitive method of identifying and diagnosing this problem. However, the availability of such instrumentation is presently restricted to the audiologists in the state and needs to be extended to other health care providers. Since the condition of serous otitis is very difficult to diagnose by an otoscopic examination, the health care provider who is treating the case of serous otitis and does not have impedance instrumentation has no way to tell when the condition resolves. Consequently, the effectiveness of various remedial measures is poorly documented.

There is a lack of consensus among the medical community concerning what type of management is appropriate for serous otitis. Some individuals believe that this is a highly transient phenomena which is of short duration and do very little in the area of medical treatment of the condition. (Preliminary studies by the Communicative Disorders Project on Alaskan children indicate that it is often of longer duration. More study of this factor is needed, however.) Others believe that treatment with antihistamines and decongestants is a proper approach. Still others are quite uncertain as to whether or not these medications have any effect but use them nevertheless as a precautionary measure. There is

no unanimity concerning how long such decongestants should be administered and what should be done should the child fail to respond to such treatment.

There is also some disagreement concerning the advisability and the feasibility of using polyethelene tube insertions with persistent cases of otitis. This is relatively standard practice by otolaryngologists practicing in cities. It has never been utilized to any extent in bush Alaska.

MAY NOT BE FEASIBLE IN RURAL ALASKA USING LOWER 48 STDS.

A medical, audiological and educational policy for the treatment of serous otitis media is needed at this time. Multidisciplinary course of pathology studies on representative populations could answer some of these nagging questions. For example, serial audiologic examinations using impedance and pure tone audiometry performed monthly on representative groups could for the first time give some solid indications as to what the seasonal variations of serous otitis are, how much hearing loss is involved, and what the duration of various stages of the condition are. A longer term study would be necessary to evaluate the functional impact of this disease upon language and educational abilities of the children so affected. Studies confirming the effectiveness or lack of effectiveness of various medications and surgical procedures necessitates the full cooperation of the medical community. One such study is being undertaken at this time by the Rural Alaska Community Action Program in eleven Head Start villages in the Bethel area. The Communicative Disorders Project has worked cooperatively with this agency to initiate this undertaking. It will be a demonstration project of the effectiveness of the utilization of polyethelene tubes in the treatment of serous otitis. (See Appendix C)

FY 76-77 study nearly completed.

This outline is a description of the segments of the overall problem on which there appears to be lack of complete information that is quantifiable or lack of clearly defined and/or commonly known policy and procedure.

PHASE II

DEFINITION OF THE PROBLEM AND STATEMENT OF NEEDS

Otitis Media in Alaska

EPIDEMIOLOGY	NEEDS
age of onset projected course of pathology seasonal variation (sanitation) (housing) (nutrition)	With each of the areas of concern listed more intensive study needs to be undertaken to establish some quantifiable ~~baseline~~ parameters of the problem.
PREVALENCE	
by geographic area by size of village	THIS DATA SYSTEM HAS NOW BEEN DEVELOPED & IMPLEMENTED BY COMM. DIS. PROGRAM The development of a functional and comprehensive data system should facilitate the gathering of data on specific geographic areas within the state and the grouping of high incidence areas according to village size, climate, frequency of medical care, etc.
DIAGNOSIS	
serous acute chronic	IN PROCESS OF DEVELOPMENT A consensus of opinion needs to be developed among all health care providers concerning an operational definition with each type of pathology. There not only needs to be a consensus on the labels which are used with each condition but also specific observations which are necessary to classify the person in each category should be clarified to all health care providers.

MANAGEMENT CRITERIA

A. History	Documentation on representative population of health history.
B. Audiologic Evaluation	Extention of duties to PHN's and Health Aides (training and equipment needed). DONE
C. Physical Examination	PHN and Health Aide training needed.
D. Medication	Agreement on medication needed for each condition.
E. Follow up	Use of data system for follow up. Coordination with AIHC. DONE
F. Referral for Medical	Clarification of referral channels to all medical providers. Check at specific locale on effectiveness of referral channel. REF. CHANNELS CLARIFIED. BUT EFFECTIVENESS HASN'T BEEN CHECKED.

IMPACT OF CARE

Effectiveness of medication	Course of pathology studies on the local level.
Effectiveness of surgery	Post surgical follow up results obtained via data system.

FUNCTIONAL IMPACT

Educational Speech, Language Psycho-social	Documentation of effect of otitis media on performance in each area by well controlled investigations. Coordination of efforts with: 1. Local and regional educational agencies (Regional Resource Center - Regional Educational Attendance Areas). 2. Speech pathology 3. Psychologist and social worker 4. Native Health Corporations

of ALASKA

MEMORANDUM

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

TO: The Record

DATE: December 9, 1977

FILE NO:

TELEPHONE NO:

FROM: David A. Spence, M.D., Chief
Section of Family Health

SUBJECT: Prevalence listing of otitis media with perforation.

The attached, unduplicated prevalence listing has been compiled by Cozzi Alward, R.N., and Michelle Riccardi, R.N., from the following sources: October and November, 1977, observations of perforations by field and ENT physicians, public health nurses, and audiologists (442) ears; and previous listings of persons awaiting tympanoplasties (501 ears). This is not a listing, per se, of persons for whom a tympanoplasty has actually been recommended, but it follows that a very significant number of them will be so classified once they have been evaluated by an ENT surgeon.

The bar chart shows the age distribution of the individuals under 21 years of age with chronic otitis media with perforation. In this disease, recurrent, closely-spaced or inadequately treated acute infections (which proceed to perforation and drainage) lead eventually to a rising prevalence of non-healing of the perforation. Below age five years there is inconsistent reporting since surgery has not been recommended for these ages. Further study and analysis will be required to reveal any changing incidence of perforation within the last five to ten years.

It must be noted that 119 persons have received tympanoplasty surgery at the Bethel Hospital within the last eight months and are thus not included in this listing.

Three conclusions seem warranted from this information: (1) consideration of an improved reporting format for otitis media, (2) a continued cooperative effort should be made to reduce this backlog of persons needing ear surgery, and (3) preventive measures should be undertaken to lower the incidence of new cases.

DISTRIBUTION:

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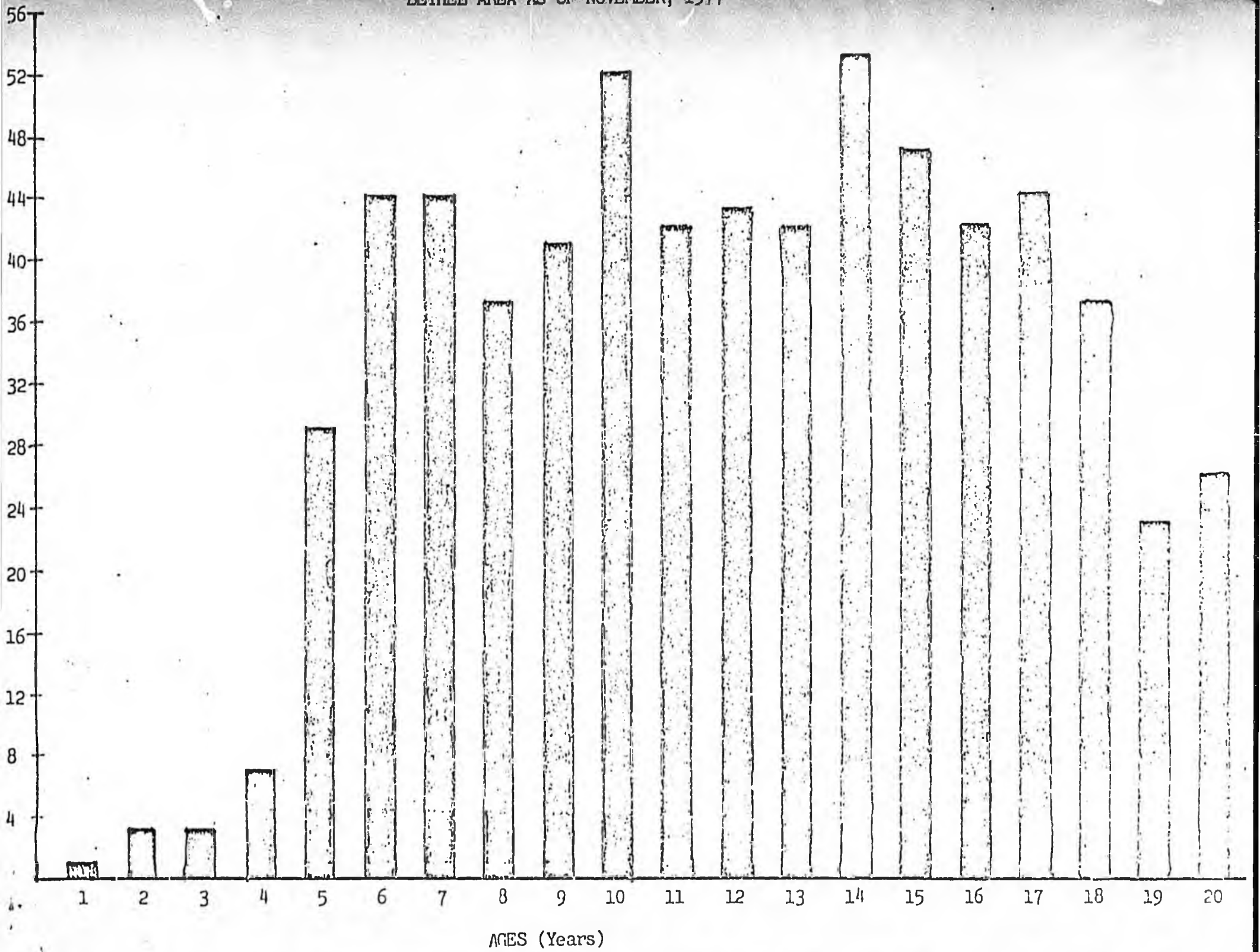
Speech-Hearing Program

BETHEL AREA AS OF NOVEMBER, 1977



	Persons with birthdates of 1/1/56 or later (under 21 years of age)		Persons with birthdates Prior to 1956 (over 21 years of age)		
	Unilateral Perforation	Bilateral Perforations	Unilateral Perforation	Bilateral Perforations	Total Ears Perforated
Alakanuk	27	12	3	0	54
Akiachuk	18	15	0	0	51
Akiak	1	1	0	0	3
Aniak	9	1	0	0	11
Anvik	0	1	0	0	2
Atmautluak	3	1	0	0	5
Bethel	69	20	14	2	127
Chauthbaluk	3	0	0	0	3
Chefornak	9	3	1	0	16
Chevak	29	2	4	0	37
Eek	0	1	0	0	2
Crooked Creek	5	0	1	0	6
Emmonak	26	5	1	0	37
Greyling	0	0	0	0	0
Holy Cross	7	3	0	0	13
Hooper Bay	30	7	3	0	47
Kasigluk	8	1	2	0	12
Kipnuk	28	15	0	0	58
Kongiganak	11	7	2	0	27
Kotlik	18	2	3	0	25
Kwethluk	28	2	4	0	36
Lower Kalskag	2	2	0	0	6
Lime Village	"Several"	"Several"			
Kwigillingok	5	1	0	0	7
Marshall	5	2	2	0	11
Mekoryuk	13	0	0	0	13
Mountain Village	42	15	4	0	76
Napakiak	7	6	3	0	22
Napaskiak	7	3	0	0	13
Newtok	5	7	1	0	20
Nightmute	7	5	1	1	19
Nunapitchuk	4	0	0	0	4
Oscarville	6	0	0	0	6
Pilot Station	19	9	0	0	37
Pitka's Point	1	0	0	0	1
Quinhagak	8	6	0	0	20
Russian Mission	5	0	0	0	5
Scammon Bay	7	0	0	0	7
Shageluk	3	0	0	0	3
Sheldon's Point	9	0	0	1	11
Sleetmute	4	1	0	0	6
Saint Mary's	12	1	0	0	14
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

STATE OF ALASKA
ALASKA COMMISSION ON POSTSECONDARY EDUCATION

JAY S. HAMMOND, GOVERNOR

907-465-2855
Pouch F — State Office Building
Juneau 99811

M E M O R A N D U M

TO: Representative Charles Parr

FROM: Jane Byers Maynard, State Administrator for Title I-A, HEA
Alaska Commission on Postsecondary Education

SUBJECT: Otitis Media Proposal

DATE: April 17, 1978

Enclosed for your information is a copy of Kuskokwim Community College's Otitis Media proposal which was discussed at our Commission meeting last Friday. This proposal was approved for funding at a Federal level of $47,818.

If you have any questions regarding the proposed activities, please give me a call at 465-2855.

Enclosure

KUSKOKWIM COMMUNITY COLLEGE
P. O. BOX 368
BETHEL, ALASKA 99559

COMPARISON OF HEALTH EDUCATION APPROACHES TO THE REDUCTION OF COMPLICATIONS OF OTITIS MEDIA IN RURAL ALASKA

DRAFT
PROPOSAL

COMPARISON OF HEALTH EDUCATION APPROACHES TO THE REDUCTION OF THE COMPLICATIONS OF OTITIS MEDIA IN RURAL ALASKA

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Microphonograph system	Appendix "C"

1.0 BASIC PROGRAM DATA

1.1 Program Title

The program shall be entitled:

"Comparison of Health Education approaches to the reduction of the complications of Otitis Media in Rural Alaska."

1.2 Primary Higher education Institution involved:

Kuskokwim Community College
University of Alaska
P.O. Box 368
Bethel, Alaska, 99559

1.3 Cooperating institutions and/or agencies:

Yukon-Kuskokwim Health Corporation
RuralCAP
Alaska State Division of Public Health
Bureau of Indian Affairs
Lower Kuskokwim School District
Alaska Native Health Service (Indian Health Service)
Rural Education Affairs, University of Alaska

1.4 Program Director

John Rich
Director, Division of Health Sciences
Kuskokwim Community College

(907) 543- 2621

Kuskokwim Community College
University of Alaska
P.O. Box 368
Bethel, Alaska, 99559

1.5 Budgetary requirements:

Federal funds required	$50,000
Matching funds	$25,000
Total	$75,000

1.6 Source of Matching funds

Fees
Donations
Contributed time
Institutional funds
Indirect costs
Other

RuralCAP	$15,000
DPH	$ 5,000
YKHC	$ 5,000
Total	$25,000

2.0 GOALS AND OBJECTIVES

2.1 Identification of the priority area and community need:

This program is designed so as to respond to priority areas 2.1 (e) and 2.2 (e) of the Guide.

The plan is to design and implement various means of influencing community attitudes with regard to otitis media, with the aim of reducing widespread neglect of this health problem. In implementing the proposed plan, the relative effectiveness of methodologies used to influence community attitudes will be determined through the use of various evaluative methods.

Those methods found most effective will thus be identified and it is expected that such methods, singly or in combination can be:

1. Extended to other villages in the State with a view to reduction of the complications of otitis media.

2. Applied to other health education issues.

Otitis media was selected as a vehicle of testing methodologies for delivery of health education since:

1. It is a significatnt health problem, identified by both the Alaska State Division of Public Health and the Indian Health Service as being one of the major concerns in rural Alaska. In FY 1977, it was the third leading cause of ambulatory treatments in hospitals of the Indian Health Service.

   For example, in villages of the Bethel Service Unit, in October 1977, the incidence of ear problems identified and treated ranged as high as 30 per hundred population, with an overall incidence of 816 cases in the region. In addition, respiratory problems identified and treated - possible predisposing factors of otitis media, accounted for a further 12 per hundred population, with an overall total of 1347 cases.

   High those these figures are, they certainly represent only a part of the cases of otitis media that exist in the villages, since many cases go unidentified

   While great strides have been made in the last two decades in reducing the incidence of otitis media, the residual problem remains of prime concern.

2. Otitis media is the focus of attention for a number of agencies at the present time. Resources available currently for programs designed to approach the problem may not be available at some future date. It therefore seems opportune to harness present concern in an effort to improve communication channels between agencies involved in preventive and therapeutic work, in the hope and expectation that, in future, cooperative effort can solve other health problems.

3. Otitis media lends itself admirably to empirical methods of evaluation, since the scope and effects of treatment and prevention can be measured with relative ease.

Otitis media is a problem in rural Alaska, for the most part because much of the population does not as yet perceive it as a dangerous condition. Early symptoms of the disease are commonly ignored or considered as an inevitable part of growth and development, with the consequence that they are not brought to the attention of the primary care agent, even though early treatment is usually simple. The lack of timely intervention can result in hearing-loss that cannot be corrected by surgery or in other severe illnesses such as menigitis.

Since the primary health care of village communities is the responsibility of Community Health Aides, an essential prerequisite for the success of the program is that they be able to respond knowledgably and competently to any increased demand for care of ear problems. It is for this reason that the program includes credit courses for Community Health Aides. These courses, to be delivered by the Health Sciences Division of Kuskokwim Community College, fulfil the priority described in section 1 of the Guide and enhance the health aides' ability to detect otitis media in the early stages and to provide prompt and effective treatment.

Inter-agency efforts have already been applied in the initial planning phase of the project which is designed on a cooperative, resource-sharing basis between the college and other agencies involved in community education and service. As the program evolves, evidence will be forthcoming of the interaction and interdependency of the college with private and public service-oriented agnecies. Each agency will be contributing special expertise and resources and the ensemble of such efforts will provide a convincing model of cooperation which will accord with the emphasis given in Section 3 of the Guide.

2.2 Statement of goals and objectives

1. Overall program goal

To develop, implement and evaluate cost-effective health education approaches designed to reduce the complications of otitis media in rural Alaska through the promotion of early detection and improved care.

2. Overall program objective

To determine the relative cost-effectiveness and efficacy of three different health education approaches in obtaining a significant reduction in the ratio of late to early detection of otitis media in eight villages of rural Alaska.

3. Component objectives

Of the factors that influence early detection and improved care of cases of otitis media, some have been identified as being predisposing factors, some as being enabling factors and some as being reinforcing factors.

A. Predisposing factors are seen as those that affect the willingness and readiness of individuals to seek early treatment for otitis media on their own or their dependants' behalf.

B. Enabling factors are considered those that concern improvements of conditions and facilities for care of otitis media in the villages.

C. Reinforcing factors are those that confirm good attitudes and practices and strengthen predisposing and enabling factors.

Objectives in each of these categories are listed as follows:

A. On completion of the program, 75% of members of target groups will:

a) Demonstrate familiarity with the early signs and symtpoms of otitis media (i.e. URI, earache, fever, otorrhea)

b) Indicate willingness to seek care for themselves or children in their care, in the early stages of otitis media,

c) Regard otitis media NOT as an inevitable part of childhood development but as a condition that is dangerous and potentially disabling.

d) Shall know that:

- middle-ear infection can result in hearing-loss,
- a number of serious diseases can result from untreated otitis media,
- complications of otitis media are preventable through early detection and efficient treatment,
- treatment of otitis media is free, safe, effective, easily available and relatively pleasant,
- upper respiratory diseases predispose towards otitis media.

B. By the end of the program:

a) The Community Health Aide in each selected village shall have received basic training in primary health care and in addition shall have demonstrated at least 80% proficiency in written and practical tests given subsequent to advanced didactic and clinical instruction in the detection and care of otitis media.

b) The community Health Aides in each selected village shall have demonstrated satisfactory performance in the detection, assessment management and recording of cases of otitis media occurring in the village during the program period.

c) The clinic in each selected village shall have been so equipped as to permit the Community Health Aide to deal effectively with early detection and treatment of otitis media.

d) Documentary evidence will attest to the fact that in each selected village, otological examination has been routinely performed on ALL children attending the clinic for any cause, including well-baby clinic.

e) Patient records shall show that in each of the selected villages, appropriate treatment and follow-up care has been provided for at least 80% of patients attending for ear problems.

f) Village officials and the Yukon-Kuskokwim Health Corp.

will attest to the fact that for the duration of the program, the clinic in each selected village has been open at stipulated times and that the Community Health Aide was available at such times.

g) Patient records in each of the selected villages will show that adequate communication and referral took place between the Community Health Aide and other health professionals during the program period.

C. By the end of the program,

a) The Community Health Aide in each of the selected villages shall have demonstrated an understanding of and readiness to apply the principles of patient education in relation to otitis media. Documentary evidence will support the fact that in at least 80% of cases, patient education has been provided for those seeking care for ear problems.

b) In each of the selected villages, the Community Health Aide shall have shown evidence of reinforcing behavior and attitude towrds patients seeking care for ear problems.

c) Health professionals (i.e. physicians and public health nurses) visiting target villages shall have reinforced the program's educational message in a consistent manner in the course of at least 80% of patient encounters.

3.0 PROGRAM

3.1 Description of Program Content

The proposed program consists essentially of a unified and concerted approach to residual but important problems associated with otitis media.

There will be four components of the program:

a) School Health Program

b) Health Education Aide program

c) Media program

d) Community Health Aide Education program

The program is so designed as to permit comparison between different combinations of approaches and to determine the relative effectiveness of each. Thus, in the villages selected as targets for the program:

2 will be exposed to the School Health Program and the Media Program,

2 will be exposed to the School Health Program and the Health Education Aide program,

2 will be exposed to the Health Education Aide program and the Media program,

2 will be exposed to no other health education program than that provided by the Community Health Aide,

All Community Health Aides in the selected villages will receive advanced didactic and clinical instruction in the detection, assessment and care of otitis media.

Two additional villages will be selected as control sites. In these, no special program of health education or Health Aide instruction will be conducted in relation to otitis media.

For the sake of clarification, the different combinations of approach are set out in the following table:

Village	School Health	Health Education Aide	Media program	Advanced instruction for health aides
A	X	X	-	X
B	X	X	-	X
C	X	-	X	X
D	X	-	X	X
D	-	X	X	X
E	-	X	X	X
F	-	-	-	X
G	-	-	-	X
H	-	-	-	-
I	-	-	-	-

Program components

a) School Health Program

The School Health Program will be directed towards ALL children at school in the selected villages (Villages A,B,C, D.)

Activities that will be undertaken in this part of the program are:

1. Curriculum development

A curriculum will be developed to encompass those objectives listed under predisposing factors.

Elements of this curriculum will be adapted for delivery in the different grades.

2. Incorporation of curriculum

By agreement with school authorities, arrangements will be made to incorporate the school health curriculum into the regular school program in such a way that its delivery will be on-going, rather than consisting of an isolated episode.

3. Detection of ear problems

Teachers involved in the school health program will be encouraged to actively identify children who either show signs of hearing-loss

or who manifest signs of frank ear infection. Teachers will be encouraged to refer such children subsequently to their parents or guardians with the suggestion that they be presented to the Community Health Aide for assessment and treatment.

4. Children as educators

Although the extent of the activity will not be measured, it is expected that children will act as educators of their peers, siblings and even parents and thus play a definite, if unrecorded part in changing community attitude.

b) Health Education Aide Program

In the villages whete it is proposed to implant health education aides (Villages A & B, D & E) the target audience will be all those concerned with and primarily responsible for care of children. This audience could include persons ranging from adolescence to middle-age.

Activities to be conducted by the health education aides will also be directed to influencing the outcomes of those objectives listed under predisposing factors. Included will be house-to-house interviews and one-to-one or small group health education sessions.

The health education aides will be selected from among residents of target villages themselves. The Village Councils and the community at large will participate in the selection of the health education aides to ensure their acceptability to the population.

Upon selection, health education aides shall be given a short course and orientation to their function through the Division of Health Sciences, Kuskokwim Community College. Credit for such a course will be available.

c) Media Program

The target group for the media program will be all persons in villages selected for exposure, who are primarily responsible for the care of children (i.e. parents, foster-parents, grandparents and, in some cases, siblings)

In common with the school health program and the health education aide program, the purpose of the media program will be to favorably influence predisposing factors, ensuring that early care and treatment of otitis media is obtained.

It is proposed to design and develop a SERIES of informative and educational videotapes having the following specifications:

a) Materials should be highly relevant to and be specifically geared to life and culture in the selected villages.

b) Materials should be readily understandable to the target audience and be presented in the local vernacular.

c) The health education message should be delivered by a respected regional personage whose prestige and accepted authority can over-ride local authority and opinion networks.

In addition to the videotape series, it is proposed to design and develop a series of pamphlets, posters and other materials for the use of community members.

d) Community Health Aide Education program

For the last two years, the education of Community Health Aides in the Bethel Service Unit has been the responsibility of Kuskokwim Community College, in association with the Yukon-Kuskokwim Health Corporation and the Alaska Native Medical Center at Bethel.

The part of the program specifically concerned with the education of Community Health Aides with regard to otitis media is a natural extension of the college curriculum. The self-instructional and clinical courses to be offered will fulfil portions of the requirements for the Associate Degree in Applied Science that has been approved for health aides. Hitherto, it has not been possible to offer courses beyond the very basic part of the curriculum and the proposed program will offer the possibility of doing advanced work in the care of ear problems for the first time, since it will provide the first funds available for this purpose.

In this component of the proposed program, the target group in each of the selected villages will consist of primary and alternate Community Health Aides. A full description of these is appended.

Specific activities in this part of the program are as follows:

a) Provision of advanced theoretical instruction in the detection, assessment and management of otitis media and other ear problems by means of self-instructional materials.

b) Provision of advanced clinical instruction in the detection, assessment and care of otitis media.

c) Provision of advanced instruction in the principles and practices of patient education with regard to otitis media, by means of self-instrcutional materials.

The development of self-instructional materials for use by health aides in the Bethel area has been progressing slowly over the past two years and has given some indication that it is a successful way of supplementing outreach instruction. Until now, instructional units in Anatomy and Physiology and Physical Examination of the Eye have been produced and are undergoing evaluation. Funds have not permitted the application of the system to other subjects in the advanced portion of the curriculum. This program will offer the opportunity to test and refine new instructional units.

The self-instructional materials to be used in the course of this program incorporate the technology of the Microphonograph system, a full descrition of which is given at Appendix C. This innovative approach to outreach instruction has many potential applications, even beyond the sphere of health education.

e) Initial and final screening

In order to establish a data base and to permit evaluation of the program as a whole, the child population of each of the selected villages will be screened at the start and at the end of the program, to determine the number of ear problems actually in existence at those times.

A description of the screening process and its significance in the program is given later, at section 4.0 of this proposal.

f) Physicians and Public Health Nurses

An agreement will be reached with physicians of the Indian Health Service and itinerant nurses of the State of Alaska Department of Public health, whereby they will reinforce the program's health education message on a consistent basis in their encounters with patients and health aides.

In addition, they will render invaluable service by observing and apprasing health aide performance, as described in the section of this proposal concerning evaluation procedures.

Consumer participation in the planning and evaluation of the program is assured in the following ways:

1. Each of the participating agencies is mandated to provide educational or health services to village communities and are responding to needs that have been expressed by representatives of such communities, through such media as the Native Health Boards, Board of Directors of YKHC, Alaska Federation of Natives, etc.

2. Village councils will play an active part in the selection of villages as target sites. Prior to the commencement of the program in any given village, the informed consent of the village council will be sought.

3. Village councils will play an active part in the selection of health education aides. Since such health educators msut be acceptable to the community, it is fitting that they should be proposed by the community itself. Village councils will also play a role in evaluating the program's efficiency in any given village.

3.2 Program commencement date:

July 1, 1978

Program completion date:

June 30, 1979

3.3. Program status

This is a new program, not related to any previous Title 1 - A project.

3.4 Description of target groups

1. Primary target group

The primary target group of the program consists of members of the population of eight selected villages in Southwestern Alaska. This group comprises two broad categories:

a) school children - potential victims of otitis media and its complications,

b) older children and adults

- respnsible for child care in the home.

In the area of Bethel are concentrated twenty per cent of the Native population of Alaska. Of the 12,000 or so Native people, 10,000 are Yupik-speaking Eskimos and the remainder are Athabascan Indians. The attached table shows the estimated population distribution by race, age and sex.

Demographic statistics describing the area are subject to a number of reservations. Given the remoteness of the area, population counts tend to be inaccurate. Trasnportation and weather problems, in addition to regional patterns of periodic migration to fish camps, multiply the possibilities for error during census. Furthermore no very recent figures are available. Nevertheless, several salient facts emerge from examination of data derived from the U.S. Census in the past:

a) In the Kuskokwim area of the Bethel region - the area with the highest per capita income in the region - the per capita income is less than half the figure for the rest of the State as a whole.

b) While for the State of Alaska, median income was $12,300 in a given year, in the Bethel region it varied from a low point of $2,500 to $4,000 at the highest.

c) An estimated 42% of families have incomes below $3,000. 1,500 families, comprising nearly eight thousand individuals live below the Alaska poverty level.

d) Uneployment in the area is computed at 20%. It has been found, however that only about a third of the village workforce is employed consistently throughout the year. Employment tends to be seasonai and part-time. During the winter months of least activity, unemployment can reach as high as 80%.

It is apparent that educational programs have been less effective for the Native population of the region than programs available elsewhere in the United States. Although educational programs are steadily improving, there is an indication that relatively few Native students complete their work and continue to college. A recent study showed that about 40% of adult Natives living in rural parts of Alaska were unschooled - with less than five years of school or none at all. Only about 10% finished school. Median education was about three years.

Thus, the target population consists of about 1,000 to 1,500 Yupik-speaking Eskimos, suffering from the effects of socio-economic and educational disadvantage, living in eight villages within the Bethel Service Area.

2. Secondary target group

This is a two-step program. The secondary target group consists of the Community Health Aides currently serving the eight villages to be selected. It is intended that,on completion of the project, the clinical and theoretical instruction to be given to this target group will be capable of expansion at small additional cost to the other health aides in the area and eventually to other health aides in other parts of the State.

The ultimate beneficiary of the increased instruction given to health aides in this manner is, of course,, the primary target group described above.

Villages in the Bethel area vary considerably in size, geography, climate and population. However, a number of factors are common to most villages:

a) the villages are widely separated from each other and from the nearest hospital at Bethel,

b) small boats and snow-machines are used for local transportation, but are not suitable for travel over distances of hundreds of miles. Air travel is thus the only available means of transportation over long distances. Scheduled mail-planes serve most villages once or twice a week, otherwise planes must be chartered,

c) funding for air-travel, which is very expensive, is severely limited,

d) few villages have more than one telephone and many villages have no telephone. Verbal communication between the villages and the medical center at Bethel is therefore only possible by high-frequency short-wave radio. Because of the distances involved, bad weather and ionospheric interference, radio communications are often unreliable.

The Federal Government provides the hospital and outpatient facilities for use by Alaska Natives in the region. Physicians, dentists and other health workers make field trips to villages so that most villages receive one or a maximum of two visits per year.

The State Government provides Public Health Nurses who visit the villages usually three or four times a year, each nurse being assigned to a given district.

The regional Native Health Corporation (YKHC) provides some health services under contract with the Indian Health Service.

Most of the time, however, no physician or nurse is directly available to residents of villages in the area. Thus, it was out of necessity that the system of primary health care delivery by Community Health Aides came into being.

The problem of day-to-day care in the villages was recognized in the early 1950's. Since the schools were equipped with radios, BIA teachers found themselves conducting sick call and arranging evacuation of patients by radio. In other places, the storekeeper or other interested person would perform the intermediary function between the sick villager and the hospital-based physician.

In 1954, the first local aides were formally selected and given a small stipend. These were called "chemotherapy aides" since their function was to supervise the administration of antituberculous drugs for patients awaiting or returning from hospital. At about the same time, sanitation

aides were selcted, trained and paid to promote village sanitation. Informally, over the years, certain village residents responded to the need of providing on-the-spot, episodic health care. They might work with the teacher in consultation with the physician by radio and with the physician or Public Health Nurse at the time of their visits to the village. Some also served as "midwives". After a time, the programs supporting chemotherapy and saniation aides were phased out. Some of these individuals became known as "medical aides".

By the mid-1960's, pressure began to mount to give training, recognition and pay to the vilunteer medical aides. Without special support, sveral hospitals conducted training sessions for these aides. Finally, in 1967, Congress authorized funds fro the training and employment of 185 Native Health Aides. Formal training programs commenced in the following year.

Originally, all training was carried out is Anchorage. With the establishment of YKHC in Bethel, a Community Health Aide Program was initiated and implemented locally, under contract from the Indian Health Service. In 1974 a Planning and Advisory Committee for Health Aide Programs in Alaska (PAC-HA-PA) was organized with the participation of all entities involved in the training of health aides. Two of the major achievements of this committee have been the development and publication of a standard operating manual for health aides throughout the State and the development of a Curriculum, approved for the granting of an Associate Degree in Applied Science at the Univesity of Alaska.

Training is now consequently conducted at two levels, corresponding in content to the first and second year of an Associate Degree program. Health Aides become certified Community Health Aides on completion of the equivalent of one year's studies and are ther eligible to proceed to studies leading to the completion of the degree program. However, funding has never been available that would permit a consistent training effort in the "advanced" part of the curriculum and funds are, in fact barely adequate to allow the basic primary health care training.

The Community Health Aide is selected by the village coun il from among village residents. After selection, an introduction to primary health care is provided by means of three sessions each of three weeks' duration. Between each session, health aides receive on-the-job training from Public Health Nurses in the village, when feasible. Advanced training, where it has been possible, has been delivered in the form of special seminars and clinical workshops and through the development of self-instructional materials. Due to the lac of adequate funding, this aspect of the program has been conducted on a sporadic and piecemeal basis.

Community Health Aides range from the ages of 18 years to 60 years and may have none or as many as seven dependants. Their formal education can range from third grade up to twelfth grade or beyond.

TIME TABLE OF ACTIVITIES

Note:

YKHC = Yukon-Kuskokwim Health Corporation

KCC = Kuskokwim Community College

DPH = State of Alaska Dept of Public Health

BINS = Bethel Itinerant Nursing Service

BIA = Bureau of Indian Affairs

REA = Rural Education Affairs (U of A)

IHS = Indian Health Service

LKSD = Lower Kuskokwim School District

ACTIVITY	RESPONSIBILITY	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
PLANNING:													
Selection of target villages	Program Director KCC B.O.D YKHC Staff YKHC Health Educator DPH Village Councils	———											
Negotiation of subcontracts	Program Director KCC	———											
SCHOOL HEALTH PROGRAM:													
Curriculum development	BIA/LKSD (subcontract)		———										
Development of testing instruments	BIA/LKSD (subcontract)			———									
Pre-testing of village schoolchildren	BIA or LKSD teacher in each selected village				———								
Incorporation of curriculum into school program	BIA or LKSD teacher in each selected village					———	———	———	———	———			
Post-testing of village schoolchildren	BIA or LKSD teacher in each selected village											———	
Evaluation of results and final report	Program Director KCC Health Ed. Coord. YKHC Health Ed. DPH												———
MEDIA PROGRAM:													
Development of video-tape outline	Health Ed. Coord. YKHC	———											

ACTIVITY	RESPONSIBILITY	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Production of video-tape series	Health Ed. Coord. YKHC Health Ed. DPH	———											
Consultation and evaluation of videotapes	Health Ed. DPH		———										
Development of pamphlets and other materials	Health Ed. DPH Technical writer Technical artist (subcontracts)	———	———										
Production of pamphlets and other materials	(subcontract)			———	———								
Inspection of village video viewing facility	Health Ed. Coord. YKHC		———	———									
Organization of village group sessions	Community Health Aide in each selected village				———	———	———	———	———	———	———	———	———
Pre-testing of target group	Community Health Aide				———								
Post-testing of target group	Community Health Aide												———
Evaluation of results and final report	Program Director KCC Health Ed. DPH												———

ACTIVITY	RESPONSIBILITY	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
HEALTH EDUCATION AIDES:													
Selection and hiring of health education aides	Health Ed. Coord. YKHC Village Councils	———											
Training of health education aides	Health Sciences KCC												
Development of lesson plans for village use	Health Ed. Coord. YKHC		———										
Pre-testing of target group (house-to-house)	Community Health Aide in each selected village (subcontract)			———									
Organization of health education sessions in villages	Health Education Aides				———	———	———	———	———	———	———	———	
Observation and appraisal of health education aide performance	Health Ed. Coord. YKHC				———		———		———		———		
Post-testing of target groups	Community Health Aide (subcontract)											———	
Evaluation of results and final report	Program Director KCC Health Ed. DPH												———

ACTIVITY	RESPONSIBILITY	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
COMMUNITY HEALTH AIDE EDUCATION:													
Development of self-instructional materials	Program Director KCC	———											
Production of self-instructional materials	Johnson/Dole (subcontract)		———										
Clinical pre-test of CHA	Medical Director YKHC Instructors KCC			——									
Clinical training of CHA	Medical Director KCC Instructors KCC				——								
Clinical post-test pf CHA	Medical Director YKHC Instructors KCC					——							
Distribution of self-instructional units and self-paced use of units by CHA	Program Director KCC					———		———		———			
Pre-test (theory)	Program Director KCC					——							
Post-test (theory)	Program Director KCC											——	
Observation and appraisal of CHA performance in villages	Health Ed. Coord. YKHC Coord./Instructors YKHC IHS physicians BINS nurses	----------											

ACTIVITY	RESPONSIBILITY	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Inspection of village clinics	Coord/Instructors YKHC	———	———										
Record audit (otitis media)	Coord/Instructors YKHC									———	———		
Initial village screening (ten villages)	Audiologist			———	———								
Final village screening (ten villages)	Audiologist										———		
Evaluation of results and final report	Program Director KCC Health Ed. DPH Consultants												———

LIST OF PROPOSED SUB-CONTRACTS

Contract #	Sub-Contractor	Principle activities
1	YKHC	Inspection of village facilities. Selection, hiring and supervision of part-time health educator and health education aides. Development of videotape outline.
2.	BIA or LKSD	School health curriculum development. Development of testing instruments
3.	Technical writer	Development of pamphlets
4.	Artist	Illustration of pamphlets.
5.	Actor	Participation in video presentation.
6 - 16	CHAs	Pre and post-testing target groups
17.	Johnson/Dole	Production self-instructional units.
18	Consultant	Statistical analysis.

GRANTOR: agrees to remit a monthly advance to the grantee unpon receipt of an advance request form.

GRANTEE: agrees to submit a monthly request (advance) for funds to be expended,

agrees to submit a quarterly billing, not later than 30 days after the end of each quarter,

agrees to maintain records and such records are open to the grantor during normal business hours an upon mutual agreement as to time of inspection.

Any questions as to allowable costs will be mutually considered.

3.6 GEOGRAPHIC AREA

The area surrounding Bethel comprises roughly 75,000 square miles of the western part of southwestern Alaska. It forms an approximate rectangle 400 miles long by 270 miles wide.

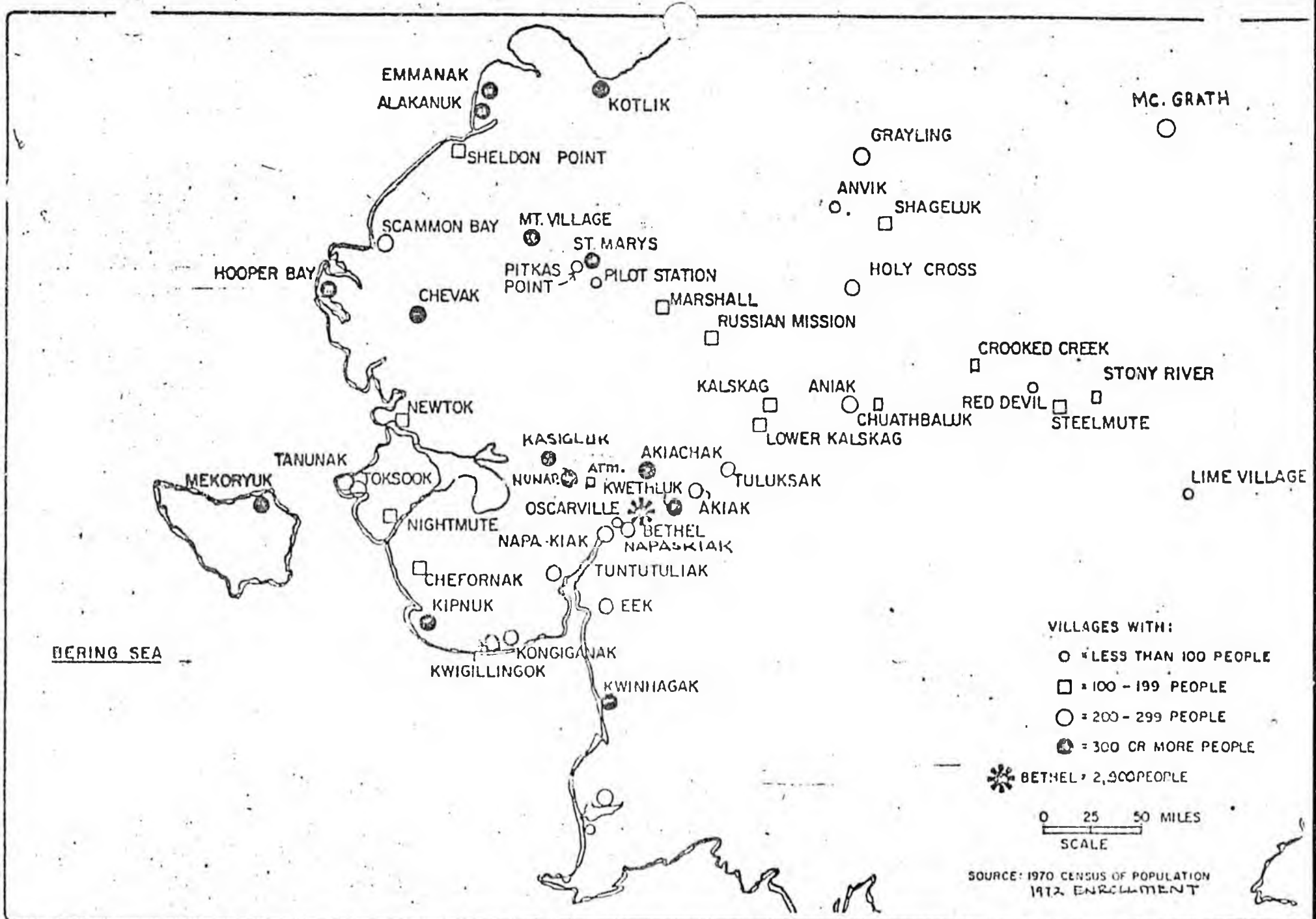
With a population of nearly 3,000, Bethel serves as the air transportation axis for the region. Situated some 400 miles from Anchorage, it caters to nearly sixty villages strung along the Yukon and Kuskokwim Rivers and the Bering Sea coast.

The village furthest away from the Alaska Native Medical Center at Bethel is Lime Village, at 225 miles. Examination of the accomapnying map will reveal that many other villages are between 100 - 200 miles away from the nearest hospital. Extreme disteances across the area are 332 by 460 statute miles. The area encompasses approximately one tenth of Alaska's land surface and i larger than the State of Washington.

The water, tundra and mountains of the region present a severe geographical barrier to physical communication with the outside world. There are no connecting roads, railroads or other normal means of surface transportation. Travel by air, which is prohibitively expensive, is the only viable means of gaining access to the hospital from the villages.

The climate of the region is another factor preventing ease of access and communication. The climate can be characterized as sub-arctic, with only lo3 frost-free days per year and a mean wind-velocity of 10 m.p.h. Seven months of the year, temperatures average well below freezing-point. Taking into consideration chill factors, it is common to experience conditions equivalent to minus 60 degrees F.

Muchof the region is treeless tundra. Flooding is the rule following break-up of river ice in Spring. In the Fall and Spring, not all villages are accessible, even by air. Fall freeze-up and Spring break-up prevent landing. These factors impede access and communications and as a result, the Community Health Aide becomes the key point of primary health care delivery and health education in the area.


EMMANAK
ALAKANUK
KOTLIK
SHELDON POINT
SCAMMON BAY
MT. VILLAGE
ST. MARYS
HOOPER BAY
PITKAS POINT
PILOT STATION
CHEVAK
MARSHALL
RUSSIAN MISSION
NEWTOK
TANUNAK
MEKORYUK
TOKSOOK
KASIGLUK
NUNAM ATM.
AKIACHAK
KWETHLUK
TULUKSAK
OSCARVILLE
AKIAK
NIGHTMUTE
BETHEL
NAPA-KIAK
NAPASKIAK
CHEFORNAK
TUNTUTULIAK
KIPNUK
EEK
KONGIGANAK
KWIGILLINGOK
KWINHAGAK
BERING SEA
MC. GRATH
GRAYLING
ANVIK
SHAGELUK
HOLY CROSS
CROOKED CREEK
STONY RIVER
KALSKAG
ANIAK
RED DEVIL
CHUATHBALUK
STEELMUTE
LOWER KALSKAG
LIME VILLAGE
VILLAGES WITH:
○ = LESS THAN 100 PEOPLE
□ = 100 - 199 PEOPLE
○ = 200 - 299 PEOPLE
● = 300 OR MORE PEOPLE
BETHEL = 2,900 PEOPLE
0 25 50 MILES
SCALE
SOURCE: 1970 CENSUS OF POPULATION
1972 ENROLLMENT

4.0 ANTICIPATED OUTCOMES AND BENEFITS

Early in the program, an initial screening will be performed on all pre-school and school children in the eight selected villages and in two control villages. The intent will be to identify the number of cases of ear problems existant in those villages at that particular time.

With this information, an audit of medical records in each village will be made, for the purpose of discovering how many of the cases identified by the audiologist have already been identified by the Community Health Aide and are receiving care.

The proportion of cases identified by the audiologist to those previously identified by the health aide will be noted in each case.

A second screening will be conducted towrds the end of the program for the same purpose. It is hoped and expected that there will be an improvement in the proportion of cases already identified by the Community Health Aide. If such is, in fact, the case, the program's overall objective will have been attained.

An improvement in the ratio of cases of ear problems detected and treated by the health aide to the number of ear problems detected by general screening, will, of course, indicate that patients are seeking earlier treatment. It is highly probable that under these conditions, complications will be fewer - an obvious and important benefit to the primary target population.

Less obvious benefits are nevertheless of great importance:

a) The program will produce an increased public awareness of otitis media as a dangerous and disabling condition and result in greater motivation to seek early treatment.

b) An indication will emerge as to the most appropriate health education approach (or combination of approaches) for use in isolated rural communities.

c) An indication of the cost-effectiveness of each approach will be given.

d) Experience will have been gained that will be useful in application of the program methodology to other health problems, its extension to other parts of the State or beyond.

e) The program will encourage consumer involvement in health care, since village communities will have participated in self-selection as a target of the program and will provide feed-back on its progress and implementation

f) An increased attitude of responsibility, both personal and community-wide will result with regard to otitis media.

g) A model of effective inter-agency cooperation will have been

provided. Communication links and operating agreements can then extend to expanding the program to greater segments of the population and against other serious and widespread health problems.

h) Increased knowledge and skill will accrue to Community Health Aides. As well as ensuring high quality primary care, this will lead to improved self-esteem and job-satisfaction.

i) The communities involved in the program will have a readier acceptance of the Community Health Aide as a primary health care agent.

j) With reduction of the complications of otitis media will come a corresponding reduction of typical learning disabilities due to hearing loss and serious illness.

k) Formative evaluation will give an indication of the effectiveness of the outreach instruction provided to Community Health Aides. Results can then be incorporated into planning of other outreach programs even outside the field of health.

l) The existence of the program will provide tangible evidence that the Community College and the participating agencies have a real concern for closer involvement in community education and service.

l) Program achievements can be convincing when approaching funding sources in connection with future programs or for expansion of the proposed program.

5.0 Evaluation Procedures

Specific program objectives are matched against appropriate evaluation procedures in the table appearing in the following pages:

5.0 EVALUATION PROCEDURES

OBJECTIVE	EVALUATION TECHNIQUES
1) Overall objective:	
To determine the relative effectiveness of three different health education approaches in obtaining a significant reduction in the ratio of late to early detection of otitis media in eight villages of rural Alaska	Initial and final otological screening of all pre-school and school children in each of the selected villages and in two control sites. Comparison of results of these screenings with patient records to determine the ratio of patients already identified and receiving care for otitis media, in each case.
2) Objectives (Predisposing factors)	
These objectives apply equally to: The School Health Program The Health Education Aide Program The Media Program	(Evaluation techniques listed in this column include also those designed to determine program efficiency.)
On completion of the program, 75% of the target group in each case will:	
a) demonstrate familiarity with the early signs and symptoms of otitis media,	School Health Program: 1. Pre-testing of all school children in the four selected villages, to determine the extent of knowledge of otitis media and their attitudes towards it.
b) indicate willingness to seek care for themselves or children for whom they are responsible, in the early stages of otitis media	2. Post-testing of all school children in these villages to determine knowledge gain and/or attitude change.

c) regard otitis media NOT as an inevitable part of childhood development but as a condition that is dangerous and potentially disabling,

d) shall know that:

- middle ear infection can result in hearing-loss,
- a number of serious diseases can result from otitis media,
- complications of otitis media are preventable through early detection and efficient treatment,
- treatment of otitis media is free, safe, effective, easily available and relatively pleasant,
- upper respiratory diseases predispose towards otitis media.

3. Inspection of records of attendance at health education classes for each grade.

4. Inspection of records of referral to parents of children with ear problems

5. Evaluation of curriculum by teachers in each selected village.

6. Comparison of expenditures with degree of knoweldege gain and/or attitude change

Health Education Aide Program:

1. Pre-testing of target group by means of house-to-house interview in order to determine extent of knowledge about otitis media and attitudes towards it.

2. Post-testing of target group to determine knowledge gain and/or change of attitudes.

3. Record of teaching sessions conducted by health education aides and attendance.

4. Observation and appraisal of health education aides during teaching sessions.

5. Comparison of expenditures in relation to knowledge gain and/or attitude change.

Media program:

1. Pre-testing of target group by means of house-to-house interview to determine extent of knowledge about otitis media and attitudes towards it.

2. Post-testing of target group to determine knowledge gain or attitude change.

3. Record of media sessions and attendance

4. Comparison of expenditures in relation to knowledge gain and/or attitude change.

3. Objectives (Enabling factors)

These objectives apply only to the Community Health Aide Education Program

By the end of the program:

a) The CHA in each selected village shall have recieved basic training in primary health care and in addition shall have demonstrated at least 80% proficiency in written and practical tests given subsequent to advanced didactic and clinical instruction in the detection and care of otitis media

1. Certification of the health aide by usual evaluative methods.

2. Clinical pre- and post-testing in connection with clinical training sessions.

3. Pre- and post-testing in connection with self-instructional materials.

b) The CHA in each of the selected villages shall have demonstrated satisfactory performance in the detection, assessment, managing and recording of cases of otitis media occurring in the village during the program period.

1. Observation and appraisal of the CHA by Coordinator/ Instructors, Public Health Nurses and visiting PHS physicians.

a) The Community Health Aide in each of the selected villages shall have demonstrated an understanding of and readiness to apply the principles of patient education in relation to otitis media. Documentary evidence will support the fact that in at least 80% of cases, pateint education has been provided for patients seeking care of ear problems	1. Pre and post-testing of CHAs in connection with self-instructional units covering patient education. 2. Observation and appraisal of benavior and attitude of CHA by Coordinator/Instructors. Public Health Nurses and Physicians of Indian Health Service. 3. Inspection of patient records by Instructors.
b) In each of the selected villages, the CHA shall have shown evidence of reinforcing behavior and attitude towards patients seeking care of ear problems.	1. Observation and appraisal of CHA by Coordinator/ Instructors, BINS and IHS.
c) Health professionals (i.e. physicians and piblic health nurses) visiting target villages shall have reinforced the program's educational message in a consistent manner in the course of at least 80% of patient encounters.	1. Reports from health professionals concerned. 2. Inspection of patient records.

6.0 INFORMATION DISSEMINATION

Information concerning the project will be disseminated initially through copies of the proposal being sent to participating agencies and to other interested orgainzations.

Similarly, copies of the project's final report will be dispatched.

Other means of disseminating information exist through the following bodies:

Bethel Region Native Health Board
Planning and Advisory Committee for Health Aide Programs in Alaska
Rural Education Affairs, Curriculum review Committee.
Policy Advisory Committee for Health Aide Education
Association of Health Educators in Alaska

Reports will be furnished to these groups on termination of the project.

Instructional and educational materials produced for the program will be made available at cost for institutions or agencies wishing to make use of them. These materials will include videotapes, pamphlets and self-instructional materials.

7.0 BUDGET

The proposed program budget is set out in the following pages:

NOTE: In addition to matching funds amounting to $25,000, additional in-kind contributions amount to a further estimated $21,552.

In view of this, payment of indirect costs is requested at 15% of the total direct project costs.

7.0 BUDGET (See Section 5.7 of the Guide.)

Title of Program: _____

	Proposed Budget		
	Federal 2/3	Institution 1/3	Total
Salaries and Wages:			
Director	-0-	-0-	-0-
Associate Director	-0-	-0-	-0-
Instructors & Lecturers	7,934	3,966	11,900
Clerical	-0-	-0-	-0-
Other (Identify Position Title) Community Health Aides supplement	4,666	2,334	7,000
Total Salaries & Wages	12,600	6,300	18,900
Operations:			
Payroll Costs (FICA, Retirement, etc.)	2,520	1,260	3,780
Materials and Supplies	9,033	4,517	13,550
Services (Mailing, Printing, etc.)	7,000	3,500	10,500
Consultants other than those on payroll (Detail on an attached sheet)	5,000	2,500	7,500
Rentals - space	-0-	-0-	-0-
Rentals - equipment	-0-	-0-	-0-
Miscellaneous (Identify category)			
Total Operations	23,553	11,777	35,330
Travel:			
(Detail on an attached sheet)	5,985	2,993	8,978
Equipment:			
(Detail on an attached sheet)	1,333	667	2,000
Total Direct Project Costs:	43,471	21,737	65,208
Indirect Costs*: (rate 10% 13%)	4347 ~~6,521~~	~~3,240~~ *	4347*** ~~9,781~~
TOTAL PROJECT COSTS:	47,818 ~~49,992~~	24,737 ** ~~24,997~~	~~74,989~~

*Total indirect cost to be limited to 10% of the Total Direct Federal Project Cost

* not allowed as part of match

** note match - must be at least ½ total federal project cost, i.e., $23,909

*** maximum total indirect cost allowed

PROPOSED BUDGET

		IN-KIND
1000 PERSONNEL		
1101 Instructional Staff		
Health Education Aides training		833
Community Health Aides training		1,666
Community Health Educator 50% for 4 months	4,900	
Staff benefits @ 20%	980	499
1201 Administrative staff		
Program Director 20% for 12 months		6,000
Staff benefits @ 20%		1,200
1251 Specialist/support staff		
Community Health Aides (pre and post testing: supplementary emolument) $700 X 10	7,000	
Health Education Aides (4) 4 @ $350/month X 5 months	7,000	

	Audiologist/otologist 100% X 2 months		3,132
	Instructional technologist (development self-instructional units)		2,500
	Coordinator/Instructors YKHC 16 days @ $40/day		640
	Staff benefits @ 20%	2,800	
2000	TRAVEL AND SUBSISTENCE		
2030	Staff training and development		
	Health Education Aides 4 trips VIL-BET-VIL @ $125/trip per diem 4 X $65 X 4	600 1,300	
	Community Health Aides 8 trips @ $125/trip per diem 8 x $65 X 5	1,000 2,600	
2010	Meetings		
	3 trips ANC-BET-ANC @ $150 1 trip JUN-ANC-JUN @ $160 per diem 6 X $65		450 160 390
2020	Field/Administrative		
	Coordinator, Health Education 6 trips @ $125 per diem 8X $47	500 252	

	Actor		
	1 trip BET-ANC-BET @ $150	150	
	per diem 4 X $50	200	
	Audiologist/otologist		
	16 trips @ $125		2,000
	per diem 16 X $47		752
	Consultation with Village Councils and community members		
	16 trips @ $125	2,000	
	per diem 16 X $47	376	
3000	CONTRACTUAL SERVICES		
3005	Professional Fees for Services		
	Technical writer (paphlet development)	1,000	
	Artist (pamphlet illustration)	500	
	Consultant (statistical analysis)	7,500	
	Media Development Specialist 2.5 months @ $1,500/month	3,700	
	Actor (VIdeo presentations) 20 hrs @ $20/hr	400	
	School curriculum specialist 1.5 months @ $1,500/month	2,250	
	Secretarial assistance 100% X 2 months	2,500	
3342	Long distance charges	100	

3351	Freight and Parcel Post		
	Shipping, videotapes and instructional materials		200
3444	Postage	50	
4000	COMMODITIES		
4010	Stationery and Office Supplies		100
4011	Educational and instructional supplies		
	Videotapes	200	800
	Pamphlets and other educational materials	3,500	
	Self-instructional units for Community Health Aides	9,350	
	Testing Instruments		200
5331	Educational Equipment		
	Pneumatic otoscopes 10 @ $100 ea.	1,000	
	Clinistrips 2,000 @ 50¢	1,000	
7000	OVERHEAD RECOVERY EXPENSES		
7811	Indirect costs @ 15% of $65,208	9,781	
	TOTALS	74,989	21,552

8.0 LETTERS OF SUPPORT. (Attach at least three letters of support from representatives of the program participant group, cooperating institutions, community leaders, governmental agencies, and associations or organizations with related programs or interests. See Section 5.8 of the Guide.)

9.0 CERTIFICATION. (This page must be signed prior to proposal submission by the appropriate institutional officials below to demonstrate compliance with the statutory requirements of Title I-A, HEA.)

This program has been coordinated with appropriate governmental and private agencies working in this particular field of community development. The program does not duplicate existent programs available in this area.

The conduct of the program or performance of the activity or service is consistent with the institution's overall educational program and is of such a nature as is appropriate to the effective utilization of the institution's special resources and the competencies of its faculty.

If courses are involved, such courses are extension or continuing education courses, and 1) they are fully acceptable toward an academic degree, or 2) they are of college level as determined by the institution.

The proposed program is not related to sectarian instruction or religious worship and is not provided by a school or department of divinity.

This proposal and attached budget have been coordinated with the Comptroller and other appropriate officials of the institution.

The institution will have available during fiscal year 1978 from non-federal sources for expenditure for extension and continuing education programs not less than the total amount actually expended by the institution for extension and continuing education programs from such sources during fiscal year 1965 (or the first operating year), plus an amount which is not less than the non-federal share of the costs of community service and continuing education programs for which Federal financial assistance is being requested.

Signed: _____
(Signature and Title of Program Director)

Approved: _____
(Signature and Title of Comptroller)

Approved: _____
(Signature and Title of Dean and/or Department Head)

Approved: Carol C. Ickes Acting Campus President, Kusko C.C.
(Signature and Title of Approving Institutional Official)

_____
(Date)

EXCERPT FROM THE CURRICULUM FOR COMMUNITY HEALTH PRACTITIONERS ASSOCIATE IN APPLIED SCIENCE, UNIVERSITY OF ALASKA

This lists the objectives and course content in connection with the "advanced" instruction of Community Health Aides with regard to ear problems.

Ear Problems II

Description: This unit provides students with increased skills in the management of ear problems; emphasizes the etiology and possible sequelae of diseases of the ear; familiarizes students with techniques for testing auditory acuity, including the use of the audiometer and audiogram; and instructs them in the resources available to the deaf and hearing impaired.

Objectives: Upon completion of the unit the student will be able to:

1. Demonstrate skill in removing foreign bodies or impacted cerumen from the external auditory canal and apply precautions.

2. Recognize the clinical manifestations of serous otitis media and describe its management.

3. Describe the etiology and symptoms of otitis media and explain appropriate treatment and preventive measures.

4. Recognize the clinical manifestations of noise trauma and list ways that such injuries can be prevented.

5. Describe the possible complications of ear disease, with particular reference to children.

6. Demonstrate irrigation and suctioning of the external auditory canal, using material and equipment available.

7. Describe familiar techniques for testing auditory acuity and demonstrate skill in the use of the audiometer and recording results of audiometric tests.

8. List resources available for the support and education of the deaf and partially deaf.

9. Record subjective findings on patients suffering from common ear problems.

10. Record objective findings on patients suffering from common ear problems.

11. Make intelligent assessments of patients' condition on the basis of subjective and objective findings.

12. Outline appropriate treatment or referral plans in connection with common ear problems on the basis of the assessment made.

13. Distinguish between ear problems susceptible to treatment at the village level and those necessitating referral to a secondary care agent.

14. Select drugs appropriate to the treatment of common ear problems, either on written or verbal instruction of a physician, or on own initiative if access to a physician is impossible.

15. Explain toxic effects and side effects of drugs to patients.

16. Describe the emergency management of overdose or reaction associated with drugs used in the treatment of common ear problems.

Content

I. Review of Anatomy and Physiology of the Ear

II. Common Ear Problems

A. Etiology
B. Types
1. serous otitis media
2. impacted cerumen
3. external otitis
4. acute otitis media
5. chronic suppurative otitis media
6. gross hearing loss

C. Symptoms and Evaluation
D. Management
E. Removal of Impacted Cerumen
1. method
a. ear drops
b. irrigation

2. precautions

F. Removal of Foreign Body
1. methods
a. irrigation
b. forceps

2. precautions

III. Noise Trauma

A. Causes
B. Symptoms
C. Audiogram
D. Management
E. Prevention

IV. Complications of Ear Disease

A. Types
1. mastoiditis
2. brain abscess or meningitis
3. cholesteatoma
4. destruction of middle ear bones
5. hearing loss
6. slow speech development

B. Manifestations and Treatment
C. Prevention

V. Treatment Procedures

A. Ear Irrigation
1. indications
2. equipment
3. technique
4. precautions

B. Suctioning
1. indications
2. equipment
3. technique
4. precautions

VI. Evaluation of Hearing

A. Simple Observation
1. voice pitch
2. poor speech
3. lip reading
4. perception of ticking watch or whisper
5. perception of sharp noise

VII. Use of Audiometer and Audiogram

A. Purpose
B. Elements
1. frequency
2. intensity

C. Audiograms
1. symbols
2. plotting
a. conductive
b. sensorineural

VIII. Procedure and Interpretation of Audiogram

A. Technique
1. earphone placement
2. oscillator placement
3. screening
4. threshold testing

B. Interpretation of Audiograms
1. type of loss
2. degree

IX. Resources for the Hearing Impaired

A. Services Available
1. complete evaluation for diagnosis and rehabilitation
2. hearing aids
3. training in lip reading, auditory training, speech conservation, speech therapy

B. Alaskan Agencies and Institutions
C. National Agencies and Institutions

APPENDIX "B"

RECENT STATISTICS RELATING TO PATIENT CONTACTS OF
COMMUNITY HEALTH AIDES IN THE BETHEL SERVICE UNIT

...am Branch — Leading Health Problems Seen by Health Aides — ...Month of ... 1977
In Bethel Service Unit By Community Of Residence

Rank Health Problem	Community of Residence									
	Total 11583		Akiachuk 381		Akiak 105		Alakanak 526		Ani... 269	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	
Total Patient Contacts	3951	37.27	100	26.24	42	21.55	302	57.33	150	
1. Respiratory	1247	11.23	20	5.24	15	7.69	112	20.89	46	
2. Ear, Nose, & Throat	817	6.83	46	12.59	1	0.51	61	11.33	21	
3. Skin	833	7.31	22	5.77	10	5.12	81	15.11	3	
4. Accidents & Injuries	127	1.06			4	2.05	7	1.30	13	
5. Castrointestinal	320	2.68	2	0.52	5	2.56	16	2.98	5	
6. Musculoskeletal	150	1.25	5	1.31	2	1.02	9	1.67	7	
7. Genitourinary & GYN	186	1.55	1	0.26	4	2.05	8	1.49	7	
8. Eye	104	1.02			1	0.51	5	0.65	11	
9. Circulatory & Blood	245	2.05	2	0.52			7	1.30	3	
10. Mental Health	26	0.21								
11. Mis. Comm. Diseases	37	0.30								
12. Neurology	15	0.10								
13. Deaths	2	0.01								
All Other	151	1.26					2	0.57	6	

*Rate per 100 population

Program [illegible]

Leading Health Problems Seen By Health Aides
In Bethel Service Unit By Community Of Residence

Month OCT. 19[illegible]

k Health Problem	Community of Residence									
	Anvik 85		Atmauthluak 160		Chefornak 192		Chevak 414		Chauthbaluk 129	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Total Patient Contacts	30	35.29	100	62.50	47	24.47	192	46.37	54	41.86
1. Respiratory	6	7.05	28	17.50	31	16.14	61	14.73	5	3.87
2. Ear, Nose, & Throat	2	2.35	48	30.00	5	2.60	28	6.76	20	15.50
3. Skin	3	3.52	4	2.50	4	2.08	12	2.89	27	20.93
4. Accidents & Injuries	0		1	0.62	1	0.52	10	2.41	1	0.77
5. Gastrointestinal	0		4	2.12	2	1.04	24	5.79		
6. Musculoskeletal	1	1.17	1	3.12	1	0.52	29	7.00		
7. Genitourinary & GYN	1	1.17	5	1.25	3	1.56	17	4.10		
8. Eye	1	1.17	5				5	1.20		
9. Circulatory & Blood	16	18.82	2				1	0.24		
10. Mental Health										
11. Mis. Comm. Diseases									1	0.77
12. Neurology										
13. Deaths										
All Other			2	1.25			5	1.20		

*Rate per 100 population

Program [illegible]

Leading Health Problems Seen By Health Aides
In Bethel Service Unit By Community Of Residence

Month OCTOBER

k Health Problem	Community of Residence									
	Crooked Creek 84		Eek 211		Emmonak 554		Grayling 177		Holy Cross 222	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Total Patient Contacts	22	26.19	36	17.06	274	51.31	72	40.67	56	25.22
1. Respiratory	9	10.71	13	6.16	34	6.36	36	20.33	25	11.26
2. Ear, Nose, & Throat	7	8.33	1	0.47	30	5.61	5	2.82	2	0.90
3. Skin	3	3.57	3	1.42	145	27.15	19	10.73	3	1.35
4. Accidents & Injuries	0		1	0.47	4	0.74				2.25
5. Gastrointestinal	1	1.19	5	2.36	29	5.45	2	1.12	5	2.25
6. Musculoskeletal	0		4	1.89	4	0.74			3	1.35
7. Genitourinary & GYN	0		2	0.94	7	1.31	3	1.69		
8. Eye	0		2	0.94	16	2.99			4	1.80
9. Circulatory & Blood	2	2.38	0				3	1.69	9	4.05
10. Mental Health	0		2	0.94	2	0.37	1	0.56		
11. Mis. Comm. Diseases	0		1	0.47			2	1.12		
12. Neurology	0									
13. Deaths	0									
All Other	0		2	0.94	5	0.94	1	0.56	5	2.25

*Rate per 100 population

Pro[illegible] Branch — Leading Health Pro[illegible] Seen By Health Aides In Bethel Service Unit By Community Of Residence — [illegible] 77

Rank	Health Problem	Community of Residence									
		Hooper Bay 600		Kalskag 174		Kasigluk 306		Kipnuk 397		Kongiganak 201	
		Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
	Total Patient Contacts	209	44.33	51	29.31	123	40.19	130	33.59	35	17.4
1.	Respiratory	97	16.16	17	9.77	38	12.41	62	16.02	17	8.45
2.	Ear, Nose, & Throat	92	15.33	2	1.14	11	3.59	17	4.39	7	3.48
3.	Skin	32	5.33	13	7.47	33	10.78	26	6.71	3	
4.	Accidents & Injuries	16	2.66	11	6.32	1	0.32				0.49
5.	Gastrointestinal	6	1.00	3	1.72	9	2.94	8	2.06	1	
6.	Musculoskeletal	3	0.50	2	0.67	6	1.96	5	1.29		0.49
7.	Genitourinary & GYN	7	1.16	1	1.14	3	0.98	1	.25	1	0.49
8.	Eye	2	0.33			7	2.28	3	.77	1	
9.	Circulatory & Blood	9	1.50			7	2.28	5	1.29		
10.	Mental Health	1	0.16								
11.	Mis. Comm. Diseases	3	0.50								
12.	Neurology			1	0.57						
13.	Deaths										
	All Other	1	0.16	1	0.57	8	2.61	3	0.77		

*Rate per 100 population

Program [illegible]ch

Leading Health Problems Seen by Health Aides
In Bethel Service Unit By Community Of Residence

Month OCT[illegible]

nk Health Problem	Community of Residence									
	Kotlik		Kwethluk		Kwigillingok		Lime Village		Lower Kalskag	
	302		450		194		20		205	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Total Patient Contacts	160	52.98	206	45.77	74	38.14	24	120.00	72	35.12
1. Respiratory	59	19.55	55	12.22	35	18.04	1	5.00	24	11.70
2. Ear, Nose, & Throat	33	10.92	56	12.44	13	6.70	1	5.00	11	5.36
3. Skin	25	8.27	64	14.22	5	2.57	1	5.00	16	7.80
4. Accidents & Injuries	5	1.65			7	3.60			1	.48
5. Gastrointestinal	10	3.31	5	1.11	3	1.54	18	90.00	7	3.41
6. Musculoskeletal	2	0.66	1	.22	5	2.57				
7. Genitourinary & GYN	7	2.31	10	2.22					2	0.97
8. Eye	8	2.64	5	1.11					4	1.95
9. Circulatory & Blood	4	1.32	4	0.88	6	3.09			5	2.45
10. Mental Health	4	1.32								
11. Mis. Comm. Diseases										
12. Neurology			3	0.66						
13. Deaths	1	0.33								
All Other	2	0.66	3	0.66			5	15.00	2	0.97

*Rate per 100 population

Program [redacted] Leading Health Problems [redacted] by Health Aides In Bethel Service Unit By Community Of Residence Month OCT 1[redacted]

k Health Problem	Community of Residence									
	Marshall 225		Mekoryuk 202		Mt. Village 540		Napakiak 293		Napaskiak 215	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Total Patient Contacts	155	68.90	18	8.91	448	82.96	87	29.69	68	31.62
1. Respiratory	32	14.22	8	3.96		25.11	35	11.94	7	3.25
2. Ear, Nose, & Throat	24	10.66			2	13.33	29	9.39	38	17.67
3. Skin	33	14.66	3		81	15.00	5	1.70	13	6.0
4. Accidents & Injuries	5	2.22			12	2.22	2	.68		
5. Gastrointestinal	14	6.22	2	.99	47	8.70	4	1.36		
6. Musculoskeletal	12	5.33	2	.99	19	3.51	3	1.02	1	0.46
7. Genitourinary & GYN	10	4.44	1	.49	29	5.37	2	.68		
8. Eye	4	1.77			11	2.03	2	.68	9	4.18
9. Circulatory & Blood	3	1.33			11	2.03	1	.34		
10. Mental Health	11	4.88					1	.34		
11. His. Comm. Diseases	2	.88			1	0.18	1	.34		
12. Neurology	1	.44			3	0.55	1	.34		
13. Deaths							1	.34		
All Other	2	.88	2	.99	21	3.88				

*Rate per 100 population

Program [redacted]en — Leading Health Problems [redacted] by Health Aides — Month Oct. 19[redacted]
In Bethel Service Unit By Community Of Residence

k Health Problem	Community of Residence									
	Newtok		Nightmute		Nunapitchuk		Oscarville		Pilot Station	
	151		153		312		51		311	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Total Patient Contacts	100	66.22	3	2.25	249	79.89	24	47.05	142	45.65
1. Respiratory	18	11.92		.75	54	17.30	1	1.96	47	15.11
2. Ear, Nose, & Throat			2		66	21.15			6	1.92
3. Skin	3	1.98			13	9.16	8	15.68	28	9.00
4. Accidents & Injuries					1	.32			4	1.28
5. Gastrointestinal	2	1.32			26	8.33	1	1.96	19	6.10
6. Musculoskeletal					7	2.24	1	1.96		
7. Genitourinary & GYN	4	2.64	2	1.50	5	1.60			15	4.82
8. Eye					2	.64				
9. Circulatory & Blood					71	22.75	13	25.49	7	2.25
10. Mental Health									1	.32
11. Mis. Comm. Diseases	17	11.25							6	1.92
12. Neurology									1	.32
13. Deaths										
All Other	56	37.03			4	1.28			8	2.57

*Rate per 100 population

Program: mch

Leading Health Problems ... by Health Aides
In Bethel Service Unit By Community Of Residence

Month: Oct 19..

nk Health Problem	Community of Residence									
	Pitkas Pt.		Quinhagak		Red Devil		Russian Mission		St. Mar's	
	88		395		36		169		425	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Total Patient Contacts	55	62.50	99	25.06	4	11.11	83	51.37	212	49.88
1. Respiratory	6	6.81	46	11.64	2	5.55	27	16.87	49	11.52
2. Ear, Nose, & Throat	12	13.63	11	2.78			4	2.50	17	4.00
3. Skin	9	10.22	20	5.06	1	2.77	6	3.75	50	11.76
4. Accidents & Injuries			3	.75			2	1.25	23	5.41
5. Gastrointestinal	16	18.18	7	1.77			6	3.75	19	4.47
6. Musculoskeletal	3	3.40	4	1.01			3	1.87	4	.94
7. Genitourinary & GYN	3	3.40	2	.50			2	1.25	7	1.64
8. Eye			4	1.01			3	1.87	18	4.23
9. Circulatory & Blood					1.	2.77	5	5.00	2	.47
10. Mental Health							1	.62	3	.70
11. Mis. Comm. Diseases	6	6.81					20	12.50		
12. Neurology							2	1.25	2	.47
13. Deaths										
All Other			2	.50			2	1.25	3	1.35

*Rate per 100 population

Progr[illegible]anch

Leading Health Proble[illegible]en By Health Aides
In Bethel Service Unit By Community Of Residence

Month OCT. [illegible]

ank Health Problem	Community of Residence									
	Scammon Bay 225		Shageluk 179		Shelsons Pt. 289		Sleetmute 113		Stony River 70	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate
Total Patient Contacts	42	18.66	35	19.55	61	21.10	29	25.72	10	14.2
1. Respiratory	17	7.55	5	2.79	13	4.49	11	9.32	5	7.
2. Ear, Nose, & Throat	10	4.44	4	2.23	10	3.46			2	2.
3. Skin	2	.88	11	6.14	14	4.84	3	2.54		
4. Accidents & Injuries	1	.44	1	.55			1	.84		
5. Gastrointestinal	6	2.66	2	1.11	7	2.42				
6. Musculoskeletal	1	.44			6	2.07				
7. Genitourinary & OB	1	.44	5	2.79	1	.34				
8. Eye	3	1.33			4	1.34	13	11.01		
9. Circulatory & Blood			4	2.23						
10. Mental Health					3	1.03				
11. Mis. Comm. Diseases									2	2.8
12. Neurology									1	1.4
13. Deaths										
All Other	1	.44	3	1.67	3	1.03				

*Rate per 100 population

Program Description

Leading Health Problems By Health Aides
In Bethel Service Unit By Community Of Residence

Month OCT. 1977

Health Problem	Community of Residence									
	Toksook Bay 330		Tuluksak 204		Tintutuliak 281		Tununak 283			
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Total Patient Contacts	83	25.15	59	28.92	110	39.14	96	33.92		
1. Respiratory	39	11.81	17	8.33	51	18.14	5	1.76		
2. Ear, Nose, & Throat	11	3.33	8	3.92	13	4.62	1	.35		
3. Skin	15	4.54	10	4.90	19	6.76	10	3.53		
4. Accidents & Injuries					9	3.20	3	1.06		
5. Gastrointestinal	6	1.81	4	1.96	3	1.06	7	2.47		
6. Musculoskeletal	3	.90	1	.49	5	1.77				
7. Genitourinary & GYN	3	.90	5	2.45	6	2.13	6	2.12		
8. Eye	2	.60	4	1.96	4	1.42	58	20.49		
9. Circulatory & Blood	2	.60	9	4.41			4	1.41		
10. Mental Health										
11. Mis. Comm. Diseases	1	.30								
12. Neurology	1	.30	1	.49						
13. Deaths										
All Other							2	.70		

*Rate per 100 population

APPENDIX "C"

DESCRIPTION OF THE MICROPHONGRAPH SYSTEM TO BE INCORPORATED INTO SELF-INSTRUCTIONAL UNITS FOR USE BY COMMUNITY HEALTH AIDES

THE MICROPHONOGRAPH SYSTEM

A pocket-sized, solid-state, protable electronic phonograph equipped with a rotating stylus, the microphonograph is placed by the user over a small, staionary record. The stylus rotates at 133 r.p.m.

The motor and integrated circuit are powered by two rechargabel batteries, good for over two years of normal use. The case is molded of high-quality, shock-resistant plastic.

Audio is provided by a built-in speaker. Speed control is automatic. Variable volume control is installed.

Microrecords used in conjunction with the microphonograph vary in duration from 8 to 70 seconds. They are non-rotating plastic discs containing a recorded message as long as a pargraph of about 165 words. The transparent records can be affixed permanently in any array on a printed page and will allow printed material or illustrations to show through them.

Some advantages of the system are:

Close association of audio with visual:

Sound is presented in discrete, distributed units in direct association with the visual text or graphics,

Significant commentary can be introduced to extend meaning of printed materials.

Optimum learning segments:

On a single microrecord, the sound may consist of as little as a single phrase, phoneme or word, or as much as 70 seconds of instruction. This provides felxibility to meet different learning situations.

Learner control:

The learner can proceed on a personalized path at his or her own pace, repeating the subject matter at his or her discretion.

Instructional material can be repeated without the need for tedious mechanical or electronic searching.

The system reinforces learning by incorporating sound in direct relationship to the printed materials and graphics. The learner can see a phrase, word setence, paragraph or illustration and have simultaneously available either the exact sound of the printed message, or appropriate commentary or instructions to reinforce and extend meaning. Properly planned and implemented, the system can promote faster learning with greater retention.

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH, BETHEL ITINERANT NURSING SERVICE

KUSKOKWIM OFFICE BUILDING
P. O. BOX 188 – BETHEL 99559

RECEIVED
MAR 9 1978
Alaska Commission on
Postsecondary Education

March 7, 1978

Ms. Jane Maynard, State Administrator
for Title 1-A, HEA, Alaska Commission
for Postsecondary Education
Pouch F-State Office Building
Juneau, Alaska 99811

Dear Ms. Maynard:

Medical care and surgery are not the answers to reducing the incidence of Otitis Media. Only through appropriate health education approaches can attitudes be changed toward prevention.

The proposal called Comparison of Health Education Approaches to the Reduction of the Complications of Otitis Media in Rural Alaska, submitted to you by John Rich of Kuskokwim Community College is an effort toward ultimate prevention. Hopefully, such a project will determine the most effective methodology for influencing people to change. Please give this important proposal your consideration.

Sincerely,

Pat Shea

Pat Shea, Regional Nursing Supervisor
Bethel Itinerant Nursing Service

alc

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES ADMINISTRATION

March 6, 1978

RECEIVED
MAR 8 1978
Alaska Commission on
Postsecondary Education

Jane Byers Maynard
State Administrator
for Title 1-A, HEA
Alaska Commission for
Postsecondary Education
Pouch F-State Office Building
Juneau, Alaska 99811

Dear Mrs. Maynard,

Over the past several years that I have been on the staff of the USPHS Alaska Native Hospital in Bethel, I have noticed an increased awareness of the many problems relating to otitis media. Because of the extremely high incidence of this disease within our population here, it has been gratifying to see an intensification of efforts to reduce its incidence.

In working with State Public Health Nurses, Rural Cap, the ENT Department at the Alaska Native Medical Center, and our local health corporation, the need for an otitis media preventative health education program has been a recurrent theme. With otitis media, as with many other common conditions, it is apparent that increased public awareness would result in a reduction of morbidity, primarily through earlier treatment. What is not clear, however, is what constitutes the most effective and economical way to educate the public, especially in the villages.

Recently Mr. Gordon Harper spoke with me about a proposed study in which different modalities would be used to influence attitudes toward otitis media in selected villages. A comparison of the different health education approaches would then be done to determine which ones work best in this area.

The staff at the USPHS Hospital in Bethel wholeheartedly supports the outlined proposal, for we feel it will lend insight into the most effective method of health education in otitis media and most other health problems as well. Additionally, it seems very likely that the results of the study will be applicable to most of rural Alaska, rather than being limited to just the Yukon-Kuskokwim area. At a time when health care costs everywhere are rising, preventative medicine and health education are becoming increasingly important. The hospital staff would like to encourage efforts to implement this proposal, as it is an important step in upgrading the health care in the Yukon-Kuskokwim area and elsewhere.

Sincerely,

Raymond Shields

Raymond Shields, M.D.
Community Health Director
USPHS Alaska Native Hospital
Bethel, Alaska 99559

RS/sc

YUKON-KUSKOKWIM HEALTH CORPORATION

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

February 28, 1978

Jane Byers Maynard
State Adminstrator For Title 1-A, HEA
Alaska Commission of Post Secondary Education
Pouch F-State Office Building
Juneau, Alaska 99811

Dear Ms. Maynard:

I am glad to take this opportunity to acknowledge my support for the draft proposal titled "Comparsion of Health Education Approaches to the Reduction of the Complications of Otitis Media in Rural Alaska".

I have thoroughly reviewed it and find that the benefits during the proposal and the more important potential on going benefits after completion could, when applied to other health education issues, make this study of picking a working methodology the most important health work of the decade.

Sincerely,

David H. Blanchett

David H. Blanchett
Health Education Coordinator

Rural Alaska
Community Action Program, Inc.

RECEIVED
MAR 27 1978
Alaska Commission on
Postsecondary Education

March 22, 1978

Jane Byers Maynard
State Administrator for Title 1-A
Higher Education Act
Alaska Commission on Postsecondary Education
Pouch F - State Office Building
Juneau, Alaska 99811

Dear Ms Maynard

The former Director for Child Development of the Rural Alaska Community Action Program (RurAL CAP) had been working with the Division of Public Health in a collaborative effort to develop a community health education package dealing with the problem of otitis media in the Greater Bethel area of Alaska. With his resignation there has been a delay in RurAL CAP's participation in the preparation of a program proposal.

On March 10th I received a proposal entitled, "Comparison of Health Education Approaches to the Reduction of the Complications of Otitis Media in Rural Alaska." Having reviewed the proposal with staff from the Division of Public Health and Kuskokwim Community College, I feel that I can support the proposed program goals granted that the scope and objectives are more clearly defined, especially in relation to RurAL CAP's role as a cooperating agency.

In addition to an elaboration of those objectives, and as coordinator of this agency's Otitis Media Project, I would ask that the program address specific areas:

1. That the criteria for selection of the 10 villages be clearly laid out and when possible, existing pertinent variables be taken into account, such as the present village incidence of ear pathology, level of health aide delivery of care, and so forth.
2. That the "School Health Program" component include activities in the Head Start centers in the villages chosen which have such a preschool program.
3. That at least two of the villages selected for the program be ones with Head Start programs.

4. That participating health personnel (aides, nurses, doctors, health agencies) will be consulted for agreement to the program plan prior to its implementation.
5. That certain key phrases, such as "health care" be made more specific so that their interpretation in the overall goal is understood by all.

RurAL CAP's endorsement of the proposed Program Plan is, of course, contingent upon administrative review and the RurAL CAP Board of Directors' approval.

Sincerely,

Catherine V. Fleshman
Otitis Media Project Coordinator

CC: Dr. Robert Fraser
Susan Callan
Gordon Harper
John Rich

CVF/jo

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH

JAY S. HAMMOND, Governor

Pouch H-06
Juneau, Alaska 99811

March 23, 1978

Jane Byers Maynard
State Administrator for
Title I-A HEA
Alaska Commission for
Postsecondary Education
Pouch F
Juneau, Alaska 99811

RECEIVED
MAR 27 1978
Alaska Commission on
Postsecondary Education

Dear Ms. Maynard:

The Alaska Division of Public Health recognizes that otitis media is a significant health problem in rural Alaska and would like to go on record in support of the project application "Comparison of Health Education Approaches to the Reduction of the Complications of Otitis Media in Rural Alaska" submitted by Kuskokwim Community College.

The Division of Public Health, Health Education Unit has worked closely with Kuskokwim Community College and other participating agencies in developing the program strategy and plan to provide consultation on a continual basis in the implementation of the project activities.

Sincerely,

Robert I. Fraser, M.D.
Director

RIF/jl

UNIVERSITY OF ALASKA, ANCHORAGE
RURAL EDUCATIONAL AFFAIRS OFFICE
2221 E. NORTHERN LIGHTS BLVD
SUITE 220
ANCHORAGE, ALASKA 99504

March 22, 1978

ADMINISTRATIVE SERVICES

RECEIVED
Alaska Commission on
Postsecondary Education

Jane Byers Maynard
Director, Title 1A
Dept. of Education
Post Secondary Education Commission
State Office Building
Pouch F
Juneau, Ak. 99811

Dear Ms. Maynard:

I have been asked to draft a letter in support of the proposal to initiate a program to evaluate approaches to reduce complications of otitis media in rural Alaska, prepared by Kuskokwim Community College, et al.

I am glad to lend my support to this proposed project. I feel that the proposed combinations of approaches and the disease condition chosen are appropriate for such a test. Further, it would appear that this is an appropriate time to evaluate the methods of delivering health related information that will encourage people to take an active part in their own health status.

While I speak for myself in this matter, I will introduce this proposal to the next meeting of the Academic Review Committee for health aide education. I feel confident, from preliminary feedback, that this proposal and the training it will involve will be accepted on its merits and seen as a model for programs to follow.

Sincerely,

Haydn Widtfeldt, PA, MPH
Coordinator
Community Health Aide Education

HW:sm

cc: John Rich
Susan Callen
Gordy Harper

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH, SOUTH CENTRAL REGIONAL OFFICE

ROOM 222, MACKAY BUILDING
338 DENALI STREET – ANCHORAGE 99501

March 24, 1978

RECEIVED
MAR 1978
Alaska Commission on Postsecondary Education

Jane Byers Maynard
State Administrator for Title 1-A
Alaska Commission on Postsecondary Education
Pouch F
Juneau, Ak 99811

Dear Ms. Maynard:

At the May 1977 Annual Meeting of the Alaska State Division of Public Health, the decision was made that otitis media should be considered the priority concern of the division's health education effort in the forthcoming year. This decision was made because of the concern of both the citizens of western Alaska and the health providers in that area with the continued prevalence of serious ear disease, and with the amount of resources required to repair damaged ears.

The current grant proposal represents an attempt to involve several types of potential "educators" in this effort, including health aides, school teachers, and especially trained indigenous outreach persons by improving their respective capability to deliver pertinent information on good ear care to the target population of pre-school and school aged children and their parents.

It is hoped that his study will give some indication as to the comparative effectiveness of using these different categories of potential "health educators" in the rural Alaskan setting so that the information thus gained can be utilized in addressing other health problems such as: alcoholism, accident prevention, etc.

Other benefits that are anticipated as a result of this project are the development of an advanced health aide training module for rural Alaska and a school and pre-school health education curriculum unit dealing with good ear care. These curricula should be made available for widespread use in the future should they prove to be effective.

Although actual measurable improvement in ear health status should result, ultimately from this effort, it may be difficult to document immediately especially since other medical

and socio-economic factors will also be impacting the otitis media problem. Therefore, the primary thrust of this grant proposal is to test information acquisition and attitude change in the target group.

The Division of Public Health will have many opportunities to utilize the materials and approaches developed in this project in future health education efforts.

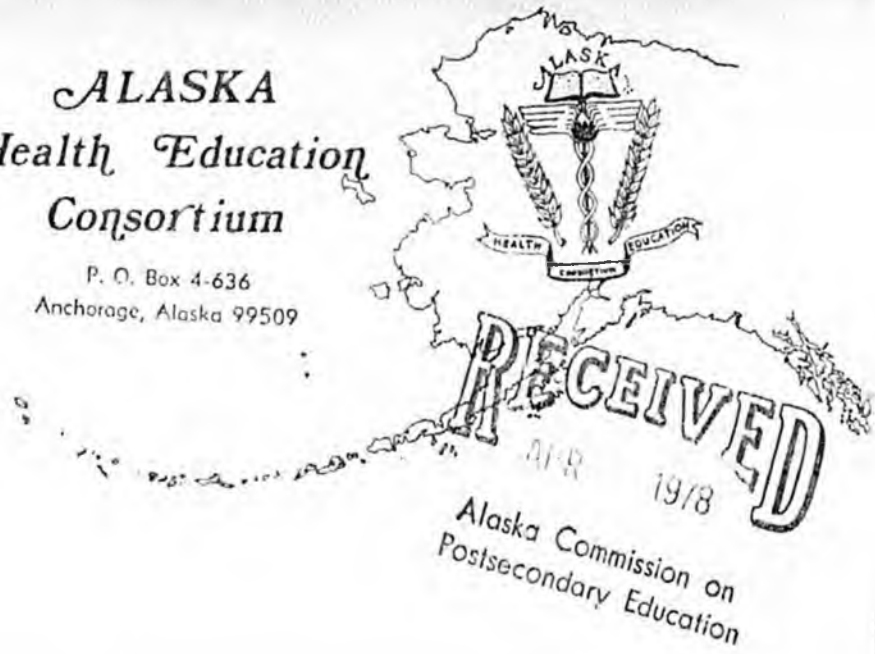
Sincerely yours,

Elizabeth A. Tower, MD

Elizabeth A. Tower, MD
South Central Regional
Health Officer

ALASKA
Health Education
Consortium

P. O. Box 4-636
Anchorage, Alaska 99509



RECEIVED
APR 1978
Alaska Commission on
Postsecondary Education

April 4, 1978

Ms. Jane Byers Maynard
Director, Title IA
Commission on Post Secondary
Education
Pouch F
Juneau, Alaska 99811

Dear Ms. Maynard:

At a recent general meeting of the Alaska Health Education Consortium the Proposal Review Committee was directed to review the proposal entitled Comparison of Health Education Approaches to the Reduction of the Complications of Otitis Media in Rural Alaska. The committee was charged with reviewing not only the philosophy and intent of the proposal but also conducted a techical review.

It is the unanimous opinion of this committee that this proposal would be a valuable contribution to the delivery of health services to Alaska. The need for more information on the method of delivering health services to rural Alaska is great. The approach taken by this proposal to compare the relative effectiveness of a variety of delivery services indicates a valid need. Additionally, the selection of otitis media as a target health problem is important. As you know, otitis media is a serious health problem for rural Alaska and one that bears additional research.

The Alaska Health Education Consortium would like to extend its support for this proposal through the review conducted by this committee. If you have any questions, please do not hesitate to call me.

Yours very truly,

John H. "Jack" Knapp
Chairperson
Proposal Review Committee

JHK:kt

cc: Susan Callan,
Southcentral Planning and Development Commission

Marion D. Bowles,
Skip Widtfeldt,
Steve Alexander,
Proposal Review Committee

South Central Health Planning and Development, Inc.
1135 West Eighth Avenue Suite I Anchorage, Alaska 99501
(907) 278-3631

APR 3 1978

RECEIVED
APR 3 1978
Alaska Commission on
Postsecondary Education

TO: Commission on Post Secondary Education

FROM: South Central Health Planning and Development, Inc.

SUBJECT: Project Review Committee Action and Comments Pertaining to the Application from Kuskokwim Community College entitled An Interagency Approach to Raise the Public Awareness of Otitis Media as a Health Problem.

DATE: March 31, 1978

At the March 23rd meeting of South Central Health Planning and Development, Inc.'s Project Review Committee, the Kuskokwim Community College's application "An Interagency Approach to Raise the Public Awareness of Otitis Media as a Health Problem" was set for review and comment. The following motion was ultimately made and unanimously passed.

> IT WAS MOVED, SECONDED AND PASSED TO RECOMMEND APPROVAL OF THE APPLICATION FROM KUSKOKWIM COMMUNITY COLLEGE ENTITLED "AN INTERAGENCY APPROACH TO RAISE THE PUBLIC AWARENESS OF OTITIS MEDIA AS A HEALTH PROBLEM".

This will be presented to the full Board of SCHPD for official action on April 8th. The decision of the Board will then be forwarded to both the funding agency and the applicant. However, since we understand the Commission will be deliberating on this application prior to the 7th, it was felt that the relevant action and comments should be made available to the Commission now. The statements that follow are summaries of comments and suggestions made by Project Review Committee members, staff, the applicant's representative, and interested members of the public.

SUPPORTING COMMENTS

- the intent of the proposal is consistant with the goals of the area's Health System Plan.
- coordination with other agencies throughout the project will benefit everyone involved.
- even though a lot of money has beer spent on otitis media in the past, most of it has been on surgical needs, almost none in education, and none in evaluating effectiveness of educational methodologies.

- there are several potential spinoffs from this project that could be beneficial. Some are mentioned in the application, others might be
  1) a clarification of most appropriate effective role for any one involved agency,
  2) a gained awareness of optimal educational methods for bush use on any subject,
  3) evental proof of cost effectiveness of education/prevention measures over curative/remedial actions.
- there is an assumed effectiveness of the chosen methodologies, actual effectiveness will be proven.

CONCERNS RAISED

- as a research design, there appear to be too many variables involved (perhaps too many overlapping methodologies in too many villages.)
- there is no literary search component in the proposal - a vital part for usable results (what has been done elsewhere, with what success?)
- what methodologies are being done now - couldn't an evaluation of existing methodologies be done?
- what are the existing responsibilities (regarding otitis media) of the agencies to be involved and how will this affect them.
- a one-year study won't change (or show any changes in) the health status- a change in incidence of disease or numbers of complications, and awareness is difficult to measure.
- the relationship between stated objectives and evaluation of outcomes is not clear.

SUGGESTIONS TO THE APPLICANT

- a greater coordination with the PHS hospital at Bethel is warranted.
- the first phase of the project could emphasize gathering as much baseline data as possible so that changes can be measured accurately in the future- either by the applicant or others.
- the evaluation section could be expanded to include each step that will be done and how the outcomes of each step will affect the next step.
- the roles of those involved in otitis media now could be defined. What is expected of them during the project could be made clear so that the roles can be evaluated for possible changes in the future. This could be part of the projects evaluation.

Some of the concerns and suggestions were raised during the pre-roview meeting between the applicant and SCHPD's Project Review staff. Attached is a copy of the applicant's proposed addenda as a result of that meeting.

If there are any questions about these comments or the review process, please don't hesitate to call the office.

Susan M. Callan

Susan M. Callan
Project Review Staff

SMC/ls

Enc.

Kuskokwim Community College Proposal Addendum

Statement of Problem:

Otitis media is a term that covers a medical problem with a number of forms affecting the middle ear. The general course of the disease is recognized sufficiently to make early intervention meaningful. Otitis media is relatable to upper respiratory infections (u.r.i.) and has a specific pattern, from early sporatic cases to permanent damage cause by one of the advanced forms.

A chronic perforated ear drum is one form. Because this is an open sore, individuals with the condition are exposed to serious diseases. Further, these individuals and others with other forms of otitis may have impaired hearing, and this can lead to learning difficulties. Actual dollar figures for lost hearing are, of course, incalculable. But DPH estimates that a slight to moderate hearing loss is present in the vast majority of perforated ears.

The USPHS has carried on an extensive program of restorative care for otitis media. A special emphasis will have resulted in over 300 tympanoplasties (the surgery for a perforated ear drum) having been performed this year. The cost of surgery for each tympanoplasty is between $1,500 and $2,000. This, however, is not a final solution to the problem, because the same events can be repeated exactly, if the cause or treatment are not altered.

Additionally, part of the problem identifying otitis media is the lack of reliable statistics. However, USPHS identifies otitis media as its third leading cause of outpatient visits in the Bethel Service Unit. The Alaska State Division of Public Health has identified it as a priority of 1978, and the YKHC Board of Directors has identified it as a significant health problem. The Alaska Legislature last year allocated $300,000 specifically for the treatment for otitis media (part of which has been included in this grant).

Evidence by the number of cases of advanced otitis, early detection and appropriate treatment of otitis has not occurred fully. Early cases of otitis (and some of the u.r.i's that may precede it)could be dealt with medically. There is no study available which documents the number of cases that could be dealt with at this stagebut are not being dealt with adequately. By their very nature, there are unreported cases and unavailable therefore to the standard health statistic systems.

A DPH study indicated that the causes of otitis were not clearly agreed upon by ptologists. Because the cause cannot be isolated (it may be due to nutrition or general living standards) this program seeks only to identify early cases of otitis and provide effective first-line medical care. It does not address primary prevention.

Health aides have exposure to the problem of ear care through their regular training. However, the advanced training necessary to meet the need of early diagnosis has not been available universally. This program will attempt to increase to a standard outlined by the health aide manual, the aides' in the selected villages ability to deal with otitis and the diseases that can lead to it.

Additionally, however, there has been a lack of attention to otitis historicaly, perhaps because of its prevalence. While this situation is starkly improving, draining ears, perforated, and swollen ear drums are far more common in the Bethel area than in the rest of the nation.

Early intervention for the disease, or intervention of U.R.I's is quick and effective. A good medical referral system, furthermore, would permit cases not solvable in the village to be referred when identified. This system exists presently and could be strengthened by agreement upon procedures and priorities in regard to otitis.

Because otitis is not regarded by many members of the population as a significant health problem, incentive to take advantage of the improved health services provided by the grant must be an essential feature. Presently, motivational messages aimed at increasing early intervention in the disease cycle is provided by the health aide, P.H.N.,(in RuralCAP villages) by ruralcap outreach workers, and others mostly through one-to-one patient encounters, but also by pamphlet and other audio visual methods. However, this education is largely sporadic and undocumented and not offered as a part of a coordinated effort including health care providers and educational techniques.

There are a variety of educational/motivational methods used by health care providers. No consistency of evaluation results. Among health education programs none have led to solid conclusions about the most cost-effective way to educate and motivate the bush population about a particular health problem.

Specific information of otitis prevalence, and severity, and the ultimate results of treatments provided is incomplete. This study has components for documentation in the test villages of these features, in order to test the reduction in the disease late complication and/or change in attitudes about the disease.

Note of explanation:

This project consists of two levels. Firstly, it will attempt to find the cost-effectiveness of a combination of approaches to health education delivery methods. To do so it will focus on a target group with its educational message. Because of the particular health problem chosen; the primary target group for all methods shall be older children and older women responsible for care of young children.

Because it is felt that school children can have a significant impact on the behavior of other individuals in the village, it shall be attempted to influence the primary target group in four villages by a school health program (for which program school children K - 12 are the education target group).

However, a second level of the program is that the effectiveness of the health education method or combination of methods is judged by its success at changing the health problem. Therefore, a medical target group is identified, all children through 10 years, in the selected villages, shall constitute the medical group.

Consumer Participation:

A two step process has been devised to ensure consumer participation in the program. Initial village selection will be accomplished by use of criteria set down by the interagency committee. However, self-selection into the program shall be done by villages themselves after having had the program outlined by itinerant YKHC personnel. The most cooperative ten villages will be chosen. No villages will coerced into program acceptance.

Future Funding:

The ability of the various combinations of approaches to change attitudes should be determined within one year. However a behavioral change to achieve a reduction in the health problem in one year may not be possible. Therefore, the funding source may be approached an additional year of support.

Five new positions will be created by this project:

A. One Community Health Educator to be hired half time for four months. Hired by YKHC under the direction of the Field Health Coordinator, this position is to assist in monitoring the progress of the media and health education aide programs.

B. Four Health Education Adies full-time for five months. These individuals will be hired by YKHC with the advice and consent of the village and will be located there. One week of training will be carried out in Bethel and performance will be monitored by the Field Health Coordinator by on-site visits and correspondence.

PERSONNEL

Because of the interlocking duties of the health agencies dealing with otitis, interagency cooperation is essential. The attached flow chart shows that the program depends on a variety of programs that are involved with otitis media in the Bethel area. Project goals were established by an interagency group (funding is derived from two sources that had monies designated for health education programs addressing otitis media).

The interagency committee shall be responsible for setting criteria for identification of villages to be invited to participate. Such factors as village size, socio-economic status, motivational level of the health aide, Headstart program presence, distance from Bethel or other characteristics will be isolated. Additionally, the interagency committee will approve the subcontracts to be let for the various facets of the program.

This committee will meet quarterly prior to and during project operation. In addition, it will be the responsibility of the Director to ensure that agencies know the work of team members related to their needs in the project.

Members of the committee shall include the following, or their designated representative, and any other interested participant:

KCC - John Rich, Project Director

YKHC - Dave Blanchett, Field Health Coordinator
- Robert Hurwitz M.D., Medical Director
- Mary Pavil, Health Aide Services Director

Division of Public Health --
- Elizabeth A. Tower, MD -- Southcentral Regional Health Officer
- Susan Clocke, Health Education Specialist
- Pat Shea, Superviser - Bethel Itinerant Nursing Service
- Gordon Harper, Assistant Health Education Specialist

RuralCAP --
- Cathy Fleshman, Otitis Media Project Coordinator

IHS - Ray Shields, MD -- Field Health Director

BIA/LKSD --
- Representative as designated by subcontract arrangements.

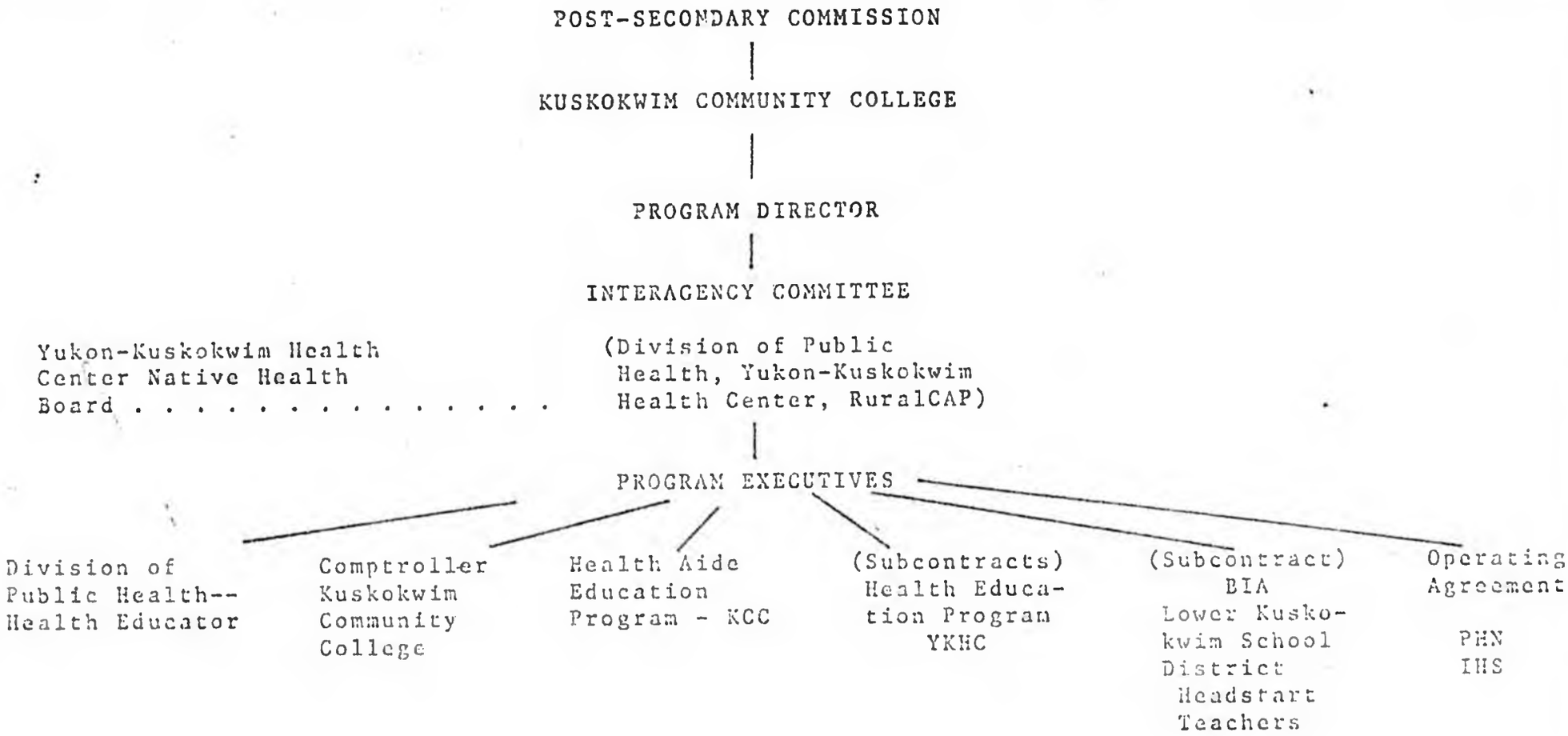
Rural Educational Affairs --
- Skip Widtfield

While these agencies would provide limited health education programs on otitis media, this proposal permits a unique opportunity to combine resources in a concerted, measurable project, and thereby expand eachs' benefit, as many fold.

The credentials of the project director are:

John Rich -- Director of the Health Sciences Division at Kuskokwim Community College for two years, responsible for the health aide education program and an annual budget in excess of $250,000 from federal and university sources.

Previously, he was the Director of Health Aide Training at Yukon-Kuskokwim Health Center for three years. He has a R.N. Degree and a B.A. in Allied Health Servies Education.


POST-SECONDARY COMMISSION
KUSKOKWIM COMMUNITY COLLEGE
PROGRAM DIRECTOR
INTERAGENCY COMMITTEE
Yukon-Kuskokwim Health Center Native Health Board . . . . . .
(Division of Public Health, Yukon-Kuskokwim Health Center, RuralCAP)
PROGRAM EXECUTIVES
Division of Public Health-- Health Educator
Comptroller Kuskokwim Community College
Health Aide Education Program - KCC
(Subcontracts) Health Education Program YKHC
(Subcontract) BIA Lower Kuskokwim School District Headstart Teachers
Operating Agreement
PHN
IHS

ADDENDUM:

Changes in the "Comparison of Health Education Approaches to the Reduction of the Complications of Otitis Media in Rural Alaska"

Pg. 4

3. Otitis Media lends itself admirably to empirical methods of evaluation, since the scope and effects of treatment can be measured with relative ease.

Pg. 5

A. (bottom of page) On completion of the program, members of target groups will.

Pg. 5

2.2 Statement of goals and objectives

1. To develop, implement, and evaluate cost-effectiveness of health education approaches designed to reduce the complications of health problems in rural Alaska through the promotion of prevention, early detection, and improved care.

5.0 EVALUATION PROCEDURES

OBJECTIVE	EVALUATION TECHNIQUES
1) Overall objective: To determine the relative effectiveness of three different health education approaches in obtaining a significant reduction in the ratio of late to early detection of otitis media in eight villages in rural Alaska.	Comparison of relative percentage change in KAP (Knowledge, Attitude, and Practice) pre- and post-surveys of each educational target group. Comparison of the cost of each method against the change in the pre-and post- KAP scores. Comparison of audiologic pre- and post- results. Comparison of results Comparison of ratio of early presenters to late presenters between the pre-test audiologic exam and the post-audiologic exam.

HCR

134

HCR 134 - members' packets

LAW OFFICES OF
ALASKA LEGAL SERVICES CORPORATION
524 WEST SIXTH AVENUE, SUITE 204
ANCHORAGE, ALASKA 99501
TELEPHONE 272-9431

May 5, 1978

Representative Hugh Malone, Speaker
House of Representatives
Pouch V
Juneau, Alaska 99811

Re: Voluntary Cooperation with Child Support Enforcement Agency

Dear Representative Malone:

In searching through my files I found these attachments--the House vote not to delete the "voluntary" nature of the CSEA referral,, the Finance Chairman's report, and a letter from the Chairman of the Budget Review Committee indicating the cost of non-compliance with federal regulations would be $330,000.

The Chairman's report directs the CSEA to process "involuntary" referrals last and to leave it up to the custodians to decide the best interests of the child. As I recall, that language was used to attempt to avoid non-compliance with the federal regulations (and the loss of federal money) at the same time assuring that coercion would never be used.

If I can be of help, do not hesitate to contact me.

Sincerely,

ALASKA LEGAL SERVICES CORPORATION

Donald E. Clocksin

Donald E. Clocksin
Chief Counsel

DEC/jg

cc: Rep. Charles Parr
Peggy Berck

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF ADMINISTRATION

OFFICE OF THE COMMISSIONER / POUCH C—JUNEAU 99811

March 18, 1976

Honorable Hugh Malone
Chairman, House Finance Committee
Alaska State Legislature
State Capitol - Pouch V
Juneau, Alaska 99811

Dear Representative Malone:

Please amend the FY 77 Social Services operating budget, Department of Health and Social Services, for the Child Support Enforcement program by adding $997.6 of which $623.5 is state general funds. A related amendment is also requested in the General Government category, Department of Law, for the Legal Services budget as described below.

Establishment of a child support enforcement agency is required by the federal government as a condition of full federal participation in AFDC. The penalty for non-compliance is the withholding of 5% of the federal contribution to AFDC, or approximately $330.0. According to these requirements, parent locator and child support enforcement services must be made available both to AFDC recipients and to non-recipients. The federal government will pay 75% of the cost of services for recipients, but will not contribute to costs for non-recipients. It is currently estimated that half the child support cases will be AFDC related, and therefore eligible for federal match. Though a fee for service will be charged to non-recipients, it is required that the fee not be so high as to discourage people from using the program. Estimates of program receipts from this source presently do not exceed $50.0, and are too uncertain to use as a restricted funded source of the child support budget. It is anticipated that general fund savings will be realized in the AFDC budget as total support payments increase, though the amount of savings in AFDC outlays is still speculative.

The bulk of the projected cost in the child support budget is in personal services (29 positions) and in contractual services, including a proposed interagency contract with the Department of Law for $220.8 for legal services. Due to this interagency contract, it is possible to delete $110.6 in general funds from the FY 77 Legal Services budget that would have been used for child support activities and substitute $220.8 in interagency receipts. This increases the number of attorneys working on child support cases by two, and allows collection of the federal match by passing the cost through the Department of Health and Social Services.

Finally, approval of this amendment would enable the Court System to withdraw from child support enforcement activities. This would allow deletion of the following amounts from the Court System's budget.

Personal Services	$83.8	(4 positions)
Contractual	3.0	
Commodities	1.0	
Total	$87.8	

Further information on this is available from the Court System.

General Fund impact of this amendment on the Governor's FY 77 budget is:

$623.5	(Department of Health & Social Services)
(110.6)	(Department of Law)
$512.9	General Fund Impact

Removal of $87.8 from the Court System budget would reduce general fund impact to $425.1

Sincerely,

Andrew S. Warwick
Chairman
Budget Review Committee

ASW/DE/lw
attachments
35

cc: Honorable Mike Bradner
Speaker of the House

7 Analysis of Governor's Decisions

ITEM & EXPLANATION	AMOUNT	FUNDING SOURCE	100 PERSONAL SERVICES	200 TRAVEL	300 CONTR. SERVICES	400 COMM.	500 EQUIPMENT	OTHER
Child Support Enforcement:								
Four positions currently identified in Legal Services budget, working on child support cases, funded 100% general funds. 2 clerical, two attorneys.	(110.6)	GF	(110.6)					
Health and Social Services will fund six positions in Legal Services by interagency contract to work on child support cases. Four attorneys, two clerical. Net increase includes one attorney in Fairbanks, one in Anchorage, and upgrade of existing clerical position.	220.8	IA	207.3	4.5	8.0	.5	.5	
Governor's Budget	3331.7	2020.4 OGF 1311.3 IA	2565.5	88.9	608.1	38.2	7.4	23.6

RELEASED

Component Legal Services BRU CODE 03-34-1-00-00-00 REVISED

7 ANALYSIS OF GOVERNOR'S DECISIONS

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

POUCH H 01 – JUNEAU 99811

April 11, 1978

Document# House HESS #4

The Honorable Charles Parr
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr:

Thank you for your letter inquiring if we are able to tell if the Child Support Enforcement Agency is reducing the amount of AFDC paid out by the state. Under federal regulations and state laws and accounting practices, the exact reverse is actually the case when viewed from an AFDC expenditure perspective.

Before CSEA began its operations, any support money received by an AFDC recipient was considered as income and was subtracted from the AFDC grant amount. Implementation of Child Support requirements caused all AFDC recipients who received Child Support payments to experience an increase in their AFDC grants as the AFDC program disregarded their Child Support payments. These recipients then turned over their support payments to CSEA. AFDC program expenditures per recipient rose as an immediate effect to CSEA's operation.

When CSEA receives a Child Support payment on behalf of an AFDC recipient, it retains that payment if the payment amount is less than the AFDC grant. If it is more, we close the AFDC case and CSEA releases its collection to the client. (We have seldom closed more than 15-20 AFDC cases per month as a result of CSEA collection activity, but the number of these closures is increasing as CSEA becomes active.)

The state portion of CSEA-retained payments is receipted into the General Fund. It is not an AFDC program receipt. The federal portion of those collections is returned to HEW by reducing the amount of the AFDC program expenditure claim we make quarterly. Federal revenue shortfalls in AFDC are then compensated for by the AV process from CSEA.

Actually, the AFDC number of recipients, payment per recipient, and total program expenditures have increased rapidly since CSEA's birth, but this is a reflection of post-pipeline economic changes in the state, not of CSEA activity.

I have taken the liberty of forwarding a copy of your inquiry to Commissioner Gallagher, Department of Revenue. I am sure he can provide you with up-to-date information on total CSEA collections related to AFDC cases.

Sincerely,

Helen D. Beirne
Commissioner

cc: Honorable Sterling Gallagher
Commissioner of Revenue

CSEA

276-8148

Enforcement Div.

Phil Nash - Anch.

Ralph Kimlinger - Juno - 2366

04-D3LH

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF REVENUE

OFFICE OF THE COMMISSIONER

POUCH S – JUNEAU 99811

May 3, 1978

The Honorable Charles H. Parr
House of Representatives
Pouch V
Juneau, AK 99811

Dear Representative Parr:

I have received a copy of a response from Commissioner Beirne to you dated April 11, concerning child support enforcement activities. Her letter stated that I would be providing you with additional information on CSEA collections. I have tried to include that information for you in this letter.

We agree with the Commissioner's statement that post-pipeline economic changes in the state have resulted in a rapid increase in the number of AFDC recipients. We also agree that AFDC closures, because of child support agency activity, is increasing as the agency becomes more active. We would, however, like to provide a few supplemental comments regarding child support collections.

As Ms. Beirne noted, prior to the passage of the federal child support act, this state, as did others, considered child support received by an AFDC recipient as income and subtracted it from the AFDC grant. However, in Alaska, as in other states, many AFDC recipients did not report the receipt of child support money, and received more AFDC funds than they were entitled.

Robert Fulton, Director of the Office of Child Support Enforcement, U.S. Department of Health, Education, and Welfare, advised Governor Hammond on September 13, 1976, that this state was in violation of federal law for permitting welfare recipients to receive those additional funds. The problem was subsequently resolved by the separation of child support collection functions from AFDC grant functions.

The separation of AFDC and child support functions, as required by federal law, did result in a slight increase in AFDC program expenditure per recipient, because the recoveries made in AFDC cases by the Child Support Enforcement Agency are deposited into the general fund, not the AFDC program. The overall result, however, is a net reduction in both state and federal AFDC costs.

One final point is of extreme importance. The Child Support Enforcement Agency was created to obtain, administer, and enforce child support obligations in both welfare and non-welfare cases. The Agency has collected over $7 million dollars in child support money since it became operational approximately 17 months ago, the majority of which was collected for non-welfare mothers who are trying to maintain their self sufficiency, independent of welfare programs.

During the nine months of their existence in FY '77, the agency collected approximately $3,200,000 identified for distribution as follows: $30,700 federal share AFDC recoveries; $500 to other IV-D agencies assisting us; $31,200 state share AFDC recoveries; $2,000 state share child proceedings; $3,100,000 to non-welfare mothers in this state and collections for other states.

During the first 9½ months of FY '78, the Agency collected over $4,000,000 which was identified for distribution as follows: $3,700,000 to non-welfare mothers in this state and to custodians in other states $28,100 state share child proceedings; $8,700 to other states assisting us; $87,400 federal share AFDC recoveries; $96,200 state share AFDC cases; $29,300 to previous AFDC families; and approximately $70,000 undistributed.

The child support enforcement program is showing continual improvement. At approximately the same time as the agency's formation, in September of 1976, the federal officials announced that Alaska had the worst program in the nation. By March of 1977, however, our total collections were 40th in the nation and our cost/return was 29th. By the end of that federal fiscal year in September, our total collections were 27th (non-welfare collections were 10th) and our cost/return ratio had increased to 12th.

During FY '77 the agency offset expenses of approximately $500,000 with recoveries of $54,418 and federal financial participation of $219,149. By the end of the third quarter of FY '78 the agency had expenses for federal reporting purposes, of $950,826, however recoveries of approximately $148,224 and federal financial participation of $669,970 resulted in a net general fund expense of $132,632.

If we may provide any further information concerning the child support program, please do not hesitate to call upon us.

Sincerely,

Sterling Gallagher
Commissioner

Attachment

cc: Commissioner Helen D. Beirne,
Department of Health and Social Services

SB

51

COMMITTEE REPORT

2-11-77

HOUSE

_____ Date

Mr. Speaker:

The Committee on HESS has had SB 51 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

/ / AND attaches a report of its intent

/ / (other) _____

MEMBERS SIGNING THE MAJORITY REPORT:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

MEMBERS NOT CONCURRING IN THE MAJORITY REPORT:

_____ recommends: _____

_____ recommends: _____

_____ recommends: _____

_____
Chairman

H 60

AMENDMENT

OFFERED IN THE HOUSE: BY: HOUSE HESS

To: _____ HOUSE BILL No. _____

SENATE BILL No. 51

PAGE: 1 LINE: 17

Page 1, line 17 the number "50" be changed to "51"

POSITION PAPER / Department of Health and Social Service

Senate Bill No. 51

An act relating to hospitals

This bill would change payment of licensing fees and would correct the definition of a hospital.

Sec. 18.20.030 APPLICATION AND FEES. Processing costs for issuing licenses have greatly increased but the State's revenue for this activity has not. Eliminating a fixed, "one-time" application fee of $10 and establishing a flexible fee as determined by the department will provide a greater source of revenue to the state by reflecting more nearly current costs for licensing activities.

Sec. 18.20.040. ISSUANCE AND RENEWAL OF LICENSE AND POSTING. Activities related to renewing licenses are now much more involved and therefore cost more. In processing a hospital license application, it is necessary for a Health Facilities Surveyor to travel to the facility, survey it, note any deficiencies, and properly document them. Detailed statements of such deficiencies are given to the hospital and consultation for correction of deficiencies is provided on request. This is a continuing process, yet no provision exists for getting a continuing source of revenue for such activities This amendment would establish an annual renewal fee at the same rate as that established for the initial fee.

Sec. AS 18.20.130(1). The revised definition specifically includes both a public or private establishment which provides care for 24 hours each day, rather than a minimum of 24 hours a week as stated previously. The prior language was most likely an inadvertent typographical error, as no facility offering acute care could operate for only 24 hours per week.

The department supports this bill.

Recommended by:

Robert I. Fraser, M.D.
Director
Division of Public Health

Recommended by:

Anna M. Wenzel, Chief — DATE 1/25/77
Health Facilities
Certification and Licensing

Approved By:

for Francis S.L. Williamson — DATE 1/26/77
Commissioner
Department of Health & Social Services

STATE
of ALASKA

MEMORANDUM

TO: Dr. Helen Beirne, Commissioner
Department of Health & Social Services

DATE: June 6, 1978

FILE NO:

Thru: Dr. Robert Fraser, Director
Division of Public Health

TELEPHONE NO:

FROM: Anna M. Wenzel, Chief
Health Facilities
Certification and Licensing

SUBJECT: Senate Bill No. 51

As requested by Ms. Janice Gates of your office, on extremely short notice, the following information is provided in support of subject bill:

This bill will resolve three current problems:

First, the fee for licensing such facilities has not been changed since 1949. It may have defrayed costs when licensing was done entirely by mail, but not today when licensing is authorized only after a very indepth and comprehensive survey of two to three days duration. Even at best, these very minimal increases will only cover part of the costs of the State Surveyor(s) time.

Second, it will provide for additional income in years subsequent to the initial licensing of a facility to help defray the costs of the State Surveyor(s) time.

And lastly, it will correct a gross error written into the original definition of a hospital which if allowed to stand as written would jeopardize the basic concept of a hospital.

AMW:CLC:sb

Bed Categories

0-50 -
- Cordova Community Hospital
- Central Peninsula General Hospital
- Faith Hospital
- Kodiak Island Hospital
- Norton Sound Regional Hospital
- Petersburg General Hospital
- Seward General Hospital
- Sitka Community Hospital
- South Peninsula Hospital
- St. Ann's Nursing Home – ICF
- Valdez Community Hospital
- Valley Hospital
- Wrangell General Hospital and Long Term Care Facility (SNF/ICF)

Anchorage Pioneers Home } 2
Fairbanks Pioneers Home }
Ocean Park Cottage } 2 ICF/MR's
Hope Park Cottage }

51-124 -
- Bartlett Memorial Hospital
- Ketchikan General Hospital and Island View Manor } 2

- Careage House Health Care Center – ICF
- Careage North Health Care Center – SNF/ICF
- Glenmore Health Care Center – SNF
- Harborview Developmental Center – ICF/MR
- Palmer Pioneers Home } 2
- Sitka Pioneers Home }
- Wesleyan Nursing Home, Inc. – SNF

125 or more -
- The Alaska Hospital and Medical Center, Inc. } 4
- Alaska Psychiatric Institute
- Fairbanks Memorial Hospital
- Providence Hospital

PROVIDENCE
HOSPITAL

3200 Providence Drive
Anchorage, Alaska 99504

276-4511

March 31, 1977

Ms. Rochelle MacKinnon
Administrative Assistant
Health, Education & Social Services Committee
State of Alaska
Pouch V
Juneau, Alaska 99811

Dear Ms. MacKinnon:

Providence Hospital endorses Senate Bill 51 with a minor suggestion. Where beds are designated, #1 should be changed to 49, or #2 should be changed to 51, so that hospitals which have 50 beds know which amount they have to pay.

As I recall, the Alaska State Hospital Association has also endorsed the bill.

Thank you for requesting our input. We hope that as other pertinent health care issues arise you will keep us informed and continue asking for our commentary.

Sincerely,

AL M. CAMOSSO
Administrator

AMC/pkc

February 16, 1977

Fairbanks Memorial Hospital
1650 Cowles
Fairbanks, Alaska 99701

RE: SB 51

Dear Sir:

The House Health, Education, & Social Services Committee is interested in your feelings on Senate Bill 51. This bill in in our committee and has not been scheduled for discussion yet. Please take a few moments to read the bill and let us know how you feel. Thank you.

Sincerely,

Rochelle MacKinnon
Administrative Assistant

RPM
Enclosure

a copy was sent to Providence Hospital and Bartlett Memorial Hospitaltoo

March 16, 1977 - we have not received any answers to the above

February 16, 1977

Fairbanks Memorial Hospital
1650 Cowles
Fairbanks, Alaska 99701

RE: SB 51

Dear Sir:

The House Health, Education, & Social Services Committee is interested in your feelings on Senate Bill 51. This bill is in our committee and has not been scheduled for discussion yet. Please take a few moments to read the bill and let us know how you feel. Thank you.

Sincerely,

Rochelle MacKinnon
Administrative Assistant

RPM
Enclosure

a copy was sent to Providence Hospital and Bartlett Memorial Hospitaltoo

March 16, 1977 - we have not received any answers to the above

January 14, 1977

The Honorable John L. Rader
President of the Senate
Alaska State Legislature
Juneau, Alaska 99811

Dear Mr. President:

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 relating to the licensing of hospitals.

The bill seeks to accomplish two things:

(1) It deletes the fixed $10 license fee which must accompany an application for a hospital license and provides for a sliding scale of fees based upon the bed capacity of the hospital. The same fee would also be charged for renewal of the license annually in place of the present free renewal. In incidentally deleting the word "rules", sec. 1 merely removes a legalese redundancy.

(2) It changes the definition of "hospital" by specifying both public and private institutions which provide care 24 hours each day. The old language referring to 24 hours per week was probably a typographical error, since no facility offering acute care could operate for only 24 hours per week. The bill also makes the definition more concise by identifying the institution by the maladies it treats, including both physical and mental diseases, rather than by listing the often endless variety of health care facilities whose services might change periodically. This will eliminate the need to amend the law whenever a new type of health care facility emerges.

Sincerely,

51

Jay S. Hammond
Governor

TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. _____

Title LICENSING FEE INCREASE FOR HOSPITALS

Requested by BUDGET AND MANAGEMENT Date 12/13/76

II. FISCAL DETAIL

Agency Affected HEALTH & SOCIAL SERVICES

Program Category Affected HEALTH

Budget Request Unit(s) Affected CERTIFICATION AND LICENSING

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME						
TEMPORARY						

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

No increased cost is anticipated from this legislation.

Donald S McClenaghan

IV. DATE 12/13/76 PREPARED BY DONALD S. MCCLENAGHAN

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)

January 14, 1977

The Honorable John L. Rader
President of the Senate
Alaska State Legislature
Juneau, Alaska 99811

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(2) It changes the definition of "hospital" by specifying both public and private institutions which provide care 24 hours each day. The old language referring to 24 hours per week was probably a typographical error, since no facility offering acute care could operate for only 24 hours per week. The bill also makes the definition more concise by identifying the institution by the maladies it treats, including both physical and mental diseases, rather than by listing the often endless variety of health care facilities whose services might change periodically. This will eliminate the need to amend the law whenever a new type of health care facility emerges.

Sincerely,

51

Jay S. Hammond
Governor

SB 57

2-[redacted]-77

do pass

by all members

2-2-77

in Senate HESS

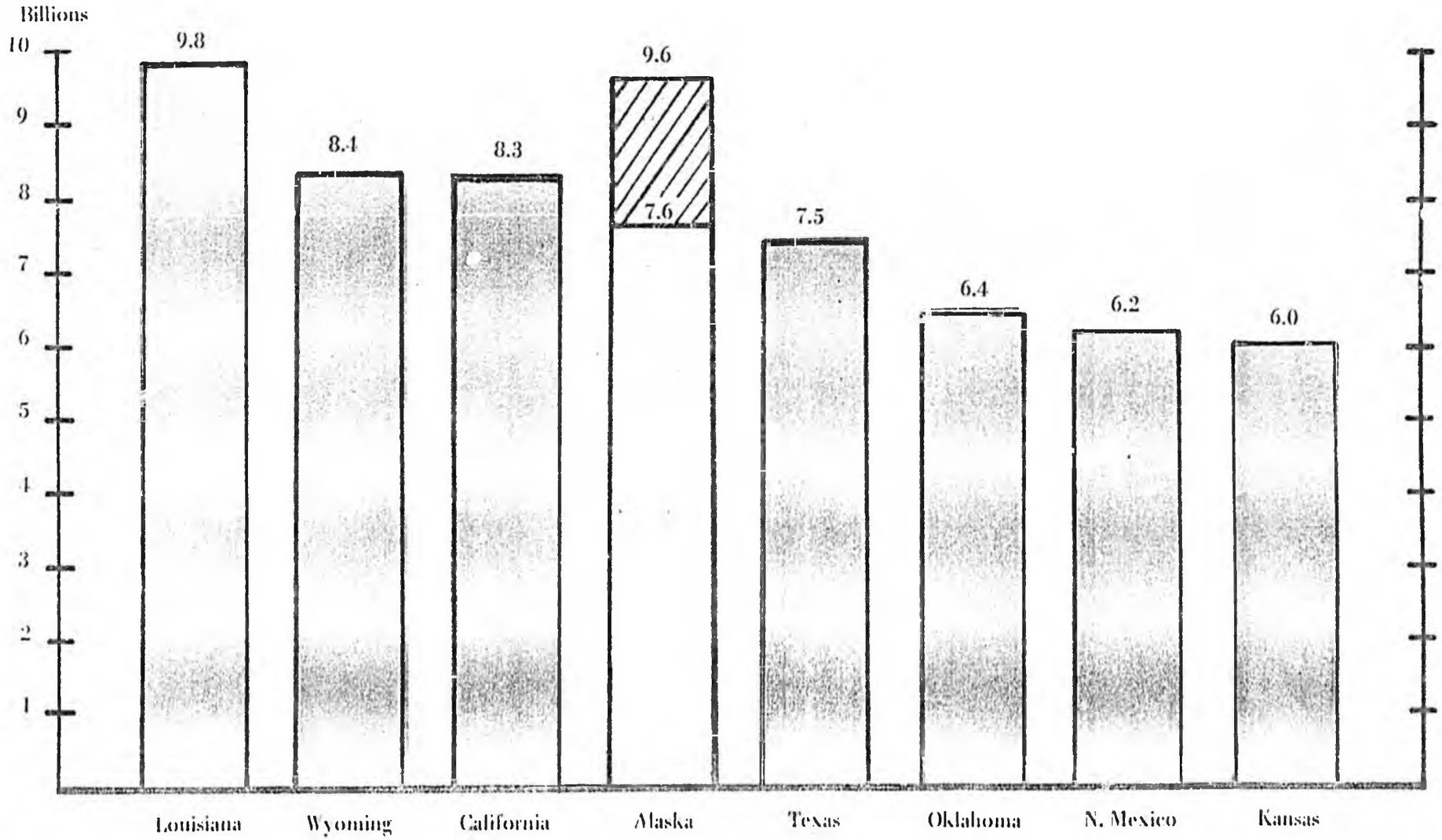
Rocky

Rocky -
pls let me know
of Senate Comm reports
& final vote on this
Charlie

Rocky

SB
238

Tax Comparison



Wertheim

Industry Commentary

Joseph S. Clark, Jr.

April 29, 1977

ALASKAN TAX LEGISLATION (X)

The Alaskan Legislature has been in session since January 10 and seems likely to end its 1977 session on or about May 10. So far there have been no unpleasant surprises insofar as oil industry taxation is concerned, and we continue to doubt that legislation will be passed encompassing both a "validation" of the 9.4% net proceeds (state income) tax and a higher severance tax. Little or nothing has been heard in Juneau of last year's Huber-Tanzer radical excess profits tax proposals and there is no indication that hearings will be held on this subject. Although the Legislature is concerned with protecting state revenues via as high a Prudhoe Bay wellhead price as is possible under free market forces, the majority conservative coalition of native corporations, Republicans, and business-oriented Democrats in both houses has maintained a policy of reasonableness and deliberation that contrasts with the polemic that characterized last year's session. Since there are no elections this coming Fall, it seems reasonable to assume at this point in time that next year's Legislature will pursue the issue of industry taxation with equal deliberation.

Of the two significant tax proposals now pending, an increase in the present 8% severance tax seems most likely to become law in the current session. A number of proposals are pending, ranging from 10% to 12 1/2%(1) and observers in Juneau believe that an 11% compromise may be reached. Action is expected shortly from the Senate Rules Committee and the House Finance Committee. Both House and Senate versions also contain proposals relating to moderately higher severance tax minimums and inflation escalators. Neither appears particularly onerous for the oil industry. The former presently is set at $0.62 per barrel, which implies a wellhead price of $7.75 per barrel and the latter, which seems less likely to pass both houses, is based on various indicators, including a GNP deflator. Since President Carter's energy

(1) For Prudhoe Bay a 750 B/D "economic limit" factor is deducted before computing the escalating severance tax rates on higher production levels. A 12 1/2% tax, for instance, is therefore reduced to an effective rate of about 12%.

Wertheim & Co., Inc.
200 Park Avenue
New York, New York 10017
Tel (212)-578-0200

Information contained herein is based on sources we believe to be reliable. Historical figures and projections are not guaranteed. Wertheim & Co., Inc. or persons associated with it may own securities of the issues described herein and may make purchases or sales while this report is in circulation. This is not an offer to sell or a solicitation of an offer to buy securities.

proposal basically ties Prudhoe Bay prices(2) to the delivered cost of OPEC oil, it seems unlikely that a reasonable inflation escalator would cause a serious problem for the oil industry.

Various proposals amending the existing 9.4% net proceeds, or state income tax are now residing in the Senate Resources Committee. It will be recalled from our earlier Industry Commentaries on this subject that the objective of these proposals, including one from Governor Hammond, is to create a separate tax accounting structure that will enable the state to determine the amount of income generated by an integrated oil company within Alaska alone. The state has alleged that in the past the oil companies in Cook Inlet have allocated costs to this production that have been external to the state. Accordingly, both the Administration and the Legislature want to be sure that 9.4% rate on Prudhoe Bay output is calculated on a pretax income level they deem to be fair and reasonable.

The legislative complexities of the preceding determination indicate at the present time that the odds do not favor the passage this session of a "validated" net proceeds tax. The issue will become more pressing as production starts later this summer, and probably will be resolved by the 1978 Legislature.

Looking longer term, it is obviously difficult to speculate on the direction of the state's tax policies. Clearly there will be strong pressures to maximize the wellhead price at Prudhoe Bay and to disallow costs that the oil companies may feel are reasonable. However, there are indications that the electorate in Alaska is continuing to move to the right, in part because of the growing political power of the native corporations. If this proves to be the case, we would doubt that oil tax legislation emerging from the 1979 and later legislatures will make major incremental incursions into Prudhoe Bay profitability.

Joseph S. Clark, Jr.
212/578-0410

(2) Up to a wellhead price of $11.28 which in turn is inflation adjusted, but which is likely to result in a wellhead price in excess of $7.75.

CHARLIE PARR

ALASKA LEGISLATURE

S. R. Box 50599
Fairbanks, Alaska 99701
456-5029

Pouch V
Juneau, Alaska 99811
465-3797

April 1, 1977

Dear Sir or Madam:

I am sorry that this is a Xerox letter but time is important. Enclosed is a copy of HB 171 which would require a 10 cent refundable deposit on any beer or soft drink can or bottle.

I am concerned about the burden this may cause on your business and would appreciate hearing your opinion. You may call 465-3797 or 465-3777 or write Pouch V, Juneau, Alaska 99811.

Sincerely,

Charles H. Parr

CHP:ab

SB
311

04-D3LH

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF REVENUE

OFFICE OF THE COMMISSIONER | POUCH S – JUNEAU 99811

April 25, 1978

The Honorable Charles Parr
Cha .rman
House Health, Education &
Social Services Committee
Alaska State Legislature
State Capitol Building - Room 112
Juneau, Alaska

Re: CS for Senate Bill No. 311 am

Dear Mr. Parr:

Committee Substitute for Senate Bill No. 311, amended, an Act authorizing the Alcoholic Beverage Control Board to issue club permits, was introduced in the House on March 30, 1978 and was referred to the House Health, Education and Social Services Committee and the House Judiciary Committee.

For the consideration of the House Health, Education and Social Services Committee, I am enclosing a copy of a Fiscal Note prepared by Mr. Patrick L. Sharrock, Director, Alcoholic Beverage Control Board, Department of Revenue, Anchorage, Alaska concerning the proposed legislation.

Very truly yours,

R. D. Stevenson

R. D. Stevenson
Special Assistant

Enclosure

cc: The Honorable Terry Gardiner
Chairman
House Judiciary Committee
Alaska State Legislature
State Capitol Building - Room 124
Juneau, Alaska

John Messenger
Deputy Commissioner
Department of Revenue

Patrick L. Sharrock
Director, Alcoholic Beverage Control Board
Department of Revenue
Anchorage, Alaska

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. CSSB 311am
Title Club Permits
Requested by _____ Date _____

II. FISCAL DETAIL
Agency Affected Revenue
Program Category Affected Public Protection
Budget Request Unit(s) Affected Alcoholic Beverage Control Board

EXPENDITURES (Thousands of Dollars)

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES						
200 TRAVEL		1.0				
300 CONTRACTUAL		2.0				
400 COMMODITIES		.5				
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		3.5				

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

1) Bill apparently will sanction beer bottle clubs in communities opting dry status by the voters. Bottle clubs are currently prohibited by Title 15-Revenue, AAC 20.040.

2) Premises could become an unlicensed storage facility in a dry community. This creates an enforcement problem related to bootlegging.

IV. DATE April 24, 1978 PREPARED BY Patrick L. Sharrock
AGENCY Revenue - Alcoholic Beverage Control Boa
PHONE 277/8638

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

33-001 (Rev. 12/77)

SB
323

AMENDMENT

OFFERED IN THE HOUSE: BY: HESS

TO: _____ HOUSE BILL No. _____

SENATE BILL No. 107

PAGE: 1 LINE: between lines 14 & 15

Sec. 2. AS 14.07.020 (7) is amended to read:

(7) prescribe by regulation, after consultation with the Department of Health and Social Services, standards that will ensure healthful and safe conditions in the public and private schools of the state; the standards for private schools may not be more stringent than those for public schools;

tional schools.?

COMMITTEE REPORT

3-17-77

HOUSE

JUDICIARY

_____ Date

Mr. Speaker:

The Committee on HESS has had SB 323 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

/ / AND attaches a report of its intent

/ / (other) _____

MEMBERS SIGNING THE MAJORITY REPORT:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

MEMBERS NOT CONCURRING IN THE MAJORITY REPORT:

_____ recommends: _____

_____ recommends: _____

_____ recommends: _____

_____
Chairman

H 60

AMENDMENT

Offered in the HOUSE

By the Health, Education and Social Services Committee

TO: SENATE BILL NO. 323

Page 1, line 6: delete "accreditation of and attendance at"

Page 1, between lines 12 and 13: insert the following new material:

* Sec. 2. AS 14.07.020(7) is amended to read:

(7) prescribe by regulation, after consultation with the Department of Health and Social Services, standards that will assure healthful and safe conditions in the public and private schools of the state; the standards for private schools may not be more stringent than those for public schools;

Page 1, line 13: change "Sec. 2." to "Sec. 3."

Page 1, line 17: change "Sec. 3." to "Sec. 4."

St. Mary's School

KODIAK, ALASKA

May 24, 1978

Senator Bill Sumner
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Sumner:

In response to your letter explaining Senate Bill 323: our present enrollment is 114. Thank you for your concern for the private and denominational schools of Alaska. However, if a school is able to meet all other accreditation standards, I do not believe that teacher certification poses much of an obstacle to school accreditation.

Further, I believe that a teacher who is certified has a sense of professionalism which helps create and maintain good academic standards. While it may be a burden on some schools, I think teacher certification is worth the initial difficulty.

Thank you again. I am most happy to know we have supporters in our State Legislature.

Sincerely,

Sister Diane Burdol

Sister Diane Burdol
Principal

Grace Baptist Church
BOX 253
HOMER, ALASKA 99603
HUGH L. SMITH, JR., PASTOR
PHONE 235-8804
IN FELLOWSHIP WITH THE GARBC

NO

WE PREACH
THE BOOK
THE BLOOD
THE BLESSED HOPE

Charlie Parr
House Less committee
Pouch V
Juneau, alaska - 99811

May 22, 1978

Dear Mr. Parr and committe:

Kachemak Christian Schools has an enrollment of 52 students this year. We are in our fourth succesful year of operation. The passage of S.B. 323 is urged.

Thanks you.

Sincerely
Hugh Smith Jr.
Principle

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB-323

Title Relating to accreditation of and attendance at private and denominational schools

Requested by House HESS Date 4/14/77

II. FISCAL DETAIL

Agency Affected Education

Program Category Affected Education

Budget Request Unit(s) Affected Education Program Support

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL			-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND			-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME			-0-	-0-	-0-	-0-
PART TIME			-0-	-0-	-0-	-0-
TEMPORARY			-0-	-0-	-0-	-0-

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

IV. DATE May 18, 1978 PREPARED BY Nathaniel Cole, Deputy Commissioner

AGENCY Education

PHONE 465-2800

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

33-001 (Rev. 10/76)

January, 1978

Approved Schools

Anchorage Christian Academy
Jack R. Bacher, Administrator
7145 Madelynne Drive
Anchorage, Alaska 99504

Anchorage Christian Schools
Del A. Brock, Administrator
6401 East Northern Lights Blvd.
Anchorage, Alaska 99504

Anchorage Seventh-day Adventist
H. John Kriegelstein, Principal
Bx. 1705, Star Route A
Anchorage, Alaska 99507

Christian Schools of Alaska
Jon Shields, Principal
2626 Abbott Loop Road
Anchorage, Alaska 99502
Attention: Carey Strutz

Christian Ministries Day School
Robert Dobson, Principal
Star Route, Box L-1154
Palmer, Alaska 99645

Cook Inlet Academy
Charles Crapuchettes, Principal
Drawer A
Soldotna, Alaska 99669

Covenant High School
Alfred S. White, Principal
Box 184
Unalakleet, Alaska 99684

Dillingham Seventh-Day Adventist
Ray Hall, Principal Teacher
Box 59
Dillingham, Alaska 99576

East Park Christian School
DeWayne Payne, Administrator
1711 South Bragaw
Anchorage, Alaska 99504

Fairbanks Seventh-day Adventist
Byron Covert, Principal
7 3/4 Mile Farmers Loop Road
Star Route 3, Box 30112
Fairbanks, Alaska 99701

Faith Lutheran Church School
J. Lance Hartzell, Principal
5200 Lake Otis Parkway
Anchorage, Alaska 99507

Harvester Christian
Burt Carney, Principal
9101 Rayton Drive
Anchorage, Alaska 99507

Hilltop Home, Incorporated
Bud Allison, Director
Star Route A, Box 1648
Anchorage, Alaska 99507

Holy Name School
Sister Andrea Nenzel, Principal
433 Jackson
Ketchikan, Alaska 99901

Immaculate Conception School
Sister Marie Teresa Boulet, Prin.
715 Monroe Street
Fairbanks, Alaska 99701

Juneau Seventh-day Adventist
Fred Quaile, Principal Teacher
Route 3, Box 3103
Juneau, Alaska 99801

Kachemak Christian School
David Burnworth, Principal
Box 253
Homer, Alaska 99603

Ketchikan Christian Academy
Troy Arnold, Administrator
3405 Baranof Avenue
P.O. Box 7400
Ketchikan, Alaska 99901

Ketchikan Seventh-day Adventist
Jeffrey D. Cheney, Principal
2311 Hemlock
Ketchikan, Alaska 99901

Kidron Christian School
John Marshall, Administrator
Box 922
Palmer, Alaska 99645

Lighthouse Christian Academy
Jack L. Benson, Administrator
Frank D. Marson, Principal
324 Minnie Street
Fairbanks, Alaska 99701

Living Word Academy
Eleanor Marsh, Principal
10 Edgerton Cutoff
Copper Center, Alaska 99573

Living Word Academy
Steve Doerter, Principal
Mile 1379 Alaska Highway
Delta Junction, Alaska 99737

Matanuska Seventh-day Adventist
Margaret Schroeder, Principal
80 Star Route B
Palmer, Alaska 99687

Mat-Su Christian Schools
Lynton A. Wyckoff, Superintendent
P.O. Box 6
Wasilla, Alaska 99687

Monroe High School
William Cooper, Principal
615 Monroe Street
Fairbanks, Alaska 99701

Mt. Bether Bible Center, Inc.
Leonard Banaszak, Principal Tchr.
Betty Banaszak, Principal
Box 95
Hoonah, Alaska 99829

Nikiski Christian School
Larry Villers, Principal
Route 1, Box 1155
Kenai, Alaska 99611

North Kenai Chapel School
Jerry O. Norman, Pastor
Box 750, NSR 1
Kenai, Alaska 99611

Peters Creek Chapel
Richard A. Lyon, Principal
7102 Chapel Drive
Chugiak, Alaska 99567

St. Mary's High School
James R. Laudwein, S.J., Admin.
Sister Lucy Daly, Registrar
St. Mary's Mission
St. Mary's, Alaska 99658

St. Mary's Elementary School
Sister Diane Bardol, Principal
Box 2455
Kodiak, Alaska 99615

Sapa Christian School
E. Wayne Gentry, Administrator
Patricia Murchison, Principal
Mile 13, Edgerton Cutoff
Copper Center, Alaska 99573

Sitka Seventh-day Adventist
Gwendolyn Wahlman, Principal Teacher
Box 1540
Sitka, Alaska 99835

Tom Thumb Montessori
Margaret Green, Directress
2601 Fairbanks Street
Anchorage, Alaska 99503

Turning Point Boys Ranch
Kenneth Hahn, Director
Mile 68 Anchorage-Fairbanks Hiway
Willow, Alaska 99688

Victory High School
Thomas E. Harmon, Principal
Star Route C, 400 Victory Road
Palmer, Alaska 99645

Willow Ptarmigan School
Carey Brink, Patty Bower
Co-Directors
Box 81279
College, Alaska 99701

Wings Christian Academy
Robert Larrabee, Principal
P.O. Box 3905
Kenai, Alaska 99611

Wee Cottage
Delores P. Martin
Route 5, Box 5137
Juneau, 99803

Resurrection Christian Academy
Orel D. Joe Administrator
Box 782, Bear Creek Rd
Cooper Landing, Ak 99572

NOT APPROVED PRIVATE & DENOMINATIONAL SCHOOLS

Gold Nugget Ranch
Jim Barefoot, Director
Star Route Box 10806
Henderson Road
Fairbanks, Alaska 99701

Hamilton Acres Baptist School
Hugh Hamilton, Director
138 Farewell Avenue
Fairbanks, Alaska 99701

Kodiak Christian School
Wanda Fields, Secretary
P.O. Box 1245
Kodiak, Alaska 99615

Koinonia Christian School
Dr. Luis Gonzales, Administrator
P.O. Box 6787
Anchorage, Alaska 99502

Mt. Bether Bible School
Linda Grannino, Principal
Box B
Haines, Alaska 99827

North Pole School
Betty Knighton, Principal Teacher
P.O. Box 5249
North Pole, Alaska 99705

Talkeetna Christian Center, Inc.
Michael L. Stewart, Pastor
Box 282
Talkeetna, Alaska 99676

Valley Christian Schools
Don R. Stokes, Administrator
Box 688
Palmer, Alaska 99645

SB
363

FAIR

Literacy Council of Alaska 916 Third Avenue, Fairbanks, Alaska 99701
Telephone. (907) 456-6212

April 3, 1978

The Honorable Charles H. Parr
Pouch V
Juneau, Alaska 99811

Dear Charlie,

Thank you very much for your attention to the matter of SB363. I have had some correspondence with Senator Croft concerning this matter. He was very much interested in my questions and objections to the bill. Enclosed is a copy of the last letter I sent him.

If there is anything I can do to help matters along, please let me know. A trip to Juneau at the right time is not out of the question, but I do want a trip to be of some use.

Sincerely,

Jean

Jean Straatmeyer
Director

Enclosure
cc: Fran Jones

Charlie,

Although FAIR is providing a different service than the ABE program, they are both providing BASIC educational opportunities. While the projects need not be merged, they could easily both be funded BY D.O.E A.BE. program. IF AN additional bill providing for FAIR funding is no problem, then to do it that way would also be fine, just a little more work.

M

Michael—

Sen Hackney is sure can get his bill thru Senate—so we'll wait for it rather than submit our own.

Hold for me when his bill comes to us. If not here by March 1 please follow up.

C

FAIR

Literacy Council of Alaska 916 Third Avenue, Fairbanks, Alaska 99701
Telephone: (907) 456-6212

January 9, 1978

The Honorable Charles H. Parr
House of Representatives
Pouch V
Mail Stop 3100
Juneau, Alaska 99811

Dear Charlie:

Enclosed is a copy of our budget proposal with some additional information from the Anchorage Literacy Project (ALP).

I talked with Frances Jones, a present VISTA volunteer with ALP and formerly on their Board. Some of our estimates vary because we use different base rates, which we are now standardizing. The major differences in the amount of money we are requesting are for our tutor-student coordinators and materials development. To meet our Right to Read guidelines, we need to test each student as he enters our program and periodically to determine progress. Anchorage has not had to do this and it is up to each volunteer to test her individual student. We feel that this testing and coordinating should be done by a professional staff person.

The low reading level materials that we are developing are beginning to be used throughout the State, including Anchorage, Juneau, St. Marys, Nome, and Kotzebue. This portion of our program is partially self-supporting.

Rosanne mentioned her discussion with you and the concern of your administrative assistant that this program should be accomplished through ABE. I'll add my comments.

In theory ABE teaches adults functioning at levels first through 12th grade. However, in order to function in most ABE classes, adults should be able to read and write at least at a functional level.

The adults entering our program are unable to read and write at a functional level: Most test out initially below third grade. Many below first grade.

Other problems make attending an ABE program at this time very difficult if not impossible:

Some are handicapped or ill and require instruction at their homes or institutions.

Many are mothers with small children that cannot afford transportation and babysitting costs.

Our students live throughout the Borough, from North Pole to Fox.

Most do not have drivers' licenses and access to transportation.

Many have jobs during the day or at irregular hours that do not allow them to attend regular classes.

Some have failed in school many times before and cannot the possibility of failure in a group situation. T willing, however, to have a friend help them.

Some have family responsibilities or problem ake it necessary to cancel classes frequently.

Some do not speak English.

Some have excellent jobs which they may lose if their employers find out about their reading problems before they are taken care of.

Some have limited learning spans.

Some have been told they are not capable of learning to read.

Others have been or are in ABE classes, but are unable to keep up.

It is very difficult for me to categorize exactly why each student needs an individualized tutoring program because the circumstances vary so greatly. We have over eighty students from 16 years of age to 80. We have nearly as many tutors. Our tutors help the students "graduate" into ABE classes.

If the ABE program had the resources to tutor on a one-to-one basis, at any time of the day or night in any home or other location and the flexibility to change for each student as the situation merits, I feel that they could help most of the students in our program. The costs of such a program would be tremendous. I think that it is financially more realistic to train a volunteer in North Pole to teach her neighbor down the road until the person is able to function in a small group or classroom situation.

A side benefit of the volunteer program is that hundreds of individuals in the community who have taken the time to tutor now know first-hand the problems of an illiterate adult. These volunteers help them find jobs, open checking accounts, pay taxes, and become better members of the community. They have also become an important source of referral. They realize that the reason an employee does not do a written list of assignments is because he cannot read it or that the reason paperwork is not done is the person can't write well, and they refer the employee to us instead of firing him.

In order to really give everyone a chance to learn to read, the whole community must become involved.

Thank you so much for your help on this issue. Please let us know if there is any information you need or anything else we can do.

Sincerely,

Roselynn

Roselynn Cacy
Director

P. S. Enclosed are some samples of our low reading level materials that we are developing here.

A "RIGHT to READ" BILL

TO SUPPORT VOLUNTEER LITERACY PROGRAMS

BUDGET PROPOSAL FOR STATE FUNDING

	ANCHORAGE	JUNEAU	FAIRBANKS	TOTAL
Director	$20,700	$20,000	$20,700	$ 61,400 *
Secretary	13,800	6,800	6,000	26,600 *
Bookkeeper			4,000	4,000 *
Reading Specialist		9,000		9,000 *
Trainer-Coordinators 2 part time			22,000	22,000 *
Outreach Assistant			8,000	8,000 *
Materials Developer			11,000	11,000 *
Training and Teaching Resources	5,000			5,000
Teacher Trainer Contractual Services		3,800		3,800
Supplies, Materials and Equipment	7,000	2,000	3,000	12,000
Travel			1,200	1,200
Overhead			1,100	1,100
Total	$46,500	$41,600	$77,000	$165,000

* Benefits included

A "RIGHT TO READ" BILL
TO SUPPORT VOLUNTEER LITERACY PROGRAMS
BUDGET PROPOSAL FOR STATE FUNDING
PROJECTED FOR FISCAL 78-79
OTHER SOURCES OF FUNDS

	ANCHORAGE	JUNEAU	FAIRBANKS	TOTAL
Cash				
United Way			$ 5,000	
Materials Developed (Sales)	100		10,000	
Books purchased by students/tutors	3,000		3,000	
Program Service fees	1,000		150	
Memberships			400	
Donations	12,000		1,500	
In-Kind				
Volunteer	$154,000			
Tutoring			56,000	
Preparation			28,000	
Tutor training			12,600	
Accounting	11,000		600	
Board of Directors				
Travel	1,500		1,170	
Staff Postions				
VISTA	4,800			
CETA			7,500	
Student Sevices	6,000		1,500	
Occupancy	6,600			
	$200,000		$127,420	

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. SB 363
Title An Act Creating a State Program for Individualized Reading Instruction
Requested by Senator Hackney Date 5-18-77

II. FISCAL DETAIL
Agency Affected Education
Program Category Affected Elementary and Secondary Education
Budget Request Unit(s) Affected Program Evaluation

EXPENDITURES (Thousands of Dollars)

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL		245.0	259.7			
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		245.0	259.7			

FUNDING (Thousands of Dollars)

GENERAL FUND		245.0	259.7			
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME		0	0			
PART TIME		0	0			
TEMPORARY		0	0			

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

See attached fiscal analysis. Inflation at 6% for FY-80.

IV. DATE 2-14-78 PREPARED BY Nathaniel Cole - Deputy Commissioner
AGENCY Education
PHONE 465-2800

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

33-001 (Rev. 12/77)

Performance Report
by Objective

Sec. 14.53.011 Literacy Programs $100,000
To enable the contracting agency to provide travel and per diem for certified volunteer trainers to establish literacy councils of volunteers in other areas of the state. Centers now exist in Juneau, Anchorage, Fairbanks, and Kodiak.

Necessary office space, part-time clerical, materials.

Sec. 14.53.020 Leadership and Training 6 regions $120,000 (20,000 each)
To train teachers and administrators in Junior High and High Schools. The Right to Read Federal training money is restricted to use in the elementary. Travel, per diem, release time, materials. Subject matter reading: Organization and Management of Secondary Reading Programs

Sec. 14.53.030 Literacy Training $25,000
To design and develop media and materials for inservice training with emphasis on model reading programs and adopting/adapting successful programs. Production costs. (studio time) Designing. Dissemination.

SB
438

Alaska Youth Advocates, Incorporated

Marilee Fletcher
EXECUTIVE DIRECTOR

835 "D" STREET, SUITE 105
ANCHORAGE, ALASKA 99501
TELEPHONE (907) 274-6541

April 17, 1978

Charles Parr, Chairman
House Health Education and
Social Services
State Capitol Building, Room 112
Juneau, Alaska 99811

Re: SB 438

Dear Representative Parr:

The Board of Directors and staff of Alaska Youth Advocates, Inc. wish to go on record in support of the concept of SB 438, "an act increasing the amount of assistance to families with dependent children."

Section 2, AS 47.25.320 is amended by adding a new subsection (d) to allow the department to adjust the amounts payable, based on the percentage changes in the cost of living as determined by the U.S. Department of Labor, Bureau of Labor Statistics Consumer Price Index for Anchorage, Alaska; up to the maximum amounts specified in Section 1(2). We feel this is a necessary and important change and should be enacted.

As one of the goals of Alaska Youth Advocates is legislative and legal reform, where indicated, after a thoughtful review of pending legislation, we feel the concept of SB 438 is good and we support its passage.

Cordially,

Marilee Fletcher
Executive Director

MF/bb

BOARD OF DIRECTORS: JOHN HAVELOCK • RAE ANN HICKLING • WILLIAM H. JACOBS • CECILIA KLEINKAUF
JACK KLEINKAUF • ANDREW B. LINN • JEAN MATHIS

MEMBER OF THE UNITED WAY OF ANCHORAGE • MEMBER OF THE ANCHORAGE YOUTH ALTERNATIVE SERVICE NETWORK

POSITION PAPER/Department of Health and Social Services

POSITION PAPER

ON

SENATE BILL NO. 438

"An Act increasing the amount of assistance to families with dependent children"

Senate Bill 438 proposes to continue the current monthly maximum payments for Aid to Families with Dependent Children (AFDC) households, in which a dependent child lives with a relative who is not needy in his own right. The bill would remove the $520 maximum payment limit which applies to families with 7 or more such children, however. The current maximum monthly payments for eligible families which include a needy parent or other relative would be increased by $100 per month. The 7-person $520 maximum for these "adult included cases" would also be eliminated. In addition, for each year beginning on July 1, 1979, amounts payable under AFDC would be eligible for increase by a percentage equal to the annual percentage increase in the Department of Labor BLS Consumer Price Index for Anchorage.

Removal of the $520 maximum for both types of AFDC-eligible families (adult included and adult not included) would have no significant effect upon program expenditures or numbers of AFDC recipients. Few Alaskan families contain more than 7 members, and still fewer of these meet the other AFDC eligibility criteria.

The $100 per month increase in the maximum payment to families with a needy parent or other relative in the home would have a significant effect upon the number of persons eligible for AFDC and upon total program expenditures.

Currently, 75% of all AFDC families contain a parent. The FY 79 anticipation is that an average 3,296 such families would apply and be found eligible to receive monthly AFDC benefits. This bill would increase the average monthly payments per family by $100. Thus the FY 79 increase in AFDC expenditures per month for currently anticipated recipients would be $3,955.2 (3,296 families, times $100 increase per family per month, times 12 months = $3,955.2) $1,977.6 State General Funds, $1,977.6 Federal Matching Funds.

There would be a likely increase in the number of recipients as well. The $100 increase in eligibility standards would result in current recipients remaining on the program longer and new applicants becoming eligible earlier due to the higher income standards.

There is no accurate method for estimating the number of potentially eligible family units who are now ineligible on grounds of income but who would be eligible at the higher proposed standards, nor is there any reliable method for estimating how many of those units would choose to apply. Census and economic data do not measure all of the complicated AFDC eligibility criteria factors (such as deprivation of the support and care of one or both parents and living with an AFDC "specified relative"), nor do they separately or collectively relate living situations to economic data.

POSITION PAPER/Department of Health and Social Service

SENATE BILL NO. 438/POSITION PAPER

There is little doubt that utilization of the program would expand with an increase in eligibility standards and payment levels. The Department estimates that a 1/3 increase in the standards for the most common AFDC family size would result in a 30% increase in the number of newly-eligible AFDC families with a parent (or 989 new families in an average month). It is assumed that each new family would have a net non-AFDC income between the old standard and the new standard, thus requiring an approximate AFDC payment of $50 monthly. Therefore the cost of these new eligibles for FY 79 would be $593.4 (989 families per month, times $50 average payment per month, times 12 months), $296.7 SGF, $297.6 Federal Match.

Under the Legislative Staffing Formula agreed upon for eligibility workers, this projected AFDC caseload increase would necessitate adding four new eligibility workers, one supervisor, and one clerk to the Eligibility Determination BRU for FY 79, at an estimated FY 79 cost of $137.3. This estimate is based upon Anchorage salary levels for all new positions, and includes equipment, contractual, and commodities costs. Though projections are unobtainable, concurrent increases in Medicaid costs would result with the increase in AFDC families.

For FY 80 and each subsequent year the Anchorage cost of living escalator provision of this measure would further increase the number of recipients and program expenditures, however, valid projections are not possible at this time. The average annual percentage increase in the CPI for Anchorage since July of 1970 has been 6.8%. Cost projections for FY 80 and subsequent years' are made by applying this percentage increase in the absence of a more accurate statistical methodology.

The Department supports the concept of an increase in AFDC payments to families with needy relatives. The Department also supports the periodic revision of AFDC payment levels in order to provide more adequately for the care of dependent children in their own homes. The Department cannot, however, support an increase in the Governor's Budget request for FY 79.

Approved By: Rod Betts — 2/14/78

for Richard R. Wilson, Director — Date
Division of Public Assistance

Helen D. Beirne — 2/14/78

Helen D. Beirne, Commissioner — Date
Department of Health & Social Services

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. SENATE BILL NO. 438
Title An act increasing the amount of assistance to families with dependent children.
Requested by _____ Date 2/14/78

II. FISCAL DETAIL
Agency Affected HEALTH & SOCIAL SERVICES
Program Category Affected DIVISION OF PUBLIC ASSISTANCE
Budget Request Unit(s) Affected ELIGIBILITY DETERMINATION

EXPENDITURES (Thousands of Dollars)

		FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100	PERSONAL SERVICES		124.4	132.9	141.9	151.5	161.8
200	TRAVEL						
300	CONTRACTUAL		5.1	5.4	5.8	6.2	6.6
400	COMMODITIES		1.2	1.3	1.4	1.5	1.6
500	EQUIPMENT		4.8	5.1	5.4	5.8	6.2
600	LAND & STRUCTURES						
700	GRANTS, CLAIMS, ETC.						
	TOTAL		135.5	144.7	154.5	165.6	176.2

FUNDING (Thousands of Dollars)

GENERAL FUND		52.8	56.4	60.2	64.5	68.7
FEDERAL FUNDS		82.7	88.3	94.3	101.1	107.5
OTHER (Specify)						

POSITIONS

FULL TIME		6.0	6.0	6.0	7.0	7.0
PART TIME				1.0		
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)
Costs for FY 79 and FY 80 are for: 4 Eligibility Workers II
1 Eligibility Worker IV
1 Clerk Typist III

All at Anchorage salary levels.

The legislative staffing formula is No. of cases x .53 actions per case
3 ÷ 117 actions per worker x .9 vacancy factor = No. of staff required.

IV. DATE FEBRUARY 14, 1978 PREPARED BY ERIC HANSEN, TRAINING SPECIALIST
AGENCY HSS/Division of Public Assistance
PHONE (907) 465-3355

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

33-001 (Rev. 12/77)

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. SENATE BILL NO. 438
Title An act increasing the amount of assistance to families with ~~dependent children~~
Requested by _____ Date 2/14/78

II. FISCAL DETAIL
Agency Affected HEALTH & SOCIAL SERVICES
Program Category Affected DIVISION OF PUBLIC ASSISTANCE
Budget Request Unit(s) Affected AFDC

EXPENDITURES (Thousands of Dollars)

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.		4,548.6	4,857.9	5,188.2	5,540.9	5,917.7
TOTAL		4,548.6	4,857.9	5,188.2	5,540.9	5,917.7

FUNDING (Thousands of Dollars)

GENERAL FUND		2,274.3	2,428.9	2,594.1	2,770.4	2,958.8
FEDERAL FUNDS		2,274.3	2,429.0	2,594.1	2,770.5	2,958.9
OTHER (Specify)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

Of the above grant totals, amounts required to existing and new grants in FY 79 are:

Current cases 3,995.2
New cases 593.4

Costs of new eligibles constitutes approximately 13% of the total increase proposed in this legislation.

IV. DATE 2/14/78 PREPARED BY Eric Hansen ERIC HANSE, TRAINING SPECIALIST
AGENCY HSS/DIVISION OF PUBLIC ASSISTANCE
PHONE (907) 465-3355

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

33-001 (Rev. 12/77)

SB

453

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB 453

Title An Act relating to Student Loans

Requested by HESS Date 2-15-78

II. FISCAL DETAIL

Agency Affected Education

Program Category Affected Postsecondary Education

Budget Request Unit(s) Affected Division of Student Financial Aid

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82	FY8
100 PERSONAL SERVICES							
200 TRAVEL							
300 CONTRACTUAL							
400 COMMODITIES							
500 EQUIPMENT							
600 LAND & STRUCTURES							
700 GRANTS, CLAIMS, ETC.		-0-	265.0	271.0	266.0	271.0	264.!
TOTAL		-0-	265.0	271.0	266.0	271.0	264.!

FUNDING (Thousands of Dollars)

GENERAL FUND		-0-	265.0	271.0	264.0	268.7	261.7
FEDERAL FUNDS							
OTHER (Specify)		-0-	-0-	-0-	2.0	2.3	2.8

POSITIONS

FULL TIME		-0-	-0-	-0-	-0-	-0-
PART TIME		-0-	-0-	-0-	-0-	-0-
TEMPORARY		-0-	-0-	-0-	-0-	-0-

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

			Difference from $2,500 base	
Year	General Fund	Revolving	General Fund	Revolving
1978-79	$ 3,705.0	$ 1,400.0	$ 265.0	$ -0-
1979-80	3,795.0	1,800.0	271.0	-0-
1980-81	3,720.0	2,402.0	264.0	2.0
1981-82	3,810.7	2,902.3	268.7	2.3
1982-83	3,747.7	3,502.8	261.7	2.8
1983-84	3,968.8	4,103.5	273.8	3.5
1984-85	4,157.1	4,704.0	283.1	4.0

IV. DATE February 15, 1978 PREPARED BY Larry D. Romberg

AGENCY Commission on Postsecondary Education

PHONE 465-2854

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

33-001 (Rev. 10/76)

SB

472

Anchorage Child Abuse Board, Inc.

121 West 4th Ave. No. 11
Anchorage, Alaska 99501
907/279-0034

Lynn A. Ferry
Coordinator

ANCHORAGE CHILD ABUSE BOARD, INC. AND THE CENTER FOR CHILDREN AND PARENTS

DATA FOR LEGISLATION

SB 472

STATEMENTS OF PROBLEM

1. Anchorage: Highest rate of child abuse/neglect in the nation?

   a. 300,000 child abuse reports nation-wide annually which increases to 1,000,000 if child neglect is added (this does not include data on emotional abuse/neglect of any form). (Kempe, Approaches to Preventing Child Abuse; and Gray, et. al., National Center for the Prevention and Treatment of Child Abuse).

   b. New York City showed 27 cases reported per each 100,000 population, and Denver showed 30 cases reported per each 100,000 population (Kempe, Helping the Battered Child and His Family, 1972).

   c. Alaska showed 880 cases reported per each 100,000 population--Anchorage population being 180,000. (Brown, et. al., "Child Abuse and Neglect in Alaska", Alaska Medicine, 1972).

   d. Anchorage showed 1,116 cases reported to Child Protection per each 100,000 population. (Alaska State Comprehensive Mental Health Plan, Annual Review and Progress Report, Fiscal Year 1977, Division of Mental Health, Department of Health and Social Services, June 1977.)

   e. A new system of data collection and statistical analysis was begun in September 1977 by the Division of Social Services, State of Alaska. During September, 900 cases were open in Anchorage. 40 new assessments were made. Fifty-five new reports were made. (Division of Social Services, State of Alaska, November 1977).

2. Anchorage has all of the documented indicators of high-risk of child abuse and neglect.

   a. Social isolation from friends, extended family, and church and social groups.

   b. Inability to make use of existing community resources and services.

   c. Lack of availability of day-care or after-school supervision.

   d. Alcolholism and heavy drinking.

   e. Multiple family or individual crises or stresses.

   f. Population doubling in seven years as result of pipeline and economic development.

   g. High unemployment.

   h. High tolerance of violence.

   i. Strict religious and moral codes that encourage severe physical or emotional punishment.

j. Rigid expectations of children.

k. Inability of parents to get their needs met other than through their children.

l. All of these indicators combine with long severe winters to contribute to the high risk of child abuse/neglect in the Anchorage community.

3. Open child protection cases and new assessments are only a portion of all reports; and likewise, reported child abuse/neglect cases are only a small portion of actual abuse/neglect.

a. National standards recommend a child protection caseload no larger than 25. With 15 direct service caseworkers in Anchorage, the average caseload is 72, of which 55-60 cases are child protection. Under these conditions, only the most urgent cases can be assessed and referred to other agancies for follow-up and treatment.

b. Reported cases of child abuse/neglect represent only a part of actual abuse/neglect incidents. (Kempe, Helping the Battered Child, 1972).

(1) A four-fold increase in reports of child abuse/neglect resulted in New York City as a result of a series of articles in the daily newspapers. (Kempe, Ibid.)

(2) Two radio-television stations in Anchorage ran public service announcements regarding services to families at high-risk of child abuse (May, 1977) resulting in a deluge of calls from people asking for help to the extent that intakes at the Center for Children and Parents were closed for the following five month period and the staff spent valuable therapy time providing information and referral service to those callers.

c. Increased public awareness of the existence of child abuse and neglect and a resultant increase in reporting is of no value if community resources are not adequate to provide services to these abusive families.

4. There is a large group of abusive families not receiving services in the Anchorage area.

a. During 1976, a total of 227 families received services from Anchorage programs treating abuse/neglect.

(1) Center for Children and Parents treated 32 families (125 individuals).

(2) Cook Inlet Native Association Family Aide Program served 36 Native families.

(3) The Anchorage Child Abuse Board served 39 families through their Parent Aide Program.

(4) The Psychiatric Unit of the Alaska Clinic saw 100 individuals in two group therapy programs.

(5) Parents Anonymous served 18-20 individuals.

b. If none of these families sought help from more than one source, a maximum of 227 of the 2,233 cases (reported in the State Comprehensive Mental Health Plan, 1977) received services.

5. Traditional psychotherapy is not the answer nor is mere removal of a child from the home. What is neede is new, more comprehensive treatment programs. (Kempe, Helping the Battered Child and His Family, 1972).

a. "It is a belabored point that battering parents tend to lack motivation toward initiating helping services. However, when the health care providers initiate an outreach approach with high-risk families, a comprehensive program can be successful." (Gray, et. al., Ibid.)

b. Child abuse/neglect has been shown to be a way of child-rearing and reaction to stress that is passed on from one generation to another (Kempe, Ibid.; Gray, et. al., Ibid.; Brandt Steele and Carl Pollock, "A Therapeutic Approach to the Parents", 1972).

(1) Removal of the abused child from the home makes it safe for that child; however, the next child in line then becomes the potential victim of the abuse.

(2) Removal of the child from the home does not interrupt the cycle of abuse.

c. Merely removing the child--except in extreme and unsafe conditions--is not an answer since the child is then removed from the only security he knows and is often moved from one foster home to another increasing his insecurity or is placed in an institution when that may not be in his best interest.

COMPREHENSIVE TREATMENT OF CHILD ABUSE/NEGLECT

1. History of The Center for Children and Parents

a. Formerly a project of Alaska Children's Services, The Center for Children and Parents is presently being affiliated with the Anchorage Child Abuse Board, Inc., in order to provide more comprehensive child abuse/neglect treatment services.

b. The Center has offered parent-skills training and family therapy to the greater Anchorage community since 1961.

c. Referrals are received from: family physicians and pediatricians, the Alaska State Child Protection Office (Division of Social Services), the Division of Corrections, the courts and court-intake, school counselors, nurses, teachers, clergy, public health nurses, neighbors, friends, and abusive parents themselves.

d. Funding

(1) Services are offered on a sliding-fee scale based on a family's ability to pay. Population served is 80% in the lower middle income bracket and therefore falls between the cracks of those able to

pay for their own treatment and those poor enough to be eligible for Medicaid or Medicare. Such families, involved in multiple crises and being unmotivated to seek help, are often impossible to collect from for services rendered.

(2) Annual budget for The Center with its present two full-time therapists and part-time graduate student and secretary-receptionist is $100,000

e. During 1976-1977, The Center for Children and Parents operated under a grant from the Criminal Justice Planning Agency (L.E.A.A. funds) to provide services to families identified as abusive, neglectful, or at high-risk of abuse/neglect. The Center staff completed the following tasks during that time:

(1) Worked in a cooperative and non-competitive way with other community agencies.

(2) Developed an effective treatment model of conjoint family therapy--where a male and female therapist work in 90-minute sessions with all members of the family unit--home visitation, parent skills training, child therapy, and group work.

(3) 65% of families treated and that remained in therapy showed marked improvement in family relations and curtailment of abusive behavior toward their children. Duration of treatment: 6 - 18 months.

(4) Less than 10% (a total of 2 out of 32 families) required removal of the children from the home. This is considered to be very good success rate in working with very hard-to-engage, high-risk families.

f. Staff: Dr. Robert Nelson, Director of The Center for Children and Parents, is an accredited therapist and Fellow of the American Association of Pastoral Counselors. Ms. Sue Pope, M.S (Counseling-Psychology), is employed as a family-group therapist. Ms. Virginia Hadden, University Year in Action student at the University of Alaska, Anchorage, is interning in child therapy.

g. Accreditation: As a former program of Alaska Children's Services, The Center for Children and Parents and its staff received a thorough field review and evaluation by the Child Welfare League of America in the Fall of 1977 and were given a very positive evaluation.

2. Anchorage Child Abuse Board, Inc.

a. History: Begun in 1972 as a private, non-profit corporation, the purpose of which is to promote the health and well-being of children who may be subject to battering, abuse, sexual exploitation, or neglect.

b. Funding: The Board is funded by a grant from the United Way of Anchorage and by a contract with the Division of Social Services.

c. Structure: The Anchorage Child Abuse Board, Inc., provides three services to the greater Anchorage community: A multi-disciplinary consultation team, a Parent Aide Program, and in-depth community education.

(1) The multi-disciplinary consultation team, composed of a pediatrician, psychiatrist, public health nurse, psychiatric social worker, and psychologist meet weekly. The team is available to the Division of Social Services and other agencies and professional individuals in the community. The tema enables professional persons to deal most effectively with the multiple emotional, medical, and social problems frequently encountered in the abusing and neglectful family.

(2) The Parent Aides are specially trained volunteers who form one-to-one relationships with an abusive parent. The role of the parent aide is to provide an opportunity in which abusive parents may establish dependency, make some changes in behavior, and move toward independence. The parent aide acts as a life-line to whom the abusive parent may turn in times of stress, rather than taking frustrations out on the child. The parent aide is often an adjunct to other forms of treatment, and it is sometimes the major means of treatment.

(3) The Board's community education programs include film presentations accompanied by speakers, formal panel discussions, and informal group discussions led by the Board coordinator and/or Board members.

(4) The Board employs one full-time staff person to coordinate all of its activities.

d. Purpose of the Anchorage Child Abuse Board, Inc.: The Anchorage Child Abuse Board offers important and necessary services to the Anchorage community in an effort to reduce the occurrence and re-occurrence of child abuse. The multi-disciplinary consultation team provides a professional expertise to other agencies and individuals working with abusing or neglecting families. The parent aide program provides direct supportive services to these families. Community education creates public awareness of the broad scope of child abuse and neglect in our area.

3. PROPOSED PROJECT GOAL: TO BREAK THE CYCLE OF ABUSE AND NEGLECT BY PROVIDING TREATMENT TO FAMILIES IDENTIFIED AS ABUSIVE, NEGLECTFUL, OR AT HIGH-RISK OF ABUSE/NEGLECT, REGARDLESS OF INCOME.

a. To serve 80-110 family units with family counseling.

b. To serve those families without regard for ability to pay.

c. To serve those families with the following supportive services to enhance the success of family counseling.

(1) To provide home visits to families in treatment.

(2) To conduct parent groups for abusive parents in order to foster appropriate socializing for isolated, abusive families and parent skills training in order to foster more appropriate parenting of children.

(3) To provide after-school supervision for families in which lack of supervision to the child is part of the abuse cycle (for children ineligible for day care--being too old--and families who are unable to pay for the supervision).

(4) To provide child therapy to young children in abusive families

(5) To provide abusive families in treatment with educational materials and experience to enhance their own comprehension on the problem and alternatives to the abuse/neglect.

(6) To provide individual therapy for adults in families as needed.

(7) To provide adolescent group therapy to teenage victims of abuse.

d. To afford opportunities for staff development toward these ends.

e. To provide parent aides to families that are at high-risk of abuse/neglect and that are not presently receiving other services.

f. (1) To implement increased recruitment and teaching of parent aides.

(2) To expand community education programs.

f. To provide multidisciplinary team consultation to agencies and professionals in the Anchorage community that are rendering services to abusive/neglectful families.

ANCHORAGE CHILD ABUSE BOARD, INC.

PROJECT BUDGET

PERSONNEL

Program Manager	24,500	
Fringe @ 14%	3,430	
	$ 27,930	
Secretary	12,500	
Fringe @ 14%	1,880	
	$ 14,380	
Personnel Subtotal		$ 42,310

CONTRACTUAL

Phones, local (combined ACAB & CCP) $70 base x 12 months	840	
Phones, long distance (combined ACAB & CCP) $100 x 12 months	1,200	
Training	1,500	
Evaluation	2,500	
C.P.A.	1,000	
Parent Aide travel	2,250	
Parent Aide child care	3,000	
Xerox ($75 x 12 months)	900	
Rent (700 sq.ft. x $1.00 x 12)	8,400	
	$ 21,590	
Contractual Subtotal		$ 21,590

TRAVEL AND PER DIEM

Staff travel 3 trips x $450	1,350
Staff per diem 15 days x $50	750
Board travel 3 meetings x $450	1,350
Board per diem 15 days x $50	750
	$4,200

Travel Subtotal $ 4,200

SUPPLIES AND EQUIPMENT

Office supplies	500
Educational supplies Films (5 @ $300)	1,500
Parent Aide Training Manuals (50 @ $6)	300
Publications Journals (8 @ $30)	240
Books, abstracts (10 x $15)	150
Pamphlets (4,000 x $.50)	2,000
Brochures (4,000)	400

Supplies Subtotal $ 5,090

Equipment

Bookcase	115	
Metal file cabinet	140	
Conference table	250	
20 stacking chairs (20 @ $47)	940	
Desk calculator	250	
	$ 1,695	
Equipment Subtotal		$ 1,695
TOTAL ADMINISTRATIVE BUDGET ANCHORAGE CHILD ABUSE BOARD		$ 74,885

PROPOSED PROGRAM BUDGET: THE CENTER FOR CHILDREN AND PARENTS

SALARIES AND WAGES

Director/Family Therapist	$29,500	
Family/Group Therapist	19,500	
Family/Group Therapist	19,500	
Home Visitor	18,500	
Child Therapist	18,500	
Project Administrator	18,000	
Typist (½ time)	6,000	
Employment Security Compensation	4,176	
F.I.C.A.	7,634	
		$141,310

CONSULTANT AND CONTRACTUAL

In-Service Training for Staff	2,000	
Psychiatric consultation (100 hrs. @ $50/hr.)	5,000	
Supervised Activities for Children after school	6,660	
Telephone (12 mos. @ $60/mo.)	780	
Annual Toll Telephone Charges	400	
Printing		
Brochures and Stationary	800	
Office Rent (12 mos. @ $1,000/mo.)	12,000	
Equipment Lease		
Projector ($70)		
Typewriter ($180)		
Video Tape Recorder ($500)	750	
Equipment Maintenance	300	
Film Rental (1 film/mo. @ $50 ea.)	600	
C.P.A. Consultation	500	
		$ 29,790

TRAVEL AND PER DIEM

3 Conferneces Outside State (1 Director, 2 Staff: Airfare $500 X 3; Per Diem 7 days @ $50/day X 3)	2,550	
6 Trips in Alaska to Workshops & Training (Airfare $200 X 6; Per Diem 6 days @ $60/day X 6)	3,060	
		$ 5,610

SUPPLIES AND EQUIPMENT

Soft Supplies (12 mos. @ $50/mo.)	500
Educational Supplies	
Films (3 @ $300 ea.)	900
Parent Effectiveness Training Books (100 @ $4.95 ea.)	495
Other Parent Training Books	495
3 White Board Adhesive Writing Walls	150

Publications		
8 Journal Subscriptions ($30 ea.)	240	
18 Books, Abstracts ($15 ea.)	270	
Equipment Purchase		
6 Desks ($50 ea.)	300	
6 Desk Chairs ($20 ea.)	120	
2 File Cabinets ($120 ea.)	240	
2 Storage Cabinets ($60 ea.)	120	
Therapy Room Furniture	500	
Lamps	60	
Bookshelves	90	
Bulletin Board	35	
Xerox (12 mos. @ $20/mo.)	240	
Video Tapes (12 @ $26.50 ea.)	318	
Audio Tapes	30	
		$ 5,103
TOTAL		$ 181,813

POSITION PAPER/Department of Health and Social Servi

Position Paper

On

Senate Bill No. 472

"An Act making special appropriations to the Department of Health and Social Services for the Center for Children and Parents in Anchorage and the Anchorage Child Abuse Board, Inc.; and providing for an effective date."

The Bill provides for an appropriation for each of two agencies in Anchorage, the Center for Children and Parents and the Anchorage Child Abuse Board, Inc.

The Center for Children and Parents is an organization based in Anchorage which has been operating since 1970 under the auspices of Alaska Children's Services as a family counseling program whose clients are self-referred or referred by other agencies. According to information provided by the Center Director, funding for the period October 1, 1976 to September 30, 1977 was provided by a $20,000 grant from the Law Enforcement Assistance Administration, $10,000 from the United Way of Anchorage, $7,500 from a local church donation, and $4,000 from client fees.

The Anchorage Child Abuse Board, Inc. is a private, non-profit corporation established in 1972 "to promote the health and well-being of children who may be subject to battering, abuse or neglect; to establish a permanent and comprehensive resource for multi-professional consultation on child welfare problems; and to coordinate professional services among agencies, other professional and para-professional workers and the public". The agency also recruits, places and supervises volunteer parent-aides who assist abusing parents in better understanding themselves, their children, and the forces which result in their abusive action toward the goal of changing the parent's behavior.

Both agencies perform a worthwhile and needed service to the Anchorage community and are being utilized, when appropriate, as resources by the Department on a purchase of service basis.

POSITION PAPER/Department of Health and Social Servi

The Department recognizes that this legislation, if enacted, will create a grant to the respective specified organization. In making the grant through the Department we assume that the Legislature directs the Department to develop an appropriate mechanism to assure fiscal accountability. Such monitoring will impact on the Department's resources and the Legislature should make provision for departmental funds for administration of the grant.

The Department recognizes that this legislation fulfills a need that should be met by the Division of Social Services. However, the large caseload ratios to social workers do not at present make this possible.

The Department is not in position to recommend that the Governor's budget be exceeded.

Recommended by: Lois M. Jewell 2/15/78
(Date)

Approved by: Helen D Beirne 2/15/78
(Date)
Helen D. Beirne, Commissioner
Department of Health and Social Services

SB

556

POSITION PAPER/Department of Health and Social Services

POSITION PAPER

ON

SENATE BILL NO. 556

"An Act relating to medical assistance for needy persons; and providing for an effective date."

I. HISTORICAL PERSPECTIVE

On December 13, 1977, President Carter signed H.R. 8422 into law. The bill, now Public Law 95-210, authorizes Medicare and Medicaid coverage of rural health clinic services. Services to be covered include services and supplies that would be covered incident to physician services as well as additional services provided by physician assistants and nurse practitioners. While clinics may be covered under current federal statutory provisions, P.L. 95-210 specifically authorizes Medicare and Medicaid to pay for services not rendered directly, i.e., in the presence of a supervisory physician. The law is designed to meet a continuing and chronic problem--the lack of adequate health resources in rural areas.

Many states have already implemented coverage for rural health clinics. Before creation of a special category for rural health clinics, the Medicaid option was available to cover these clinics as well as many other types of clinic services. However, under the Medicaid program in Alaska, the clinic services option was limited to community mental health clinics. Rural health clinics, ambulatory surgical centers and other non-hospital outpatient services are not covered.

Reimbursement for services provided by rural health clinics will be determined by the federal Medicare program based on reasonable cost reimbursement. Medicaid payment will be made at the same reasonable cost level determined by Medicare for each separate clinic. No reduction in payment may be made by the state below the established Medicare rate.

Rural health care clinics must have some physician supervision and participation. However, that participation need only be periodic and not at the time that the services are provided. That is, physician supervision may be indirect rather than direct. A physician must be available to prepare necessary medical orders, refer patients and assist in medical emergencies.

This amendment has potential far-reaching effect on rural health care in Alaska. Services provided in rural areas come under four basic types:

(1) Services provided by urban providers while visiting bush areas;

POSITION PAPER/Department of Health and Social Service

(2) Services provided by Public Health Service (Indian Health Service);

(3) Services provided by Regional Native Corporation Health Care organizations and other non-profit rural health clinics; and

(4) Services provided by Alaska state public health nurses.

At the present time federal guidelines have not been published defining this program and without State regulations to define "physician assistant" and "nurse practitioner" it is impossible to predict the full impact of this program. It is certain that some state general funds currently being expended for health care in rural areas will be supplanted by federal funds especially for state public health nurses. It is also certain that some routine health care will be more readily available and probably at a savings in cost to the state because of a decreased need to refer many Medicaid patients to the urban centers for treatment. It is also certain that Medicaid billings will increase simply because health care will be available locally to many persons who either could not afford it on their own or did not seek health care because of its lack of availability.

There is also the opportunity to save Medicaid money in the most expensive area of the program--nursing home care. Currently there is little "rural" nursing care available. With the exception of small nursing facilities connected to hospitals in some rural areas (notably Nome, Cordova, Petersburg and Wrangell), the bulk of the nursing care provided in Alaska is in urban areas or towns connected by road to urban areas. Rural Alaskans who need nursing care are forced into the urban areas for that care at tremendous expense to the state (the average daily rate for Intermediate Care is about $75.00 per day). Through rural health clinics it would be possible to provide some nursing care to persons as outpatients in their own homes. This type of service, home health care, is currently covered under Medicaid but is only being provided on limited scale in Anchorage.

"Rural", as defined by the Bureau of Census, potentially includes all areas of the State outside of Anchorage. Thus, many small communities normally thought of as "cities" in Alaska could be included in this program if clinics are certified for Medicare participation.

The earliest date that a rural health clinic could apply for Medicaid reimbursement would be July 1, 1978, if all of the certification is taken care of ahead of that date and a reimbursement rate is established by Medicare.

POSITION PAPER/Department of Health and Social Service

IV. ALTERNATES

There are three alternatives available to the State of Alaska concerning this Medicaid covered service:

(1) Amend the Alaska Statutes to eliminate licensing of nurse practitioners and physician assistants which would prevent participation by rural health clinics in the Alaska Medicaid program.

(2) Opt out of the Medicaid program entirely.

(3) Establish rural health clinics as a covered service and implement regulations or amend Alaska Statutes to allow participation by nurse practitioners and physician assistants in the Alaska Medicaid program.

Rural health clinics will be certified for participation by Division of Public Health, Office of Certification and Licensing. That office is the contractor for Medicare certification in Alaska. The following is the initial list of potentially eligible rural health clinics. Other providers are likely to make applications as they become more aware of potential coverage and licensing of nurse practitioners and physician assistants by the State Division of Occupational Licensing becomes a reality (see discussion in the following paragraph).

POTENTIAL RURAL HEALTH CARE CLINIC PROVIDERS

FACILITY	LOCATION	PUBLIC ASSISTANCE DISTRICT	MARCH 1978 MEDICAID CASELOAD
Copper River Native Association Inc	Copper Center	Valdez	104
Cook Inlet Native Association	Wasilla	Palmer	198
North Slope Borough Health Projects	Barrow	Barrow	117
Iliuliuk Family and Health Services	Unalaska	Aleutian Chain	88
Bristol Bay Area Health Corporation	Dillingham	Dillingham	239
Bristol Bay Area Health Corporation	King Salmon	Dillingham	239
Galena Native Health Service Corporation	Galena	Galena	170
Public Health Service-Alaska Native Health Clinic	Fort Yukon	Fort Yukon	143
Yakutat Health Center	Yakutat	Juneau	331
Craig Health Center	Craig	Ketchikan	339
Pelican Health Center	Pelican	Juneau	331
Metlakatla Health Center	Metlakatla	Ketchikan	339
Tanana Medical and Surgical Group, Inc	Tok Junction	Tok	110
Tanana Medical and Surgical Group, Inc.	Usibelli	Minto	126
Fairbanks Medical and Surgical Clinic	Healy	Minto	126
Fairbanks Medical and Surgical Clinic	Delta Junction	Minto	126
Norton Sound Health Corporation	Nome	Nome	335
Public Health Service-Alaska Native Health Clinic	St. George Island	Aleutian Chain	88
Public Health Service-Alaska Native Health Clinic	St. Paul Island	Aleutian Chain	88

Under the rural health clinic program, licensing of the facility and establishment of reimbursement rates is done by Medicare. However, in order to cover services provided in these facilities; each state is responsible for licensing physician assistants and nurse practitioners. In Alaska, the Division of Occupational Licensing is charged with licensing these occupations. Both are currently provided for in the Alaska Statutes (AS 08.14.107 and AS 08.64.170 for physician assistants and AS 08.68.410 for nurse practitioners).

As yet no administrative regulations have been promulgated for physician assistants. The administrative regulations for nurse practitioners are currently limited to midwifery. Without implementing regulations or amendment of the above statutory provisions, rural health clinics will be unable to bill for services provided without direct supervision of a physician. This would, in effect, defeat the purpose of the rural health clinic amendment proposed here.

Recommended By: Richard R. Wilson — 4-3-78

Richard R. Wilson, Director
Division of Public Assistance

Date

Approved By: Helen D. Beirne by tm J — 4-3-1978

Helen D. Beirne, Commissioner
Department of Health & Social Services

Date

POSITION PAPER/Department of Health and Social Service

Official Business

Alaska State Legislature

House of Representatives

Committee on

Health, Education & Social Services

Pouch V
State Capitol
Juneau, Alaska 99811

LETTER OF INTENT FOR SENATE BILL 556

Upon review of Senate Bill 556, the House Health, Education & Social Services Committee has been informed that regulations regarding physician assistants have not been promulgated. Although AS 08.64.107 was passed in 1974 requiring the State Medical Board to adopt regulations, and there has been ample time to promulgate them, no regulations have appeared. This Committee strongly urges the State Medical Board, in conjunction with the Division of Occupational Licensing, to adopt regulations regarding the registration of physician assistants in Alaska. Copies of this letter shall be sent to the State Medical Board and the Division of Occupational Licensing.

Charles H. Parr, Chairman
May 1978

TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB 555

Title "An Act relating to medical assistance for needy persons"

Requested by Department of Health and Social Services Date May 16, 1978

II. FISCAL DETAIL

Agency Affected Division of Public Assistance

Program Category Affected Medicaid

Budget Request Unit(s) Affected Physician Services

EXPENDITURES (Thousands of Dollars)

	FY 78	FY 79	FY 80	FY 81	FY 82	FY 83
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL	0	43.8	93.7			
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	0	43.8	93.7			

FUNDING (Thousands of Dollars)

GENERAL FUND	0	21.9	46.8			
FEDERAL FUNDS	0	21.9	46.9			
OTHER (Specify)						

POSITIONS

FULL TIME	0	0	0			
PART TIME	0	0	0			
TEMPORARY	0	0	0			

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

FY 1979 is based on average charge per visit of $35.00, 250-day year, one chargeable call per day at 5 facilities.

FY 1980 is based on average charge per visit of $37.50, 250-day year, one chargeable call per day at 10 facilities.

IV. DATE May 18, 1978 PREPARED BY Richard Lawrence

AGENCY Division of Public Assistance

PHONE 465-3555

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

33-001 (Rev. 12/77)

Official Business

Alaska State Legislature

House of Representatives

Committee on

Health, Education & Social Services

Pouch V
State Capitol
Juneau, Alaska 99811

LETTER OF INTENT FOR SENATE BILL 556

Upon review of Senate Bill 556, the House Health, Education & Social Services Committee has been informed that regulations regarding physician assistants have not been promulgated. Although AS 08.64.107 was passed in 1974 requiring the State Medical Board to adopt regulations, and there has been ample time to promulgate them, no regulations have appeared. This Committee strongly urges the State Medical Board, in conjunction with the Division of Occupational Licensing, to adopt regulations regarding the registration of physician assistants in Alaska. Copies of this letter shall be sent to the State Medical Board and the Division of Occupational Licensing.

Charles H. Parr, Chairman
May 1978

SB
600

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. CSSB-600

Title An Act relating to the legal school age for education of exceptional children.

Requested by House HESS Date 5-15-78

II. FISCAL DETAIL

Agency Affected Education

Program Category Affected Education

Budget Request Unit(s) Affected Program Evaluation

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL			-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND			-0-	-0-	-0-	-0-
FEDERAL FUNDS			-0-	-0-	-0-	-0-
OTHER (Specify)			-0-	-0-	-0-	-0-

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

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

This bill has no direct fiscal impact. It is estimated that increase in ADM's due to this legislative change would not result in increased instructional units to any school district; therefore, no fiscal impact.

IV. DATE May 23, 1978 PREPARED BY Nathaniel Cole, Deputy Commissioner

AGENCY Education

PHONE 465-2800

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

23-901(B) (10/76)

SCR

105

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SCR 105

Title Relating to the establishment of a pilot program of financial support of public schools.

Requested by Senate Finance Date

II. FISCAL DETAIL

Agency Affected Education

Program Category Affected Education

Budget Request Unit(s) Affected Executive Administration - Office of the Commissioner

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL			70.0	110.0	-0-	-0-
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL			70.0	110.0	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND			70.0	110.0	-0-	-0-
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

FULL TIME			-0-	-0-	-0-	-0-
PART TIME			-0-	-0-	-0-	-0-
TEMPORARY			-0-	-0-	-0-	-0-

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

See attached explanation.

IV. DATE 4-26-78 PREPARED BY Nat Cole, Deputy Commissioner

AGENCY Department of Education

PHONE 465-2800

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

33-001 (Rev. 10/76)

A thorough and credible evaluation will be necessary to insure that the pilot in flexible application of resources provides objective evidence as to the effects of this approach. The potential importance of the pilot experience should not be underestimated in that it could effect Alaska's system of school finance, district-state relations, local policies and politics, educational program design, and services to children.

Given the above, the following constitutes the best estimate of the Department of Education in terms of the financial support necessary to conduct the evaluation. All funds expended would be contractual (300) and they would be awarded on the basis of competitive bidding; execpt for the audit of the evaluation. This contract would be established on the basis of a direct Department of Education selection of an auditor.

COSTS

FY-79

1.	Overall evaluation design	$10 000
2.	Implemented Evaluation	30 000
3.	Design of uniform system of pupil accounting and evaluation data base	25,000
4.	Auditor	5,000
		$70,000

FY-80

1.	Implemented Evaluation	$40,000
2.	Statewide extension of pupil accounting system	50,000
3.	School finance impact study and report	15,000
4.	Audit	5,000
		$110,000

SENATE CONCURRENT RESOLUTION

Relating to the establishment of a pilot program of financial support of public schools in Alaska

WHEREAS state aid to school district programs in special education, vocational education, correspondence, bilingual education and community schools is categorical; and

WHEREAS categorical aid requires extensive local administrative emphasis upon fund accounting; and

WHEREAS the local concerns and efforts of personnel should be directed toward actual student services; and

WHEREAS the categorical funding mechanisms may interfere with the allocation of resources at the local level on a need basis; and

WHEREAS programs funded on a categorical basis may not require all of the resources allocated to provide the necessary services; and

WHEREAS the funds in excess of those required for the appropriate level of service could be better utilized in areas of locally identified need; and

WHEREAS categorical aid often requires duplication of both administrative and instructional services; and

WHEREAS another method of public school financial support might make better use of existing resources;

THEREFORE, BE IT RESOLVED that the Department of Education be permitted to conduct an experiment with three school districts for a period of three years beginning July 1, 1978. This experiment will be designed to investigate the efficiency of state aid to these districts using a flexible funding mechanism which shall not exceed what the districts would otherwise receive from all forms of state aid for education under Title 14 of the Alaska Statutes; however, there will be no decrease in the level of educational services required for any student who is a participant in this experiment. This experiment will also develop a method of quantitative assessment of the relationship between funding and student services. The department shall submit to the Second Session of the Eleventh Legislature an interim evaluation of the success and effectiveness of the experiment, and a final report with recommendations to the First Session of the Twelfth Legislature.